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Internalized Heterosexism, Shame Proneness, and Disclosure in Clinical Supervision Among Sexual Minority Supervisees

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Abstract

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Sexual minority supervisees face unique struggles including prejudice, discrimination, and heterosexism, which may impact their psychological well-being and development within the supervisory experience through shame proneness and reduced disclosure. This study aims to explore the challenges facing sexual minority trainees and contribute to the empirical knowledge of multicultural supervision. Thus, this study proposes two mediation models for the hypothesized relationships among internalized heterosexism, shame-related withdrawal, shame-related negative self-evaluation, and disclosure in supervision. A total of 170 supervisees identifying as sexual minorities completed an online survey. The primary analysis included a three-step linear regression and confirmatory analysis for mediation. The results show that internalized heterosexism has a significant influence on disclosure. Additionally, the findings confirm that shame-related withdrawal behaviors mediate the influence of internalized heterosexism on disclosure. Further, internalized heterosexism was found to have no significant influence on shame-related negative self-evaluation. Thus, internalized heterosexism and shame-related negative self-evaluation both directly influence disclosure. These results confirm that internalized heterosexism has a direct relationship on disclosure and an indirect relationship on disclosure through shame-related withdrawal. The implications of these findings are discussed to help faculty and supervisors better serve sexual minority supervisees.

Keywords: Internalized Heterosexism, Shame, Supervision, Sexual Minority, Disclosure

Dedication:
To Ed Wasemann, my grandfather, and to those whose bravery, belief, and hope have lifted me into this space.

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Chapter 1: Literature Review

Introduction

Supervision is a dynamic and vital process in which senior independent mental health practitioners provide training to juniors in the profession (Bernard & Goodyear, 2019). Supervision is conceptualized through a three-dimensional view examining the developmental level of the trainee, parameters of supervision, and the behaviors of the supervisor (Rodolfa et al., 2005). Ultimately, equitable commitment to the supervisory relationship by both the supervisor and supervisee is necessary for a beneficial dynamic (Gibson et al., 2019; Rousmaniere & Ellis, 2012).

Multicultural considerations in supervision research are slowly expanding to include the experiences of supervisees with traditionally underrepresented identities (Gioia et al., 2021; Hill & Knox, 2013; Inman, 2008; Milne et al., 2008; O'Donovan et al., 2011). However, with research showing the growing importance of the supervisory relationship, there is a need to consider the impact of cross-cultural dynamics in the supervision process (Wilcox et al., 2021). Additionally, with sexual minority[1] trainees, supervisors often over-endorse multicultural competency, routinely convey heterosexist themes, and avoid conversations about identity, thus negatively impacting the supervisory experience (Gioia et al., 2021; Tsai et al., 2014).

Sexual minority supervisees face unique struggles including prejudice, discrimination, and heterosexism in the workplace and in larger society. These oppressive experiences may impact their psychological well-being and development within the supervisory experience

[1] The terminology is purposely chosen based on the principle that gender and sexual orientation can be differentiated while recognizing that all research in these domains contribute to the understanding of heterosexist forces impacting expectations of sex, attraction, and gender. Sexual minority implies an examination of solely sexual identities and acknowledges that there are contrasting experiences for gender that should be examined in additional studies. The term minority is used because it remains a common term in research and captures the sense of isolation felt by implied heterosexism in professional spaces. Knowledge provides opportunities for growth and to redefine terminology. Thus, it is acknowledged that this term may become outdated or culturally insensitive over time.

through shame proneness, internalized heterosexism, and reduced disclosure. The ramifications of heterosexism are felt by supervisees with sexual minority identities, as they endorse increased discrimination, minority stress, suicidal ideation, anxiety, and substance use (Hobaica et al., 2021). Further, shame proneness can lower the supervisory working alliance, affect the quality of supervision, and reduce disclosure of clinical issues (Hobaica et al., 2021; Rummell, 2015). This exploratory study hopes to provide empirical evidence of the potential mediating relationship of shame proneness in the relationship between internalized heterosexism and disclosure in the supervision of sexual minority supervisees.

For this study, 170 supervisees who identified as sexual minorities were recruited across the United States to complete four instruments measuring shame proneness, internalized heterosexism, disclosure in supervision, and demographic information. After preliminary analysis to confirm data met the assumptions of regressions, analysis of the data utilizing two three-step multiple regressions indicated shame-related withdrawal behaviors mediated the relationship between internalized heterosexism and disclosure. Additionally, the shame-related negative self-evaluation was found to not mediate a relationship, but it showed that internalized heterosexism and shame-related negative self-evaluation independently influence disclosure. Baron and Kenny's (1986) confirmatory analysis confirmed the presence of a mediation relationship for shame-related withdrawal. Implications of these results confirm the impact of supervisee traits on the supervisory experience. Additionally, it affirms the need for supervisors to address experiences of shame for supervisees with sexual minority identities.

Literature Review

Relational Processes of Supervision

Supervision plays a critical role in mental health practitioners' training and evaluation before licensure. Bernard and Goodyear (2019) define “supervision” as an intervention provided by a senior to a junior in the same profession. Universally, supervision consists of a hierarchical and evaluative relationship, a lengthy and graduated developmental process, and ethical and gatekeeping oversight. These components socialize supervisees to the profession while ensuring ethical and quality care to clients (Falender & Shafranske, 2004). Clinical supervision supports many functions based on the varied expectations and needs of the clients, supervisees, academic training programs, state regulatory boards, professional organizations, and clinical sites (Bernard & Goodyear, 2019).

The evolution of supervisees over time, and the multiple agendas of varied organizations, requires clinical supervisors to manage and respond to a dynamic process. In this regard, supervisory research seeks to understand variables and mechanisms for improving the supervisory process. For instance, Rodolfa et al. (2005) conceptualized a three-dimensional model for understanding supervisor competency and supervisee development. The cube model considers the functional competencies necessary for a supervisee at each developmental level from doctoral education to continuing education (Rodolfa et al., 2005). Supervisors assess supervisees' skills in assessment or conceptualization, intervention, consultation, research, supervision or teaching, and administration throughout the supervision experience. To build competency, supervisors attempt to advance supervisee development through encouraging self-reflection, scientific knowledge, professional relationships, ethical and legal consideration, cultural and individual diversity, and interdisciplinary collaboration (Rodolfa et al., 2005).

Supervisor competencies and skills help supervisees navigate phases of significant growth through their training (Knapp et al., 2017; Van Allen et al., 2018); thus, they are important in ensuring a safe yet challenging space for supervisees to develop professional competencies.

While supervisor skills are important in helping supervisees learn, the skills of building relationships and promoting vulnerability are crucial to a supervisee's experience. In a supervisee's perspective, positive training experiences are strongly associated with their supervision experience (Bradley & Becker, 2021; Wheeler & Richards, 2007). Positive experiences in supervision are associated with critical analysis of therapeutic processes, learning strategies, and positive supervisory relationship (Falender & Shafranske, 2004; Knapp et al., 2017). Through literature reviews, Wheeler and Richards (2007) and Bradley and Becker (2021) found that positive trainee experiences in supervision increased trainee self-awareness, skill, and self-efficacy. Further, other research has shown that a positive supervisory relationship can also improve a trainee's sense of connection to the profession, and this experience is even more impactful for supervisees from traditionally underrepresented identities who show higher rates of remediation and discontinuation within graduate programs (Hagler, 2020; Pettifor et al., 2014). Thus, an understanding of the characteristics of supervisors which can improve the supervisory experience and relationships with supervisees can benefit supervisee development.

Examining the elements of a supervisory relationship can be difficult for researchers due to individual and situational characteristics that impact both the supervisee and supervisor. Nevertheless, Wilson et al. (2018) completed a meta-synthesis of qualitative research to understand the supervisory relationship's impact on supervisee experiences. Supervisory relationships that were professional, caring, supportive, flexible, collaborative, and inquisitive were perceived positively by supervisees, since they improved self-care, reduced burnout, and

increased perceived effectiveness (Evans Zalewski, 2022; Wilson et al., 2018). Additionally, supervisees noted that they appreciated supervisors who openly explored differences and expressed humility at an opportunity to learn with supervisees. Qualitative research provides rich insight into the advantages of a beneficial supervisory relationship; however, quantitative projects examining such relationships seem to be lacking.

