12-1-2011

Supervisor Self-disclosure: Supervisees' Experiences and Perspectives

Sarah Knox
Marquette University, sarah.knox@marquette.edu

Lisa Edwards
Marquette University, lisa.edwards@marquette.edu

Shirley A. Hess

Clara E. Hill

Accepted version, *Psychotherapy,* Vol. 48, No. 4 (December 2011): 336-341. DOI.

Psychotherapy, Vol. 48, No. 4 (2011): 336-341. DOI.

Supervisor Self-Disclosure: Supervisees' Experiences and Perspectives

By: Sarah Knox
Department of Counselor Education and Counseling Psychology, College of Education, Marquette University;
Lisa M. Edwards
Department of Counselor Education and Counseling Psychology, College of Education, Marquette University
Shirley A. Hess
Department of Counseling, Shippensburg University
Clara E. Hill
Department of Psychology, University of Maryland

Acknowledgement:

Farber (2006) suggested that, in addition to the inherent need for supervisee self-disclosure, supervisor self-disclosure (SRSD) is also crucial to supervision. He asserted that supervisors disclose to build the supervision relationship, share discoveries from their own professional experiences, model skills, and provide feedback. Given the role that SRSD may have in supervision, it is important to examine its impact on supervisees and on supervision.

Existing studies, primarily using quantitative survey methods, have described types and outcomes of SRSDs (Bahrick, 1990; Gray, Ladany, Walker, & Ancis, 2001; Hess et al., 2008; Ladany, Hill, Corbett, & Nutt, 1996; Ladany & Lehrman-Waterman, 1999; Ladany & Melincoff, 1999; Ladany & Walker, 2003; Ladany, Walker, & Melincoff, 2001; Norcross & Halgin, 1997; Walsh, Gillespie, Greer, & Eanes, 2002; Worthen & McNeill, 1996; Yourman, 2003). In the only qualitative study in this area, Knox, Burkard, Edwards, Smith, and Schlosser (2008) examined supervisors' perspectives about using SRSD with supervisees. Supervisors used SRSDs when supervisees struggled, and intended them to teach or normalize. Supervisors' disclosures focused on supervisors' reactions to their own or their supervisees' clients. These SRSDs had positive effects on supervisors, supervisees, the supervision relationship, and supervisors' supervision of others. These results suggest that the supervisors were attuned to their supervisees' clinical needs and sought to intervene such that supervisees could function more effectively, all of which led to salutary results.

Although Knox et al.'s results are intriguing, we wonder if supervisees feel the same way about SRSDs… do such disclosures have the salutary effects that supervisors perceived? Relatedly, the literature is replete with examples of supervisees' negative feelings about their supervisors, and also the belief that they must hide such feelings for fear of political suicide (Gray et al., 2001; Hess et al., 2008; Nelson & Friedlander, 2001). Learning about supervisees' reactions could thus help us understand the other side of the SRSD interaction. We need, then, a probing examination of supervisees' experiences of SRSD, so that we may “get inside” the phenomenon by asking those to whom it is directed how they experienced such disclosure.

A qualitative design could help us fill this gap in the literature by addressing the central question of the current study: How do supervisees experience SRSD? How does SRSD affect supervision and supervisees' clinical work? Examining such questions from the supervisee perspective is essential, and will add important new understandings to the extant literature. In the present study, then, we examined supervisees' experiences of SRSD, extending with a distinct sample the work by Knox et al. (2008) about supervisors' experiences of SRSD. We asked supervisees to describe in depth one particular instance of SRSD and its impact.

Method

Participants

Supervisees

Twelve (10 women, 2 men; 10 White/European American, 2 Other) supervisees took part in this study, ranging in age from 24 to 51 years (M = 33.83, SD = 10.69). Eleven were doctoral students (6 in clinical psychology, 5 in counseling psychology), and one was a master's student in mental health counseling. Although we did not ask participants to identify their graduate program, email addresses indicated that at least 5 different universities were represented (7 did not use university emails). The findings for the master's-level participant did not differ from those of the doctoral-level participants, and were thus included in the analysis. Supervisees had received more than 6 semesters of clinical supervision (M = 6.27, SD = 3.02), had worked with more than 6 supervisors (M = 6.25, SD = 3.28), and had taken fewer than 1 supervision course (M = .67, SD = .65) at the time of the study.

As described by participants, the supervisors (6 men, 6 women; 8 White/European American, 2 Biracial/Biethnic, 1 African American, 1 Asian) ranged in age from their 30s to 50s. Their experience as supervisors ranged from none to 20 years; 4 were described as integrative, 4 psychodynamic, 2 CBT, and 1 relational in their approach to supervision (not all participants reported these data). The SRSD occurred in the first half (e.g., first session to 5 months into a year-long relationship) of the supervision experience for 6 participants, and in the second half (e.g., 4 months into a 6-month relationship; last session) for the remaining 6 participants.

Interviewers and judges

Three female counseling psychologists (a 47-year-old European American, a 36-year-old Biethnic [Latina/European American], and a 58-year-old European American) completed phone interviews with participants and served as judges on the primary research team. Two were associate professors and one an assistant professor at the time of the study. A 60-year-old female European American full professor in counseling psychology served as the auditor. All were authors of the study. All researchers had prior experience with CQR. In discussing their biases and expectations before data collection, the primary team all believed that SRSD can be helpful and valuable when discussed with supervisees and when used judiciously in the service of supervision.

Measures

Demographic form

This form asked for age, gender, race/ethnicity, and participants' supervision experiences (i.e., number of semesters of clinical supervision, number of supervisors who had provided clinical supervision, number of supervision courses taken). Participants were also asked if they were master's or doctoral students and about their field of study. Finally, participants were asked for contact information.

Interview protocol

All researchers assisted in developing the protocol, which was modified based on a pilot interview. The resulting semistructured protocol (see Appendix A) included questions about overall supervision and SRSD experiences, a specific SRSD experience, the role of SRSD in supervision, and reactions to the interview. In the follow-up interview, researchers clarified content from the first interview. We defined SRSD as occurring when a supervisor reveals personal information or reveals reactions and responses to the supervisee as they arise in supervision.

Procedures for Collecting Data

Recruiting supervisees

We recruited participants through postings to APA's Division 29 and APAGS listservs, emails to colleagues, and snowball sampling. We described the study and participant criteria (i.e., master's or doctoral students in clinical or counseling psychology, counseling, or counselor education; completed at least one academic term of supervision; experienced as a supervisee a meaningful/significant SRSD in weekly, individual, face-to-face supervision within the last 3 years). Interested participants contacted the primary investigator, who emailed the demographic and consent forms, and the interview protocol. Upon receipt of these completed forms, a member of the primary team contacted the participant and arranged for the first interview.

Interviewing

The three primary team members each interviewed 3 to 5 participants via telephone for an initial ~50-min and brief follow-up interview about 2 weeks later.

Transcripts

All interviews were transcribed verbatim (other than minimal encouragers, silences, or stutters). Identifying information was removed, and each participant was given a code number to protect confidentiality.

Procedures for Analyzing Data

Data were analyzed according to consensual qualitative research (CQR) methods (Hill et al., 2005; Hill, Thompson, & Williams, 1997). In CQR, research team members reach consensus about both data classification and interpretation as they proceed through the three steps of analysis (domain coding, core ideas, cross-analysis); an auditor also reviews each step. All participants were sent a draft of the study's results and asked for comments and concerns. Four participants responded; none expressed concerns about or suggested changes to the manuscript.

Results

We used CQR guidelines for labeling category frequencies. Categories emerging for all or all but one case were general, those emerging for more than half and up to the cut-off for general were typical, and those emerging for between two and half of the cases were variant. Tables 1 and 2 present all findings, but here we focus primarily on typical and general results.