Bernard and Goodyear (2019) note that while influences of both the supervisor and supervisee, as well as relational processes, can impact the supervisory relationship, studies considering supervisee factors that impact supervision remain sparse. They distinguish three supervisee factors that predict the supervisory relationship: supervisee openness and extraversion, supervisee stress and anxiety, and supervisee perfectionism. According to their literature review, studies examining supervisee attachment style and supervisee produced mixed predictive results.

Further, Rieck et al. (2015) examined scores of supervisees ($N = 32$) on a Big Five personality assessment (John et al., 2008) and found that higher scores in extraversion and openness were significantly associated with greater working alliance and higher supervisee perception of supervisor's leadership qualities. Nevertheless, personality assessments come with some limitations due to cultural variations, and how these qualities translate to supervisee behaviors in supervision remains uncertain (King et al., 2020; Rieck et al., 2015).

Supervisee state-based characteristics, like anxiety and stress, have recently gained attention from researchers (Bernard & Goodyear, 2019). This might be because state-based anxiety and perfectionism have been repeatedly associated with impacts to working alliance and the supervisory relationship (Gnilka et al., 2012; Mehr et al., 2015; Wilcox et al., 2021). The finding of an inverse association between work and general stress on working alliance and the

supervisory relationship has spurred researchers to also explore other factors that could impact overall stress, such as guilt, shame, and minority stress (Mehr et al., 2015; Wilcox et al., 2021). In this regard, greater ease in operationalizing and surveying these characteristics among trainees may enhance the research related to supervisory relationships, working alliance, and supervisee disengagement.

The supervisory relationship is based on a committed and equitable engagement in the supervisory process by both the supervisee and supervisor (Rousmaniere & Ellis, 2012). The supervision process requires vulnerability by the supervisee, which may be confusing, uncomfortable, and unwelcome for newer supervisees. Resistance, a label used in prior research, may negate the normative response to a perceived threat to self, personal or professional (Abernethy & Cook, 2011; McKibben et al., 2018). Disengagement can present in a range of behaviors such as withholding session information or personal information, frequently canceling or being late to supervision sessions, being unprepared for supervision, or being defensive during feedback (Bernard & Goodyear; 2019; Gnilka et al., 2012; Li et al., 2022; McKibben et al., 2018; Singh-Pillay & Cartwright, 2018). Abernethy and Cook (2011) note that such behavior can reflect resistance, environmental stress, identity development, and supervisor or supervisee characteristics. Supervisors must attend to and maintain awareness of disengagement factors due to the potential risk to client care and impact on supervisee development.

A range of relational and characterological concerns can impact supervisee engagement. Factors previously researched include supervisees' attachment style, guilt and shame, anxiety, competence sensitivity, and transference (Bernard & Goodyear, 2019; Gnilka et al., 2012; Li et al., 2022, Mehr et al., 2010; Mehr et al., 2015; Singh-Pillay & Cartwright, 2018). Many of these characteristics are constructed from developmental and personal experiences, which require

supervisors to consider supervisees' personal and professional development. Examinations of personal experiences in supervision require supervisors to consider cross-cultural interactions and be oriented to multicultural research in supervision.

Multicultural Considerations in Providing Supervision

Multicultural competence in providing supervision is a requirement according to many professional organizations' ethical guidelines for supervision (American Counseling Association [ACA], 2014; American Psychological Association [APA], 2014; National Association of Social Workers & Association of Social Work Boards, 2013). Bernard and Goodyear (2019) introduced a competence model based on four dimensions supervisors must attend to: *intrapersonal (identity); interpersonal (bias and prejudice); interpersonal (cultural identity and behavior);* and *sociopolitical*. The theoretical model provides a framework for supervisors to consider multicultural work with supervisees. *Intrapersonal (identity)* is defined as the supervisor reflecting on their own identities and how their intersectional identities may impact how trainees perceive them. *Interpersonal (bias and prejudice)* includes a supervisor's assumptions and expectations of supervisees based on latter's membership in an identity group. *Sociopolitical* involves the supervisor's awareness of oppression and privilege facing a supervisee based on their intersecting identities. Lastly, the *interpersonal (cultural identity and behavior)* dimension is a supervisor's ability to understand normative behaviors based on a trainee's cultural and social location.

However, research on the provision of supervision is sparse, and multicultural research in supervision is further limited (Chopra, 2013; Cook et al., 2019; Hill & Knox, 2013; Inman, 2008; Jones & Branco, 2020; Milne et al., 2008; O'Donovan et al., 2011). The scarcity of studies ultimately hinders formal education and training opportunities in supervision models and

competencies, an outcome confirmed by a lack of endorsement of formal supervision training by current psychologists (Chopra, 2013; Crook-Lyon et al., 2011; Gregus et al., 2020; Lyon et al., 2008). The current state of research focuses on the impact of negative multicultural experiences in supervision facilitated by the supervisor (Bautista-Biddle et al., 2020; Jernigan et al., 2010; Singh & Chun, 2010). From examinations of multicultural concerns in supervision, two concerns can be distinguished: (1) Incompetent multiculturalism in supervision often leads to supervisee powerlessness, self-doubt, and rupture in the therapeutic relationship (Jernigan et al., 2013; Wilcox et al., 2021) and (2) Supervisors inaccurately rate themselves higher in multicultural competence than their trainees do (Hanson, 2007; Sehgal et al., 2011).

In another study, Dressel et al. (2007) found that supervisors highly endorsed obtaining and respecting supervisee inputs on culture and interactions. However, Sue et al. (2009) acknowledge that such behavior could go too far to imply that supervisees speak for the identity group or are experts in multicultural competence, reducing supervisees' opportunities to grow and learn. Further, Chopra (2013), while supporting the need for multicultural competency in supervision, recommends constructing empirically driven models for multicultural supervision which can honor cross-cultural differences while supervisors still engage in growth-oriented, meaningful conversations with supervisees.

Recent articles published in counseling education journals examine how cultural humility and broaching can increase cultural dialogue and engagement between supervisors and supervisees (Cook et al., 2019; Jones & Branco, 2019). Researchers have discussed the need for supervisors to take a humble stance, which includes being aware of their individual strengths and growth areas in multicultural knowledge; adopt an “other” orientation, considering how others may view them based on their interpersonal presentation; and nurture a genuine desire to engage

with their supervisee with openness and curiosity. The impact of supervisor considerations was reflected in Cook et al. (2019) where roughly 20% of the variance intentional nondisclosure in their study was predicted by supervisee ratings of their supervisor's cultural humility. Thus, supervisor cultural humility and awareness of cultural factors has an influence on disclosure in supervision.

Multicultural research in supervision is complex and requires an awareness of individual, interpersonal, and environmental factors (Wilcox et al., 2021). Moreover, competence in multicultural supervision is complicated further by the lack of formal training, lack of an empirical theory, and the evolution of the understanding of multicultural competence. Many studies measure supervision and multicultural supervision using supervisor or supervisee self-report instruments (Cook et al., 2019; Falender et al., 2013, Jones & Branco, 2019). The lack of clarity in multiculturally competent supervision is evident from Ellis et al.'s (2014) article, which indicates significant over-reporting of multicultural competence by supervisors. Further, Hutman and Ellis (2020) show that the supervisory working alliance can mediate the relationship between supervisee nondisclosure and supervisors' multicultural competence. Thus, supervisor multicultural competence and openness to broaching dialogues impacts the working alliance and ultimately the supervision experience.

Overall, multicultural supervision research has been limited by the use of self-report measures, lack of a clear definition of multicultural competence among supervisors, and difficulty in conceptualizing the complex relationships of intersecting identities within a supervisor–supervisee relationship. However, understanding the cultural experiences of sexual minority (SM) individuals may provide a better context for comprehending the experiences of an SM supervisee as a “cultural being.”