Table 1
Contextual Findings

Domain/Category	Frequency/#	Illustrative core idea(s)
Supervisor style		
Collaborative/supportive/relational/empowering	General/12	Empathic SR who was power-sharing; SR approachable and easy to contact; SR supportive, the ideal supervision experience
Technique/case management focus	Variant/6	SR focused on providing advice or skills; P presented concerns about cases and SR responded
Challenging/pushed P	Variant/4	SR encouraged P to "push envelope in therapy"
Authoritarian	Variant/2	SR "rigid and overly professional," insisted on her theoretical orientation; SR verbally abusive and threatening when reviewed P's tapes
Effect of Supervisor style		
Positive	General/12	Style "worked beautifully," was extraordinary and profound supervision; SR great and impressive, and P wished could have worked with SR all year
Negative	Typical/7	P disappointed in supervision, didn't feel comfortable with or supported by SR, didn't feel grew as much as hoped; made P wonder how SR earned PhD
Training P received about SRSD		
Minimal/none	General/12	No messages about when or how to use SRSD; limited training in SRSD
Use of SRSD similar to therapist self-disclosure	Variant/3	SRSD same in principal as TSD
Types of SRSD used by past SRs		
SR's relevant clinical experiences	Typical/9	Similar experiences as P (made similar mistake in therapy); struggles with own cases similar to P's
Personal (i.e., nonclinical) information about SR	Typical/8	Facts about personal life (family, what did over weekend); hobbies, illness; religious views
Professional information about SR	Variant/5	Experiences/Stressors as graduate student; professional history
Reactions to P	Variant/3	Reactions to P's counseling; how SR perceives P
Effect of past SRs' SRSDs		
Positive	Typical/9	
Normalized/validated/helped	Typical/8	Felt appropriate and helpful; supportive and normalizing
Strengthened supervision relationship	Variant/5	Helped P feel more connected to SR; nice to know SR as SR and as person
Negative	Variant/4	
Surprising	Variant/3	Not normalizing (P said "Whoa!" to self); shocked by SRSD
Felt inappropriate/distressing	Variant/2	Considered some of SRSDs inappropriate; all were a little distressing because P exposed to personal information about SR

Note. P = Participant; SR = Supervisor; SRSD = Supervisor Self-disclosure; TSD = Therapist Self-disclosure; N = 12; General = 11–12; Typical = 7–10; Variant = 2–6; # = number of cases in category.

Table 1 Contextual Findings

Domain/Category	Frequency/#	Illustrative core idea(s)
Supervisor style		
Collaborative/supportive/relational/empowering	General/12	Empathic SR who was power-sharing; SR approachable and easy to contact; SR supportive, the ideal supervision experience
Technique/case management focus	Variant/6	SR focused on providing advice or skills; P presented concerns about cases and SR responded
Challenging/pushed P Authoritarian	Variant/4	SR encouraged P to "push envelope in therapy
	Variant/2	SR "rigid and overly professional," insisted on her theoretical orientation; SR verbally abusive and threatening when reviewed P's tapes
Effect of Supervisor style		
Positive	General/12	Style "worked beautifully," was extraordinary and profound supervision; SR great and impressive, and P wished could have worked with SR all year

Negative	Typical/7	P disappointed in supervision, didn't feel comfortable with or supported by SR, didn't feel grew as much as hoped; made P wonder how SR earned PhD
Training P received about SRSD		
Minimal/none	General/12	No messages about when or how to use SRSD; limited training in SRSD
Use of SRSD similar to therapist self-disclosure	Variant/3	SRSD same in principal as TSD
Types of SRSD used by past SRs		
SR's relevant clinical experiences	Typical/9	Similar experiences as P (made similar mistake in therapy); struggles with own cases similar to P's
Personal (i.e., nonclinical) information about SR	Typical/8	Facts about personal life (family, what did over weekend); hobbies, illness; religious views
Professional information about SR	Variant/5	Experiences/Stressors as graduate student; professional history
Reactions to P	Variant/3	Reactions to P's counseling; how SR perceives P
Effect of past SRs' SRSDs		
Positive	Typical/9	
Normalized/validated/helped	Typical/8	Felt appropriate and helpful; supportive and normalizing
Strengthened supervision relationship	Variant/5	Helped P feel more connected to SR; nice to know SR as SR and as person
Negative	Variant/4	
Surprising	Variant/3	Not normalizing (P said "Whoa!" to self); shocked by SRSD
Felt inappropriate/distressing	Variant/2	Considered some of SRSDs inappropriate; all were a little distressing because P exposed to personal information about SR

Note. P = Participant; SR = Supervisor; SRSD = Supervisor Self-disclosure; TSD = Therapist Self-disclosure; *N* = 12; General = 11–12; Typical = 7–10; Variant = 2– 6; # = number of cases in category.