Supervision With Sexual Minority Trainees: Overview and Research

Sexual minority individuals are defined by their acknowledgment of physical, sexual, and romantic attraction to others outside of heteronormative beliefs. This means their attraction may be expanded to individuals outside of the socially assigned "opposite" gender as defined by the heteronormative male–female structure (Sue & Sue, 2016). By contrast, heterosexual individuals publicly acknowledge attraction to individuals of their opposite gender within the dichotomous, socially constructed male–female binary. Of note, SM individuals differ also from gender minority individuals, who acknowledge their gender identities to fall outside of what a heteronormative society assigns them at birth—often male or female. The two populations are often grouped together in multicultural discourse because they both experience oppression from heteronormative social structures, but the experiences of sexual versus gender minorities are distinct (Sue & Sue, 2016). Although there is a need to examine both populations, this study focuses solely on SM supervisees

SM individuals face unique experiences that shape their development. Upon identity disclosure, they bear impacts on their relationships, prejudice, and discrimination within healthcare and workplaces, apart from also navigating stigma and conflict among intersectional identities (Sue & Sue, 2016). Since sexual identity is not always visible, "coming out" or publicly identifying as an SM individual to friends and family is often a significant moment—and a lifelong process—among SM individuals. SM individuals note that hiding their identity often manifests significant struggles in their relationships. Often, the beginning of the "coming out" process can lead to increased distress, self-doubt, and isolation among SM individuals, and there is evidence that the process of disclosure is revisited in new social situations (Chaney & Burns-Worthham, 2015).

The struggle of disclosure is complicated further by elements of power and discrimination. SM individuals must assess the potential for acceptance, but also physical, emotional, and systemic safety. Within workplaces, SM individuals rarely disclose their identity due to fears of unfavorable evaluations, discrimination, and potential termination due to their sexual orientation (Badgett 1995; Gioia et al., 2021; Ragins & Wiethoff, 2005). Often, SM individuals evaluate disclosure on an individual basis, considering their experiences of trust, visibility, vicarious acceptance, and experience of overt aggression and microaggressions to determine the appropriateness of disclosure about their sexual orientation within workspaces (Gioia et al., 2021; Ragins et al., 2005; Tsai et al., 2015). SM supervisees are not immune to the need for similar assessments in training sites and within the supervisory relationship. Research on SM experiences in supervision confirms the constant need for SM supervisees to be aware of discrimination and heterosexism in the workplace.

SM identity is a variable rarely discussed in multicultural considerations for supervision, unless when discussing the client's identity (Gioia et al., 2021; Phillips et al., 2003). Research on supervision with SM supervisees is largely anecdotal and theoretical (Hagler, 2020). Indeed, empirical studies with SM concerns in supervision account for only about 1%–2% of all supervision research (Hager, 2020; Phillips et al., 2003). Thus, there is a need for more empirical studies on this subject.

Prior studies on SM concerns within the field of training and supervision have focused on addressing genuinely held beliefs of trainees and professionals and their refusal to treat sexual and gender minority clients (Hancock, 2014; Henry & Li, 2022; Minnix, 2018). The sociopolitical climate shows the constant need for continued research in the consideration of religious identity, commitment to providing care to LGBTQ clientele, and the conflict of both in

supervision (Hancock, 2014; Minnix, 2018). Researchers proposed an acculturation model to help SM non-affirming religious supervisees reconcile their religious beliefs with the profession's needs (Bashe et al., 2007; Henry & Li, 2022; Knapp et al., 2017). The model engages non-affirming supervisees to recognize similarities between their values and the values of the profession.

Through conducting a qualitative study, Minnix (2018) found that non-affirming trainees were hesitant to change their stance for two reasons: fearing loss of belonging and having been taught not to question. Licensed mental health professionals ($N = 18$) surveyed in the study found that individuals changed their non-affirming ways after finding a community that permitted questioning non-affirming beliefs, engaged with evidence that the SM status was not a choice, and felt a sense of deepening a relationship with religion through other practices. This research, being theoretical and qualitative, did not consider the perspective of SM supervisees who worked with non-affirming individuals at training sites and in classes (Hancock et al., 2014; Knapp et al., 2017). With the potential for SM individuals to interact with non-affirming colleagues in professional and academic sites, supervisors must have an awareness of the affirming or non-affirming nature of their workspaces.

Researchers have shown that supervisors often lack the awareness of microaggression experienced by SM supervisees. Messinger (2007) discusses a range of concerns that impact SM supervisees throughout their training experience. The most common concern was found to be that supervisors rated the workplace as more SM-affirming than their supervisees did. Additionally, SM supervisees reported issues such as navigating heterosexist colleagues and identity awareness or conflict, coming out to family and friends, and facing fears of workplace discrimination (Messinger et al., 2019). Supervisors remained unaware of these issues because

SM supervisees felt uncomfortable about disclosing their concerns to a supervisor. In a study, supervisees reported that supervisor feedback regarding SM clients was discussed only with roughly 13% of the 298 doctoral supervisees, and half of these discussions were initiated by the trainees (Gatmon et al., 2001). Furthermore, supervisees have also reported that such discussions are destructive and endorse heterosexism through pathologizing the client's SM identity, including derogatory comments and jokes, and involving “curing” clients (Pilkington & Cantor, 1996). Messinger et al. (2019) further note that SM supervisees acknowledged reduced disclosure and increased stress based on discriminatory experiences with their clinical supervisor and through site policies on SM client treatment.

A more recent qualitative study examined everyday affirming and non-affirming experiences of SM trainees with supervisors. Overall, the SM trainees in the study reported facing non-affirming experiences with supervisors while discussing SM clients (Burkard et al., 2009; Chircop Coleiro et al., 2022). Supervisees also reported a negative supervisory relationship before the non-affirming experience, leading SM trainees to endorse higher levels of disengagement, strong negative emotions (i.e., anger, sadness, fear), and worries of a discriminatory or inadequate evaluation from their respective supervisors. Moreover, the negative experience led to reduced disclosure of clinical concerns by the SM supervisees. Conversely, SM supervisees with strong relationships reported open and collaborative dialogue about SM client concerns and an increased sense of support from their supervisors (Burkard et al., 2009; Chircop Coleiro et al., 2022). Thus, the supervisory relationship can be significant in ensuring a safe, open dialogue with the SM supervisee. However, there is a lack of knowledge on how supervisee factors could impact the supervisory relationship with SM supervisees. The next

section considers the everyday experiences and development of SM identify to consider how it may influence the supervisory relationship.

Heterosexism, Internalized Heterosexism, and Sexual Minority Individuals

One critical aspect for SM trainees to consider is their experience of heterosexism. SM individuals' identity development is linked to their experiences and internalization of heterosexism. Heterosexism encompasses the oppressive and prejudicial social influences and experiences that impact the experience of SM individuals (Swigonski, 1996). It includes the denial of privileges and rights afforded to heterosexual individuals in modern society, such as the following:

1. Access to similarly identified and publicly known individuals in various social settings;
2. Acceptance in varied social contexts (e.g., school, work, church, parties, public spaces);
3. Opportunity to positively view people who share a similar identity (i.e., role models, media, news, literature, pop culture punchline);
4. Freedom from having one's behavior stereotyped to their identity group (i.e., emotional expression, romantic behaviors, mannerisms, voice pitch, and patterns); and
5. Release from the worry of danger, ostracization, or persecution (i.e., physical violence, microaggressions, verbal abuse or threats, housing or job loss, access to healthcare, rejection from caretakers).