Contextual Results

Table 2
Specific SRSD Event

Domain/*Category*	Frequency/#	Illustrative core idea(s)
Relationship with SR pre-SRSD		
Predominantly positive	Typical/8	
Comfortable, open, supportive	Typical/8	Good rapport; open, trusting; worked well together
Learned from SR (modeling, interventions)	Variant/4	SR was role model and great mix of empathy and challenge; lots of good practical suggestions
Predominantly negative	Variant/2	SR was flat, detached, removed; SR gave lots of feedback about P mistakes without following up
Predominantly mixed (both positive and negative features)	Variant/2	SR "scatterbrained" but picked up on "amazing" things clinically; P valued the relationship but occasional tension around SR's personal disclosures
SRSD antecedent		
P talked about difficult client situation	Variant/6	P struggling with how best to work with C; P struggling with C's expression of sexual attraction for P
P expressed self-doubt	Variant/4	P felt frustrated, wondered if in right profession; P felt "completely overwhelmed" and that P didn't know anything
SR shared clinically-related observation w/P	Variant/3	SR listened to tape of P session and pointed out something that was going on that P had not seen
P experienced difficulty in sup rx	Variant/2	P asked for time to discuss strained supervision relationship with SR
SRSD Content		
Similar clinical experience	Variant/6	SR shared story about time when SR "completely baffled" clinically and felt like didn't know anything; SR disclosed about first C who had died [P's C recently died]
Personal (i.e., nonclinical) information	Variant/5	SR revealed that she widowed five years ago; SR shared psychological issues SR working through currently and in past
Perceived intent of SRSD		
Normalize	Typical/9	
P experience/anxiety	Typical/8	Normalize P's crying, emotional arousal in supervision; help P feel that P not crazy
Psychological distress of C	Variant/2	Help P understand C's struggle with anxiety and depression
Establish rapport/create relationship	Variant/4	To create "that common denominator" about profound experience of loss; to establish rapport
Be instructive	Variant/2	To let P know there are different ways for couples to negotiate responsibilities and roles successfully
Intentions unclear	Variant/3	Conversation just shifted to SRSD without clear explanation
Effect of SRSD		
On P		
Normalizing, helpful, gained insight	Typical/8	Normalized P's experience; reassured; made it easier next time a C died; helped P grow as T and helped supervision relationship
Surprised	Variant/3	P almost fell off chair, was stunned, heart skipped a beat
Mixed (both positive and negative effects)	Variant/3	Effects on training negative because wanted more structure that attended to P needs, not SR needs; P looked at SR as human being with faults and as more P's equal, which was helpful
On supervision or supervision relationship		
Relationship became more open and comfortable	Variant/6	P gained respect for SR as SR, T, person; P able to be more honest, real, authentic in supervision
Relationship became less open and comfortable	Variant/4	P felt more self-conscious and protective that P not want to trigger anything in SR; P became concerned about boundaries in supervision
Mixed (both positive and negative effects)	Variant/2	P felt closer to SR but also more cautious, fearful that would be other SRSDs
On later supervision (with different SR)		
Increased confidence/comfort with self-disclosing	Variant/5	Helped P be more honest and open with other SRs
Negative effects	Variant/2	P discouraged, wondering if this what supervision was like; still has residual feeling of anxiety when first meets new SR
On P work with clients or own SEs		
Led to better work with clients	Variant/6	Better able to distance self sufficiently from Cs but also stay engaged; increased confidence with Cs
P thought about use of TSD and SRSD with Cs/SEs	Variant/3	Made P think about TSD and how it has to be well-crafted
No effects	Variant/2	No effect

Note. C = Client; P = Participant; SE = Supervisee; SR = Supervisor; SRSD = Supervisor Self-disclosure; T = Therapist; TSD = Therapist Self-disclosure; *N* = 12; General = 11–12; Typical = 7–10; Variant = 2–6; # = number of cases in category.