The meaning of the term *heterosexism*, like the research on the subject, has developed over time. Weinberg (1972) initially introduced the word *homophobia* to describe the intense fear heterosexual people felt about being physically close to lesbian, gay, and bisexual [LGB] people. Herek (1990) then raised concerns that “homophobia” seemed to be too narrow in focus; it implied heterosexual individuals were experiencing only fear and that the fear was associated

only with LGB people. The terminology since shifted rapidly, with terms like *homonegativity* seeking to recognize the varied emotions better perceived as hostile toward LGB individuals. However, these terms remained narrowly focused on LGB individuals' experiences (Szymanski et al., 2008). As researchers gained a better understanding of SM experiences, there was a recognition of social and systemic factors that made everyday life experiences difficult for SM individuals (i.e., marriage, adoption, medical access, spousal benefits). Many social systems were designed with the assumption that they would only serve heterosexual couples, and any variation was either ignored or met with hostility. “Heterosexism” was used to describe the broad range of systemic and social structures that assumed heterosexuality and lacked awareness of sexual and gender differences (Herek, 1995).

Research on the impacts of heterosexism on SM individuals is extensive. Over 400 studies have concluded that SM individuals face significant deficits in health and education due to (1) cultures that prioritize heterosexuality or assume heterosexuality; (2) lack of research on and awareness of the implications of minority stress on daily living; (3) lack of judicial and health resources for SM victims of harassment; (4) systemic discrimination impacting SM individuals' access to jobs, housing, insurance, adoption, education, and other services readily available to heterosexual individuals; and (5) stigma from professionals (Zeeman et al., 2019).

The need to navigate life while lacking access to essential resources and opportunities has negative implications on any individual with an oppressed identity. Moreover, Meyers‘s (2003) study of minority stress across three generations shows that even systemic concerns do not reduce minority stress. Of the three cohorts, the youngest generation, who disclosed having moved through identities soonest, showed the highest minority stress and suicide attempts. Meyers (2003) thus described three aspects of the minority stress model:

1. External stressful events (chronic and acute);
2. Vigilance and expectation of such events; and
3. Internalization of negative societal attitudes.

However, Meyers's (2003) could not explain how the youngest cohort had the highest distress even with lowered legal limitations, a finding that implies minority stress is constructed from social and systemic environments, rather than from solely legal structures. Indeed, researchers have shown that repeated exposure to heterosexist experiences, both systemic and social, correlates with increased depression, hostility, lack of community connectedness, relationship problems, and overall distress (Baams et al., 2015; Carter et al., 2014; Modrakovic et al., 2021).

Internalized Heterosexism and Sexual Minority Individuals

A critical feature of heterosexism for SM individuals is the experience of internalized heterosexism (IH), which is defined as the fusion of external overt and micro-aggressive messages with the self-concept (Szymanski et al., 2008). This internalization process often leads to self-hatred or lowered self-concept, which can impact SMs' mental, emotional, and physical health and safety (Modrakovic et al., 2021; Szymanski et al., 2008). The following sections detail the demographic predictors of IH and their overall impacts on SM individuals.

Predictors of Internalized Heterosexism

A review of the literature shows that IH research has developed over time as researchers have understood the nuances and systemic impacts of IH (Szymanski et al., 2008). Unlike race, age, and other characterological elements of participants which researchers examine, internalization of heterosexism is a manifestation of societal and environmental structures requiring further examination of sociopolitical influences. Advocates note that IH researchers

must be cautious about how IH findings are communicated, so as not to perpetuate the idea that IH is a moral flaw of SM individuals (Szymanski et al., 2008). IH predictors are examined below, with emphasis on how environmental and institutional considerations may impacting IH outcomes.

Age. Age is often seen as a predictor of IH, with older SM individuals tending to endorse lower IH (Lehavot & Simioni, 2011; Pachankis et al., 2020; Thies et al., 2016). Age often is associated with the development of greater independence from familial relationships, the establishment of social supports, and a stronger sense of identity and identity exploration. However, studies show conflicting results: Some indicate uncertainty in the predictive power of age between adolescence and young adulthood (Bauermeister et al., 2010; Shilo & Savaya, 2012), while others show an increase in IH among older generations (David & Knight, 2008). A further hypothesis (Pachankis et al., 2020) involves differences in generational experiences of heterosexism, from overt in olden times to more covert methods at present. The inconsistencies in findings across studies likely speak to intersectional differences among participants which impact their development of IH and opportunities to explore IH.

Race/Ethnicity. Research examining race and IH remains relatively barren. Researchers reviewing prior IH studies note that participants were often white, gay men, and neglect of the experiences of racial and gender minorities limited the understanding of IH (Newcomb & Mustanski, 2010; Shangani et al., 2019). Other studies have not identified a predictive element of race/ethnicity and IH (Dubé & Savin-Williams, 1999; Molina et al., 2018). However, studies have shown that SM identity development is impacted by race/ethnicity, with non-White individuals endorsing less positive attitudes toward SM identities than did White individuals (Shangani et al., 2019). Racist experiences may explain the unique experiences of non-White SM

individuals over IH. Studies show that non-White participants felt more pride in the SM community when engaging with White SM groups, but acknowledged experiencing significant racism and an overall sense of tokenization (Jaspal, 2017; Shangani et al., 2019).

Gender and In-Group Identity. Research on gender and SM in-group identity repeatedly shows their significance in predicting IH. Multiple studies (Brennan et al., 2015; Lin et al., 2022; Quinn et al., 2015) have found that gay and lesbian individuals report lower IH than bisexual individuals. Regarding gender, researchers reviewing multiple studies have found that men report significantly higher IH compared to women (Grey et al., 2013; Lin et al., 2022). Increased internalization of heterosexism by gay men indicates how masculinity may have a significant role in heterosexist stress (i.e., ridicule of mannerisms, disgust, exclusion, isolation, discrimination) or factors protecting SM individuals from heterosexism (i.e., social support, SM community engagement).

Outness and Relationships. Participant characteristics associated with IH may be best explained through support and identity exploration mechanisms. Participants across studies displayed higher IH when endorsing higher levels of discrimination and harassment (Giano et al., 2020; Mason et al., 2015; Mereish & Poteat, 2015). Conversely, individuals who endorsed higher levels of outness, disclosure of sexual identity to others (Herek, 2015), and connectedness to the SM community (Giano et al., 2020; Mereish & Poteat, 2015; Quinn et al., 2015) exhibited lower IH. Altogether, the studies show that opportunities to connect with individuals sharing similar identities and support from family, friends, and partners are essential for SM persons' self-exploration and identity development.

Impacts of Internalized Heterosexism for Sexual Minority Individuals

IH has been linked to a range of poor psychological, health, and social outcomes for SM individuals. Research examining IH's impact on SM health is extensive, reflecting the magnitude of social and environmental factors affecting individuals' everyday lives. This section will consider the impact on IH on psychological well-being and how it may influence the supervisory relationship or supervisee experience of supervision.

Psychologically, IH is associated with low self-worth, increased self-harm, disordered eating and body image, and an overall reduction in well-being (Camp et al., 2020; Newcomb & Mustanski, 2010; Szymanski et al., 2008, Wright & Perry, 2006). Puckett et al. (2015), conducting a study on 436 SM individuals, found that participants reported significantly more psychological distress and self-criticism when displaying higher IH. Multiple studies have found a correlation between IH and depression, hopelessness, anxiety, and lowered self-esteem (Giano et al., 2020; McLaren, 2016; Walch et al., 2016). Further, researchers have also found that high IH correlates with significantly greater substance use and adverse effects of alcohol on crucial life domains (Kuerbis et al., 2017).

Regarding IH's impact on social relationships, researchers have found strong correlations between IH and shame, distrust, risky sexual behavior, relationship instability, intimate partner violence, and gender role conflict (Brown & Trevethan, 2010; Szymanski & Ikizler, 2013; Szymanksi et al., 2008). The implications of IH on social situations may be based on both learned and environmental concerns. In short, SM individuals with high IH may have been socialized in unsupportive environments, leading to disempowerment in future relationships or avoidance of the SM community (Camp et al., 2020). For instance, in a study on 304 SM men and 1099 SM women, decreased social support, low self-esteem, increased behavioral disengagement, increased denial, increased self-blame, and increased substance use were found

to mediate the relationship between IH and psychological distress (Szymanski & Kashubeck-West, 2008).