Table 2 Specific SRSD Event

Domain/Category	Frequency/#	Illustrative core idea(s)
Relationship with SR pre-SRSD		

Predominantly positive	Typical/8	
Comfortable, open, supportive	Typical/8	Good rapport; open, trusting; worked well together
Learned from SR (modeling, interventions)	Variant/4	SR was role model and great mix of empathy and challenge; lots of good practical suggestions
Predominantly negative	Variant/2	SR was flat, detached, removed; SR gave lots of feedback about P mistakes without following up
Predominantly mixed (both positive and negative features)	Variant/2	SR "scatterbrained" but picked up on "amazing" things clinically; P valued the relationship but occasional tension around SR's personal disclosures
SRSD antecedent		
P talked about difficult client situation	Variant/6	P struggling with how best to work with C; P struggling with C's expression of sexual attraction for P
P expressed self-doubt	Variant/4	P felt frustrated, wondered if in right profession; P felt "completely overwhelmed" and that P didn't know anything
SR shared clinically-related observation w/P	Variant/3	SR listened to tape of P session and pointed out something that was going on that P had not seen
P experienced difficulty in sup rx	Variant/2	P asked for time to discuss strained supervision relationship with SR
SRSD Content		
Similar clinical experience	Variant/6	SR shared story about time when SR "completely baffled" clinically and felt like didn't know anything; SR disclosed about first C who had died [P's C recently died]
Personal (i.e., nonclinical) information	Variant/5	SR revealed that she widowed five years ago; SR shared psychological issues SR working through currently and in past
Perceived intent of SRSD		
Normalize	Typical/9	
P experience/anxiety	Typical/8	Normalize P's crying, emotional arousal in supervision; help P feel that P not crazy
Psychological distress of C	Variant/2	Help P understand C's struggle with anxiety and depression
Establish rapport/create relationship	Variant/4	To create "that common denominator" about profound experience of loss; to establish rapport
Be instructive	Variant/2	To let P know there are different ways for couples to negotiate responsibilities and roles successfully
Intentions unclear	Variant/3	Conversation just shifted to SRSD without clear explanation
Effect of SRSD		
On P		
Normalizing, helpful, gained insight	Typical/8	Normalized P's experience; reassured; made it easier next time a C died; helped P grow as T and helped supervision relationship
Surprised	Variant/3	P almost fell off chair, was stunned, heart skipped a beat
Mixed (both positive and negative effects)	Variant/3	Effects on training negative because wanted more structure that attended to P needs, not SR needs; P looked at SR as human being with faults and as more P's equal, which was helpful

On supervision or supervision relationship		
Relationship became more open and comfortable	Variant/6	P gained respect for SR as SR, T, person; P able to be more honest, real, authentic in supervision
Relationship became less open and comfortable	Variant/4	P felt more self-conscious and protective that P not want to trigger anything in SR; P became concerned about boundaries in supervision
Mixed (both positive and negative effects)	Variant/2	P felt closer to SR but also more cautious, fearful that would be other SRSDs
On later supervision (with different SR)		
Increased confidence/comfort with self-disclosing	Variant/5	Helped P be more honest and open with other SRs
Negative effects	Variant/2	P discouraged, wondering if this what supervision was like; still has residual feeling of anxiety when first meets new SR
On P work with clients or own SEs		
Led to better work with clients	Variant/6	Better able to distance self sufficiently from Cs but also stay engaged; increased confidence with Cs
P thought about use of TSD and SRSD with Cs/SEs	Variant/3	Made P think about TSD and how it has to be well-crafted
No effects	Variant/2	No effect

Note. C Client; P Participant; SE Supervisee; SR Supervisor; SRSD Supervisor Self-disclosure; T Therapist; TSD Therapist Self-disclosure; N 12; General 11–12; Typical 7–10; Variant 2– 6; # number of cases in category.

Specific SRSD Event

Contextual Results

Past supervisors' styles were generally characterized as collaborative and supportive, with only variant mention of technique-focused, challenging, or authoritarian styles; such supervisory styles had generally positive effects, though negative effects did typically appear. Participants generally reported little to no training about SRSD. Supervisors' disclosures focused typically on personal or relevant clinical experiences, and were typically positive in their effects.

Specific Event

Participants typically characterized the pre-SRSD relationship with their supervisor in positive terms, reporting feeling comfort and support. Participants typically perceived supervisors' intent for the SRSDs as normalization. As effects of the SRSDs, participants typically reported feeling normalized, helped, or able to gain insight.