The impact of IH on psychological distress reflects both in the broad population and among graduate students in psychology. In 2015, Rummell completed a study examining mental health outcomes for graduate students in psychology programs. Post hoc comparisons of the demographic groups showed that the 119 SM students surveyed indicated significantly higher levels of distress compared to their heterosexual peers. This outcome shows that minority stress and experiences of heterosexism were adversely impacting the psychology graduate students throughout their training and supervision experience. In 2021, Hobaica et al. completed a similar study on 912 students, finding that SM graduate students in psychology reported significantly more self-injury, suicidal ideation, drug use, and barriers to support and access to care compared to their heterosexual peers.

Prior research establishes associations between IH and anxiety, shame proneness, identity concealment, and lowered self-esteem. Each of these characteristics has been established as a significant concern for supervisors to address in building a supervisory relationship (Bernard & Goodyear, 2019; Ellis et al., 2002; Hobaica et al., 2021). Bernard and Goodyear (2019) further acknowledge that supervisee anxiety, attachment style, shame, and trait-based anxiety impact trainee engagement, and research on IH shows potential for associations with each attribute.

Shame Proneness, Internalized Heterosexism, and the Supervisory Relationship

There remains a gap in knowledge about IH, shame, and the supervisory experience. Shame proneness remains an unexamined aspect of psychological functioning among SM supervisees. *Shame proneness* is defined as the disposition of an individual to conclude that any evaluative feedback pertains to their self instead of their actions (Lewis, 1971). With supervisees,

experiences of shame can alter their perception of the supervisory relationship. Additionally, the supervisory relationship is prone to experiences of shame due to the evaluative nature of the relationship and the power differential between the supervisor and the supervisee (Bernard & Goodyear, 2019).

Hatzenbuehler (2009) notes that a significant weakness of Meyer's (2003) minority stress model is the lack of intra- and inter-psychological processes that may impact an individual's functioning. Understanding the impact of oppressive forces requires understanding the external forces impacting oppressed groups (minority stress model) and how development among oppressive systemic structures impacts psychological processes (Diamond, 2003). Hatzenbuehler (2009) proposes three impacts of an oppressive culture on SM individuals: (1) SM individuals face increased stress due to stigma; (2) exposure to increased stigma stress alters SM individuals' psychological, social, and coping processes, thus increasing risk to their psychopathology; and (3) these processes mediate the relationship between stigma-stress and psychopathology. In short, mediation research helps understand environmental minority stress, a significant concern, and processes developed from long-standing experiences of minority stress and its internalization and manifestation in oppressed individuals.

Shame proneness can present among all people and is associated with behavioral self-regulation and avoidance (Brock-Petroshius et al., 2022; Tracy & Robins, 2007; Wolf et al., 2010). Shame is conceptualized through two lenses: self-behavior distinction and public–private distinction. Shame as self-behavior is often associated with one's value over the value of one's action (Tracy & Robins, 2004). Tracy and Robins (2004) explain that guilt is associated with internal attributes about one's actions, but shame constitutes an internal attribution about one's global self. An example would be an individual concluding "I *am* something bad" instead of "I

did something bad." In the public–private distinction model, shame is associated with emotions of publicly witnessed shortcomings. A study shows that the 45% of patients ($N = 456$) who experienced shame with their doctor endorsed terminating, avoiding, or lying to their doctor after the experience (Harris & Darby, 2009). Similarly, per a survey of 634 social work students, increased experiences of shame proneness were associated with fewer individual and institutional advocacy behaviors (De Stefano et al., 2007). Like the patient–practitioner relationship, the supervisory relationship requires a public examination of the supervisee's mistakes, making the supervisee prone to experiences of shame.

Cohen et al. (2011) discuss the need to examine shame from two confounds: negative self-evaluation and withdrawal behavior. Self-evaluation implies a private assessment of behaviors, often leading to a sense of lower self-ego. The researchers found that self-evaluation was associated with corrective or reparative behaviors and was closely associated with guilt. However, withdrawal behaviors were associated with avoidance of public view and withdrawal from engagement. Further, self-evaluation was associated with prosocial behavior and ethical negotiation and decision-making, but withdrawal behavior was associated with significant psychological distress (neuroticism) and unethical decision-making.

IH and shame remain closely linked per research across many health outcomes. A study of 520 women found that IH directly and indirectly affected posttraumatic stress disorder (PTSD) symptom severity through shame proneness (Straub et al., 2018). Specifically, it shows an association between shame-related social withdrawal and potentially learned socialization from heterosexist experiences in development. In another study of 389 SM individuals, IH was found indirectly linked to problematic alcohol use through shame proneness (Hequembourg & Dearling, 2013). In a further study on SM women from Mainland China and Hong Kong ($N =$

478), IH and shame were found to be positively associated with each other and negatively correlated with outness (Chow & Cheng, 2010). Thus, IH remains closely associated with shame, social withdrawal, and distress across demographic groups. This finding aligns with IH's theoretical conceptualizations, shame, and SM individuals' social behaviors (Hatzenbuehler, 2009).

Hahn (2001) identified four presentations of shame within supervision sessions: withdrawal, avoidance, attack on the other, and attack on the self. This study focuses on withdrawal and avoidance behaviors, because they are passive actions whereby supervisees avoid revealing shame-inducing situations through forgetting session details, avoiding supervision sessions, coming late to supervision, or withholding information from supervisors (Hahn, 2001).

Shame proneness can significantly impact the supervisory relationship and experiences for the supervisee, often presenting as what looks like supervisee chronic anxiety. Research has found shame proneness to be linked with problematic interpersonal behaviors (Cândea & Szentagotai-Tătar, 2018; Covert et al., 2003) and passive avoidance in relationship conflict (Chao et al., 2011). Because the supervisory relationship is critical to positive supervisee outcomes, understanding the impact of shame in supervision is essential.

Though shame can severely impact the supervisory relationship, empirical research on this topic is limited compared to theoretical articles. Bilodeau et al. (2012) examined the impact of shame proneness on working-alliance ratings of and impact of supervision sessions perceived by supervisees (n = 43) over five sessions. They found that shame proneness was associated with diminished working alliance over time and lowered session impact scores. This confirms Hahn's (2001) theory that increased shame can diminish the impact of sessions through supervisee

avoidance and lowered working alliance due to the anxiety of exposure. However, supervision research on shame and shame proneness lacks empirical evidence for these theoretical relationships.

Outside of supervision research, a meta-analysis of nearly 143 studies comprising 29,001 participants showed that guilt and shame were significantly positively associated with state and trait-characterized anxiety (Cândea & Szentagotai-Tătar, 2018). The researchers found that shame associated with perceived negative self-evaluation by others was linked to social anxiety and other social withdrawal or avoidance behaviors. Though this study did not examine the supervisory relationship, it makes apparent that shame impacts a variety of relationships. With the power differential present in the supervisory relationship, there is a significant risk of shame negatively impacting the supervisee training experience.

Concerningly, multicultural variables that may impact shame in the supervisory relationship remain underexamined. Ferguson and Stegge (1995) theorize that an individual's social upbringing may incite shame and shame-related behaviors. Lack of examination of this impact on trainee behaviors in supervision would be detrimental to the future success of a diversifying generation of mental health professionals.

Supervisee Disclosure in Supervision

Supervisee disclosure in supervision is a requirement for successful supervision, because supervision is individualized to the supervisee's needs (Bernard & Goodyear, 2019). Supervisee willingness to disclose clinical concerns is critical for supervisor oversight of client concerns, assessment of supervisee growth in clinical skills and interventions, and supervisees' professional development and identity (Bernard & Goodyear, 2019). However, disclosure is an outcome impacted by several factors. For instance, Mehr et al. (2015), examining factors that influence

trainee disclosure in supervision, surveyed 201 doctoral trainees and found that trainees with higher self-efficacy reported lower anxiety. Further, trainee perception of a strong working alliance was associated with less anxiety, and a stronger working alliance improved disclosure.

The working alliance between the supervisor and trainee exerts a significant influence on trainee disclosure. Ladany et al. (1996) surveyed 108 supervisees to understand factors influencing nondisclosure. They found that the majority of nondisclosures were related to supervisees' personal issues and their adverse reactions to supervisors. Additionally, supervisees perceived some of these nondisclosures as “not important,” but also acknowledged “too personal,” “negative feelings,” and “poor alliance” as other typical rationales. Regarding supervisor style, supervisees who viewed their supervisor as non-affirming and unsupportive were found more likely not to disclose information that they considered moderately important for their clinical work (Ladany et al., 1996).

Mehr et al. (2010) surveyed 201 supervisees to better understand the factors contributing to disclosure in supervision. Their findings confirms that a positive supervisory working alliance contributed to supervisee disclosure. Like prior studies, this study also confirms the importance of the supervisory relationship in ensuring meaningful supervisory experiences and reduced risk to the supervisor. However, factors that influence working alliances and disclosure are still under-researched. The importance of working alliance has been shown in prior research finding positive associations between working alliance and trainee self-disclosure of supervision-related issues (Webb & Wheeler, 1998), clinical mistakes (Walsh et al., 2003), and a reduction in trainee anxiety (Mehr et al., 2010). Thus, there is significant power in supervisors' efforts to consider communication styles and rapport building with their trainees.

Bilodeau et al. (2012) conducted a longitudinal study to examine the effect of working alliance and shame proneness on trainees' perception of the value of supervision. They assessed the supervision experience of 43 master-level trainees across five sessions. Trainees with higher shame proneness reported an overall significant difference in the supervisor–trainee working alliance and reported a difference in the supervisory experience's impact on their training. Though direction could not be determined from the results, the conclusion that shame can alter the perception of learning impact indicates that further analysis of factors contributing to shame proneness is necessary.

Further, Hutman and Ellis (2020) surveyed 186 participants to determine how supervisor multicultural competence and supervisory working alliance influenced collective supervisee nondisclosure, including clinical and supervision-related nondisclosures. They found that supervisor multicultural competence and working alliance inversely predicted nondisclosure. Additionally, the results provided evidence that the supervisory working alliance could mediate the relationship between supervisor multicultural competence and supervisee nondisclosure. This study shows that multicultural elements influence relational and internal factors that impact supervisee nondisclosure. Though the study provides insight into the experiences of supervisor factors that contribute to nondisclosure, it leaves a gap by not discussing supervisee internal processes that may impact nondisclosure, including a supervisee’s cultural considerations.

A qualitative study attempted to examine this gap in understanding supervisee experiences in nondisclosure. Qualitative explorations of supervisee rationales for nondisclosure revealed that sensitivity to the power dynamics, the evaluative nature of the supervisory relationship, and desire for self-preservation impacted the supervisee decision of nondisclosure (Singh-Pillay & Cartwright, 2019). Singh-Pillay and Cartwright (2019) detail eight subthemes

that supervisees disclosed contributed to nondisclosure: ethical transgressions, counter-transference, strategic self-preservation, power issues, fear, boundaries, supervisory alliance, and ethics of disclosure. As reflected in the review above, many factors associated with supervisee characteristics remain under-researched, but qualitative studies show that these characteristics can impact the working relationship and disclosure by supervisees over the source of supervision (Singh-Pillay & Cartwright, 2019).

Overall, prior research has shown that trainees tend to avoid disclosing a range of topics. For instance, they avoid discussions surrounding negative experiences within supervision or reactions to their supervisor, personal issues, concerns regarding the evaluation process, and clinical errors (Ladary et al., 1996; Mehr et al., 2010; Singh-Pillay & Cartwright, 2019). Ultimately, all of these characteristics can impact supervisee care with clients. With a lack of disclosure, especially at sites without video recording or live viewing of sessions, there is potential for lack of supervisor awareness of clinical concerns.

Conclusion

The present study aims to examine the gap in the literature regarding SM supervisee training experiences. There are extensive theories on the impact of shame proneness on the working alliance, supervisory relationship, and disclosure. However, there is a lack of information on cross-cultural interactions and their impact on the supervisory relationship and disclosure.

The supervisory relationship can be a rewarding and dynamic factor of personal and professional growth for supervisees. Supervisors are responsible for assessing and ensuring a strong working relationship with their supervisees to guide the latter's ethical practice and appropriate development (Bernard & Goodyear, 2019). However, there is limited research on

supervision and multicultural considerations, as well as on supervisee characteristics and cultural considerations in supervision (Hill & Knox, 2013; Inman, 2008; Milne et al., 2008; O'Donovan et al., 2011; Singh-Pillay & Cartwright, 2019).

SM supervisees develop in a heterosexist society where they risk internalizing negative beliefs about themselves, increasing their shame proneness (Camp et al., 2020). Shame proneness has been linked to negative relational patterns in personal and supervisory relationships (Bilodeau et al., 2012; Covert et al., 2003). Shame has also been linked to a reduced sense of working alliance and fewer disclosures by trainees (Bilodeau et al., 2012). Against this background, this research examines supervisee factors that could influence the supervisory process, seeking to answer the following question: Does shame proneness have a mediating effect on the relationship between IH and disclosure in SM supervisees? The following hypotheses are examined based on two mediation models using two operationalizations of shame processes.

Mediation Model With Negative Self-Evaluation

Hypothesis 1. IH is an inverse predictor of disclosure in supervision.

Hypothesis 2. Negative self-evaluation mediates the relationship between IH and disclosure in supervision.

Mediation Model With Social Withdrawal

Hypothesis 3. IH is an inverse predictor of disclosure in supervision.

Hypothesis 4. Social withdrawal mediates the relationship between IH and disclosure in supervision.

Chapter 2: Method

Participants

To understand supervision processes, this study focused on the supervisee variables that are associated with the supervisory experience. The participants recruited for this research were supervisees who identified as sexual minority (SM) individuals seeking or have completed a master's or doctoral degree in social work, counseling, or psychology and currently completing on-site clinical training (any level of pre-licensure supervision).

According to the inclusion criteria, potential study participants had to be aged 18 or above, identify as non-heterosexual and cisgender, be fluent in English, and be classified as a practicing mental health supervisee in a master's or doctoral training program. Further, per the exclusionary criteria, anyone identifying as a gender minority individual, completing clinical work outside of the United States, not actively in supervision and clinical work, or identifying as heterosexual was excluded from the study.

Participants were recruited for this study via three methods. The first method entailed an advertisement forwarded by their faculty liaison listed on the American Psychological Association (APA) or Council for the Accreditation of Counseling and Related Educational Programs (CACREP) directory. The second method involved direct advertisement on the Division 44, APA's Society for the Psychology of Sexual Orientation and Gender Diversity email listserv. Finally, participants were also recruited through advertisement by the university training director contacted through the Association of Counseling Center Training Agencies (ACTA) listserv. Directors were asked to distribute the advertisement (Appendix E) of the survey and the survey link to current and former students. Participants who qualified for and completed the study received a $5 gift card.

An a priori analysis was conducted using the G*Power (Faul et al., 2007) software to determine the appropriate sample size for adequate power. The analysis parameters for linear regression were a Cohen's (f^2) value of 0.15, a power (1-β err prob) of .80, and an alpha (α) of .05. The input parameters provided a minimum sample size for enough power to identify a significant medium effect size. The analysis indicated that the minimum number of participants should be 120. The final number of participants in the study was *N = 170*, after 30 participants were ineligible due to incomplete data or not meeting inclusion criteria.

Demographic data of the sample are summarized in Table 1. Participant age ranged from 18 to 50 years old ($M = 27.62$, $SD = 4.29$), and the sample comprised 16.5% male and 83.5% female participants, with transgender and nonbinary individuals excluded from the study. In terms of sexual orientation, 53.5% of the participants identified as bisexual, 18.2% as queer, 12.4% as gay, and 10.6% as lesbian. Regarding racial and ethnic representation, 73.5% identified as White, 13.5% identified as Latinx, and 10.6% identified as Asian or Asian American. Since participants were allowed to pick multiple identities, these percentages may not total 100%. Additionally, this survey utilized a national sample, of which 30.6% were completing training in the Mid-West, 27.1% in the Mid-Atlantic, and 12.4% in the Southwest. Finally, 17.6% of the students indicated they had a disability.