Illustrative Examples

Positive experience

Emily [pseudonym] enjoyed a strong relationship with Dr. A [pseudonym], her supervisor, whom she found to be warm, empathic, and supportive. Emily stated that she felt she “was in good hands” with Dr. A. Before Dr. A's disclosure, Emily was upset about her struggle not to overidentify with a client and her concerns about the effects of this struggle on the therapy: Both Emily's and the client's mother had

died young of heart disease, which Emily feared was impairing her work with the client. Emily was frustrated by her struggle to helpfully intervene with the client.

Dr. A disclosed that as a supervisee, she had once cried in supervision because of her frustration in not knowing how to work effectively with a client diagnosed with antisocial personality disorder. Dr. A reassured Emily that these difficult experiences were not unusual. Emily believed that Dr. A disclosed to normalize Emily's emotions and reassure her. Emily felt calmed by the SRSD, stating that the SRSD had "positive and mutative effects." Furthermore, the SRSD let Emily feel more connected with Dr. A and the SRSD "begat more SRSDs," which were also experienced positively. With later supervisors, Emily felt more confident discussing the supervision relationship, and she also saw her supervisors as more human ("They started somewhere and had a lot of the same experiences, so it's easier to share in supervision"). In her clinical work, Emily was able to be more empathic and manage her emotional arousal.

Problematic experience

Leslie [pseudonym] valued the relationship with Dr. B, but was unsure whether the amount and type of disclosures from Dr. B were normal, nor how she should respond. Leslie described Dr. B as "scatterbrained" and disorganized, but able to pick up on "amazing things" clinically. Before the SRSD, Leslie was discussing her difficulty working with a client, acknowledging that the client's level of disturbance was hard for Leslie to handle.

Dr. B disclosed that he was currently experiencing psychological concerns of his own, including his difficulty handling challenging family situations. He further disclosed that he was currently in therapy, and identified some of his Axis II-related personality dynamics. Although Dr. B's intentions were unclear, Leslie speculated that Dr. B connected to Leslie's client and wanted to put a face to psychological distress and normalize its presence and impact. Leslie, however, was "shocked" by the disclosure and uncomfortable with the supervision boundaries. The SRSD was nevertheless somewhat comforting and helped Leslie realize that Dr. B was a real person who had his own difficulties. In later supervision with different supervisors, Leslie felt more sensitive to the impact of disclosure. Leslie asserted that the SRSD did not impair her work with clients, but acknowledged that it made her more careful about her own disclosures.

Discussion

For most participants (as exemplified by Emily), the supervisor's disclosure was positive and arose from a good relationship. Via the SRSD, the supervisor responded to supervisees' needs or concerns and delivered the SRSD with clear and appropriate intentions. For a smaller number of supervisees (as exemplified by Leslie), however, the disclosures arose from a more tenuous supervision relationship, and although the SRSD may have responded to supervisees' needs/concerns, the intent was unclear and the outcome problematic. We focus here on the supervisory relationship; responsiveness to supervisees' needs or concerns; and appropriate, clear intentions because these seemed to distinguish the positive and negative consequences.

First, the supervision relationship provided a crucial context for the SRSD, serving as the soil in which the SRSD was planted. In fertile soil, a healthy result grew; in soil of questionable fecundity, a more tenuous crop emerged, echoing the extant literature (Gray et al., 2001; Hess et al., 2008; Ladany et al.,

1996; Ladany & Lehrman-Waterman, 1999; Ladany et al., 2001; Lerhman-Waterman & Ladany, 2001; Nelson & Friedlander, 2001). Unsurprisingly, then, and similar to **psychotherapy** itself, the relationship is also central in supervision.

In addition, supervisors needed to be attuned to supervisees experiencing clinical challenges, reflecting the findings of Farber (2006), Knox et al. (2008), Ladany and Walker (2003), and Worthen and McNeill (1996). When supervisees struggled with complex clinical situations, supervisors needed to sense the difficulty and intervene by reassuring supervisees that such difficulties were normal. With their concerns normalized, supervisees may be more receptive to future supervision processes and interventions, thereby enhancing their work with clients.

Furthermore, and reflecting new findings yielded by this research, it seemed important for supervisees to understand supervisors' intentions for SRSD, and that these intentions were for supervisee development. When supervisors disclosed personal (nonclinical) information, supervisees may well have wondered (as in Leslie's case) why such information had been shared, what they were to do with it, whether more disclosures would occur, and how such revelations might affect supervision itself.

Most of the effects of the SRSDs were positive. Supervisees' concerns were allayed, they experienced stronger supervision relationships and disclosed more, and they reported positive effects persisting into later supervision relationships and their own clinical work, as was found in previous studies (Bahrick, 1990; Ladany & Walker, 2003; Norcross & Halgin, 1997; Yourman, 2003). New here is the finding that SRSDs had positive effects on supervisees' later supervision relationships and on their work with clients. Thus, the effects of SRSD may not be limited only to the current supervision, but may well extend to other relationships.

Unfortunately, not all such effects were positive. Leslie's illustration depicts some of the more troubling outcomes of SRSD, particularly on the supervision relationship and process, and to some extent on later supervision as well. Such deleterious effects are thus worthy of consideration when supervisors contemplate using SRSD.

Limitations and Implications

Most of our sample were White, female, doctoral student supervisees; we do not know whether our findings would differ with a diverse sample. We have only supervisees' descriptions of these SRSDs, and relied on their ability to recall these events. Participants received the interview before the interview; those who saw the protocol but did not participate may have different SRSD experiences. These participants may have reported SRSDs that were most salient or memorable. Finally, because of the small sample and the nonrandom selection, we cannot know the representativeness of the findings.

The findings suggest that SRSDs that address supervisees' concerns and normalize their clinical anxieties may be effective. Supervisors' SRSD intentions should be clear and benefit the supervisee/supervision. It also may be helpful for supervisors to ask supervisees about their reactions to the SRSDs (see also Hill & Knox, 2009) to discern the intervention's effect and clarify any confusion about why supervisors disclosed. Finally, given the lack of training in this area reported by participants, we suggest that faculty address SRSD in their curriculum.

The findings that the effects of SRSDs continued into later supervision and into participants' clinical work are ripe for further exploration. How does a supervisee's experience of SRSD influence her/his later supervision and therapy? Do positive versus negative experiences of SRSD have different such effects? In addition, how are SRSDs of different intimacy levels experienced by supervisees? Finally, how might cultural factors influence supervisees' experience of SRSD intimacy level, given that the effects of SRSD may differ across cultures?

References

Bahrick, A. S. (1990). Role induction for counselor trainees: Effects on the supervisory working alliance. *Dissertation Abstracts International*, *51*, 1484b. (University Microfilms, No. 90–14, 392)

Farber, B. (2006). Supervisee and supervisor disclosure. In B.Farber (Ed.), *Self-disclosure in **psychotherapy*** (pp. 180–197). New York: Guilford Press.

Gray, L. A., Ladany, N., Walker, J. A., & Ancis, J. R. (2001). **Psychotherapy** supervisees' experience of counterproductive events in supervision. *Journal of Counseling Psychology*, *48*, 371–383.

Hess, S. A., Knox, S., Schultz, J. M., Hill, C. E., Sloan, L., Brandt, S., . . .Hoffman, M. A. (2008). Predoctoral interns' nondisclosure in supervision. ***Psychotherapy** Research*, *18*, 400–411.

Hill, C. E., & Knox, S. (2009). Processing the therapeutic relationship. ***Psychotherapy** Research*, *19*, 13–29.

Hill, C. E., Knox, S., Thompson, B. J., Nutt Williams, E., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, *52*, 196–205.

Hill, C. E., Thompson, B. J., & Williams, B. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, *25*, 517–572.

Knox, S., Burkard, A. W., Edwards, L., Smith, J., & Schlosser, L. Z. (2008). Supervisors' reports of the effects of supervisor self-disclosure on supervisees. ***Psychotherapy** Research*, *18*, 543–559.

Ladany, N., Hill, C. E., Corbett, M. M., & Nutt, E. A. (1996). Nature, extent, and importance of what **psychotherapy** supervisees do not disclose to their supervisors. *Journal of Counseling Psychology*, *43*, 10–24.