Regarding education, 83% of participants reported they were completing or had recently completed a doctoral degree, and 17% were completing or had recently completed a master's degree. Participants endorsed a range of training sites, with 31.8% completing supervised work at a university counseling center, 19.4% at a community mental health center, and 10.2% at a medical hospital or behavioral health department. Regarding the participants' stage of training,

62.9% reported being doctoral practicum students, 17.1% were master's-level practicum students, and 12.4% were doctoral interns.

Table 1. *Demographic Data for the Sample (N = 170)*

Variables		Percentages
Age	*M* = 27.62 *SD* = 4.29	
Income		
Not disclosed		14.7%
$0 - $15,000		15.9%
$15,001 - $30,000		34.7%
$30,001 - $50,000		15.3%
$50,001 - $75,000		7.4%
$75,001 - $100,000		4.7%
$10000+		7.1%
Gender		
Female		83.5%
Male		16.5%
Sexual Orientation		
Bisexual		53.5%
Queer		18.2%
Gay		12.4%
Lesbian		10.6%
Other		3.5%
Questioning		1.8%
Race/Ethnicity		
White/Caucasian		73.5%
Latinx		13.5%
Asian/Asian American		10.6%
Multiracial		8.2%

Black/African American	6.5%
Native American/Alaskan Native	1.8%
Other	1.8%
Native Hawaiian/Pacific Islander	1.2%
Degree	
Doctoral	83.0%
Master's	17.0%
Supervised Site	
University counseling center	31.8%
Community mental health center	19.4%
Hospital/behavioral health	18.2%
Private practice	8.2%
Inpatient unit/hospital	5.9%
K–12 school system	5.9%
Other	5.9%
Military/VA	3.5%
Justice/corrections	1.2%
Trainee Status	
Doctoral practicum	62.9%
Master's-level practicum	17.1%
Doctoral intern	12.4%
Master's-level intern	4.7%
Pre-licensure doctoral clinician	2.4%
Pre-licensure master's clinician	0.6%
Geographic Region	
Midwest	30.6%
Mid-Atlantic	27.1%
Southwest	12.4%
Southeast	10.0%

Northwest	7.6%
West	6.5%
Northeast	4.1%
Alaska	1.2%
Hawaii	0.6%
Institution	
Public	73.5%
Private	26.5%
Disability Status	
No	82.4%
Yes	17.6%

Note. Percentages for a variable may not total 100% due to rounding. Further, participants were able to pick multiple responses for race/ethnicity, and thus the percentage sum is over 100%.

Measures

Participants completed a survey that included three instruments measuring the predictor variables of internalized heterosexism (IH) and shame proneness and the outcome variable of disclosure in supervision. A demographic questionnaire was used to gather information on the sample, including the control variables of age, education level, program of study, supervision status, race, income, supervision site, and disability status.

Guilt and Shame Proneness Scale

The Guilt and Shame Proneness Scale (GASP; Cohen et al., 2011) measures individual differences in the likelihood of experiencing guilt and shame through rating various social situations (see Appendix A). Items include a range of workplace, school, family, friend, and community experiences where Subscale scores are averages of associated items and independent from other subscale scores. This study examined the two shame subscales: shame–negative self-evaluation [S-NSE] and shame–withdrawal [S-W]. Of the eight total items, four were for the S-

W score and the other four for the S-NSE score. Respondents were asked to rate the accuracy of statements on a scale ranging from 1 (very unlikely) to 7 (very likely). Sample items included statements such as "You give a bad presentation at work. Afterwards your boss tells your coworkers it was your fault the company lost the contract. What is the likelihood that you would feel incompetent?" and "A friend tells you that you boast a great deal. What is the likelihood that you would stop spending time with that friend?"

Higher averaged scores of associated items would indicate a higher proneness to S-NSE or S-W (Cohen et al., 2011). Conceptually, S-NSE and S-W are associated with contrasting motivations in ethical behaviors. Thus, they allow a more complex conceptualization of the motivations of shame on behavior compared to the Test of Self-Conscious Affect-3 (TOSCA-3), another common measure for shame proneness. Cohen et al. (2011) found that S-NSE scores were positively correlated with the guilt subscale scores, ranging from .43 to .54 between two separate factor structure studies. S-W was found to have a weaker correlation with S-NSE, and theoretically, these correlations are appropriate and indicate that people who feel bad about themselves after a public transgression are prone to feeling guilt and taking actions to address it.

Historically, the reliability of scenario-based instruments has been low due to the diverse circumstances of different scenario items (Cohen et al., 2011). GASP and TOSCA-3 both have similar internal consistency reliability scores. In two studies (N= 450, N= 862), the reliability coefficients of shame subscale scores were .63 and .67, that is, higher than the authors' goal of .60. Convergent validity was established for both shame subscale scores based on the subscale scores' correlation with the HEXACO Personality Inventory-Revised (HEXACO- PI- R; Lee & Ashton, 2018). The scores for the subscale "Neuroticism" were r =.18, p < .05 for S-NSE and r =.23, p < .05. for S-W.

Researchers established discriminant validity between shame subscale scores through contrasting correlation scores associated with ethical decision-making and social behavior. S-W was found to be significantly correlated with items of the Aggressive Questionnaire (AQ; Buss & Perry, 1992) *anger* ($r = .24$, $p < .05$), *hostility* ($r = .27$, $p < .05$), and *physical violence* ($r = .17$, $p < .05$), as well as the Self-Reported Inappropriate Negotiation Strategies II (SINS II; Lewicki et al., 2007) scale items *false promises* ($r = .20$, $p < .05$). Conversely, S-NSE was found to have significant, contrasting correlations with AQ (Buss & Perry, 1992) items *aggression* ($r = -.09$, $p < .05$), *hostility* ($r = -.02$, $p < .05$), and *physical violence* ($r = -.31$, $p < .05$) and SINS II (Lewicki et al., 2007) item *false promises* ($r = -.17$, $p < .05$). These findings show the two scores are associated with characteristics of shame, but discriminate between behaviors in response to shame.

The two subscales of S-W and S-NSE served as two separate predictor variables in this study. Given the low reliability of shame measures in previous research, Cohen et al. (2011) recommend achieving a Cronbach's alpha value above .60 as the goal. In this study, the Cronbach's alpha for S-W ($\alpha = .51$) fell outside the acceptable range, while that for S-NSE ($\alpha = .63$) fell within the range. Thus, the S-NSE measure was considered within an acceptable range given Cohen et al.'s (2011) recommendations, but the reliability should be viewed with caution in interpreting the current results.

Revised Internalized Homophobia Scale

The Revised Internalized Homophobia Scale (IHP-R; Herek et al., 2009) is a five-item measure examining participant levels of endorsed IH and homophobia (see Appendix B). There are two versions of the IHP-R with language specific to women or men. The original Internalized Homophobia Scale (IHP) consisted of nine items specific to gay men (Martin & Dean, 1993). As

SM research has expanded and language has modernized, the IHP has undergone revisions to now include women. However, research does not provide a single gender-inclusive measure for IH. Thus, for this study's purposes, the male and female versions were combined through slightly altering the language within the IHP-R's items to ultimately provide a gender-consistent measure for the participants. Attempts to contact prior authors and their estates were made, but no contact was established likely due to the impact in the early stages of COVID-19.