Ladany, N., & Lehrman-Waterman, D. E. (1999). The content and frequency of supervisor self-disclosures and their relationship to supervisor style and the supervisory working alliance. *Counselor Education and Supervision*, *38*, 143–160.

Ladany, N., & Melincoff, D. S. (1999). The nature of counselor supervision nondisclosure. *Counselor Education and Supervision*, *38*, 161–176.

Ladany, N., & Walker, J. A. (2003). Supervisor self-disclosure: Balancing the uncontrollable narcissist with the indomitable altruist. *Journal of Clinical Psychology*, *59*, 611–621.

Ladany, N., Walker, J. A., & Melincoff, D. S. (2001). Supervisory style: Its relation to the supervisory working alliance and supervisor self-disclosure. *Counselor Education and Supervision*, *40*, 263–275.

Lehrman-Waterman, D., & Ladany, N. (2001). Development and validation of the evaluation process within supervision inventory. *Journal of Counseling Psychology*, *48*, 168–177.

Nelson, M. L., & Friedlander, M. L. (2001). A close look at conflictual supervisory relationships: The trainee's perspective. *Journal of Counseling Psychology*, *48*, 384–395.

Norcross, J. C., & Halgin, R. P. (1997). Integrative approaches to **psychotherapy** supervision. In C. E.Watkins (Ed.), *Handbook of **psychotherapy** supervision* (pp. 203–222). New York: Wiley.

Walsh, B. B., Gillespie, C. K., Greer, J. M., & Eanes, B. E. (2002). Influence of dyadic mutuality on counselor trainee willingness to self-disclose clinical mistakes to supervisors. *Clinical Supervisor*, *21*, 83–98.

Worthen, V., & McNeill, B. W. (1996). A phenomenological investigation of “good” supervision events. *Journal of Counseling Psychology*, *43*, 25–34.

Yourman, D. B. (2003). Trainee disclosure in **psychotherapy** supervision: The impact of shame. *Journal of Clinical Psychology*, *59*, 601–609.

APPENDIX

APPENDIX A: Interview Protocol

Supervisor Self-Disclosure (SRSD) = When verbally self-disclosing, a supervisor reveals information about her-/himself, and/or reveals reactions and responses to the supervisee as they arise in supervision.

In these questions, we'd like you to talk about some of your overall supervision and SRSD experiences, as a supervisee.

1. Please describe your individual supervision experiences as a supervisee thus far (e.g., supervisory style, approach, relationship; frequency of supervision, etc.).
2. Please describe what, if any, training you received regarding the use and appropriateness of supervisor self-disclosure.
3. Please describe how, if at all, your supervisors have used supervisor self-disclosure (SRSD) across your supervision experiences.
    - Please provide some representative examples of your supervisors' use of SRSD across your supervision experiences.

Now I'd like you to talk about a specific SRSD event that you experienced as a supervisee. The event itself may consist of a single self-disclosure statement, or it may consist of more than one self-disclosure statement, and occurred within individual (i.e., not group supervision) supervision within the last 3 years. It should also be a SRSD event that you characterize as salient or meaningful, whether positively or negatively.

- 4. Please describe your relationship with this supervisor before the self-disclosure event.
- 5. The self-disclosure event:
    - What was happening in supervision before the SRSD?
    - What was the content of the SRSD?
    - Why do you think your supervisor disclosed this information?
    - How did the SRSD affect you?
    - How did supervision with this supervisor change as a result of the SRSD?
    - As you look back, is there anything you wish had gone differently with regard to this SRSD?
    - How did this SRSD affect your work with clients?
    - How did this SRSD affect your later supervision experiences (i.e., with different supervisors)?
    - How do you think your theoretical orientation as a therapist affected your experience of this SRSD?

    - Would you categorize this event as positive or negative? Please discuss why you give it this characterization.
- 6. Please provide some basic demographics of your supervisor (e.g., age, gender, race/ethnicity, years of supervision experience, length of supervision relationship at time of SRSD, total length of supervision relationship, supervisor's theoretical orientation).
- 7. What is your theory about the role of SRSD in supervision?
- 8. Why did you participate in this research?
- 9. How did this interview affect you (e.g., reactions, thoughts, feelings)?