Edits made to the items were done with the least amount of semantic alteration possible to protect the items' integrity. Please refer to Appendix (B) for a complete list of IHP-R items. Three items (3,4,5) were edited to add the word “gay”; for example, the statement “I wish I weren't lesbian/bisexual/queer/etc.” was modified to “I wish I weren't gay/lesbian/bisexual/queer/etc.” Finally, item 1 was edited from “I have tried to stop being attracted to women in general,” to “I have tried to stop being attracted to individuals of the same gender as me in general.” This decision was made based on the need for a consistent instrument for all participants while maintaining the instrument's focus on IH. In the IHP-R, each item is scored on a 7-point Likert scale with scores ranging from 1 (strongly disagree) to 7 (strongly agree). Scoring of the IHP-R consists of averaging all five items, with higher averaged totals indicating higher IH.

The IHP positively correlates to the IHP-R with gay, bisexual, and lesbian adults. A study of 2,259 adults found both measures to have correlations above .90 for each group. In prior studies, the IHP-R female version had a Cronbach's alpha of .82, and the IHP had a Cronbach's alpha of .88, confirming internal consistency (Hamilton & Mahalik, 2009; Herek et al., 2009). The male version of the IHP-R too had a Cronbach's alpha of .80 in a sample of 203 men (Szymanski & Ikizler, 2013). Additionally, IHP-R scores have been significantly predictive of

self-esteem, depression, and anxiety. The male version has been correlated with depression, the original IHP, reduced outness/identity concealment, and affection toward other men (Szymanski & Ikizler, 2013). It has also been correlated to sexual identity concealment (r = .50; Mason & Lewis, 2015). There is historically strong evidence for the reliability and validity of the IHP-R. The scale was used to operationalize the construct of IH, a predictive variable in the current study. The Cronbach's alpha for the IHP-R fell within a good range (α = .74) for this study (Cohen, 1988).

Trainee Disclosure Scale

The Trainee Disclosure Scale (TDS; Walker et al., 2007) is a 13-item questionnaire intended to measure trainee disclosure in supervision (see Appendix C). Respondents rate a statement on a 5-point Likert scale with responses ranging from *not at all likely* (1) to *very likely* (5). They are directed to consider their current supervisor when answering the items. Examples include, “How likely would you be to discuss issues of clinical mistakes with your supervisor?” and “How likely would you be to discuss general client observations with your supervisor?” Items are averaged to get the disclosure scores. Higher scores indicate more disclosure in clinical supervision.

In past studies, TDS has maintained strong internal consistency reliability scores ranging from .85 to .89 (Mehr et al., 2010; Mehr et al., 2015; Walker et al., 2007). Evidence for the convergent and construct validity for the measure was established through studies finding strong positive correlations of TDS scores with positive gender-related events (Walker et al., 2007), with a chi-square analysis showing χ^2 (1) = 10.33, $p < .01$. Additionally, TDS scores are found to correlate with scores of the Working Alliance Inventory – Trainee (WAI/S; Bahrick, 1989), β = .46, $p < .001$ (Mehr et al., 2015). Additionally, Mehr et al. (2010) found that the TDS is

negatively correlated with the number of nondisclosures by trainees, $r = -.43$, $p < .001$. This instrument was used in this study to operationalize the outcome variable trainee disclosure. The Cronbach's alpha for TDS fell within a good range ($\alpha = .84$) for this study (Cohen, 1988).

Demographic Questionnaire

A 12-item demographic questionnaire was used to obtain information regarding the participants' age, income, U.S. region, gender, sexual orientation, disability status, race, degree level, program of study, public or private institution, supervision stage, and supervision site (hospital, college counseling, private practice, school, etc.). These items served as control variables in the current study and provided information about the demographic makeup of the sample.

Procedure

IRB approval was obtained prior to beginning the study. The survey was constructed and distributed using the Qualtrics platform. Participants were recruited via an email forwarded by their counseling center training director and an advertisement on the Division 44 listserv. The initial advertisement was the cover letter for the study for the first 20 APA program recruitment emails sent (Appendix E), but after an increase in participants attempting the survey who did not qualify, all remaining APA programs in addition to CACREP, Division 41, and ACCTA received the shortened advertising email (Appendix F) along with the cover letter. When participants accessed the link, the cover letter would appear, and participants would either agree or disagree to consent. If participants consented, they were required to confirm they were at least 18 years old before being permitted to continue. After potential participants provided informed consent, they were first administered the demographic questionnaire (Appendix D) to ensure they met the inclusion criteria: identifying as nonheterosexual and cisgender, being fluent in

English, and being classified as a practicing mental health supervisee in a master's-level or doctoral training program. The GASP (Appendix A), IHP (Appendix B), and TDS (Appendix C) were then employed in a counterbalanced manner to reduce order effects.

Upon completion of the surveys, participants were directed to a separate website, where they voluntarily provided their name, phone number, and email address to receive a $5 gift card. Along with the requested information, the site provided the researcher with contact information for any questions regarding gift card distribution and information about national resources and organizations for sexual and gender minority support.

Research Design

This study employed a nonexperimental, quantitative, cross-sectional survey design to examine the relationship of IH and shame proneness on disclosure in clinical supervision for SM trainees when controlling for education level, training status, race, sexual orientation, and outness.

Chapter 3: Results

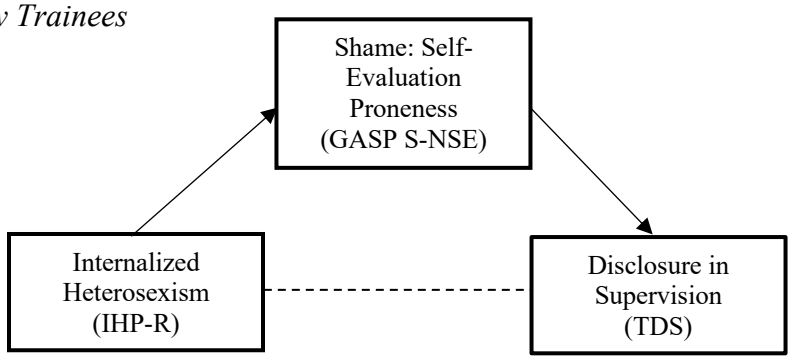
This study utilized two mediation models to build evidence for a relationship between IH, shame, and disclosure in the supervision of sexual minority (SM) trainees. Figure 1 shows the proposed mediation model with the variable shame–negative self-evaluation (S-NSE). This model is associated with two hypotheses:

1. IHP-R is an inverse predictor of TDS scores.
2. GASP S-NSE scores mediate the relationship between IHP-R and TDS scores.

Figure 2 shows the proposed mediation model with the variable shame–withdrawal (S-W). This model is associated with the final two hypotheses:

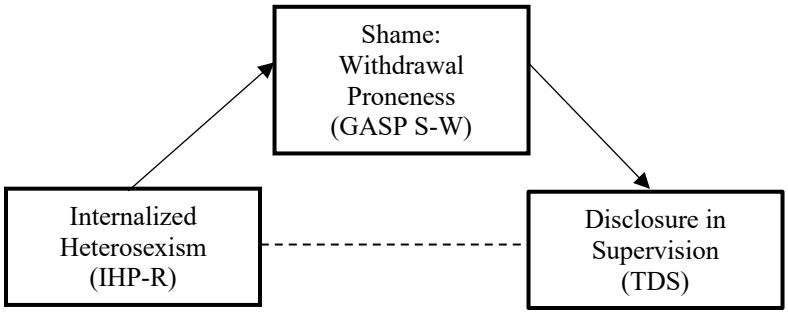
3. IHP-R is an inverse predictor of TDS scores.
4. GASP S-W scores mediate the relationship between IHP-R and TDS scores.

Figure 1. *Theoretical Mediation of Shame-Related Negative Self-Evaluation on the Relationship Between Internalized Heterosexism and Disclosure in Supervision in Sexual Minority Trainees*



Note. This figure shows the proposed mediation relationship. In addition, instruments used to operationalize the corresponding constructs are noted below in parentheses. This theoretical model represents hypotheses 1 and 2.

Figure 2. *Theoretical Mediation of Shame-Related Withdrawal on the Relationship Between Internalized Heterosexism and Disclosure in Supervision in Sexual Minority Trainees*



Note. This figure shows the proposed mediation relationship. In addition, instruments used to operationalize the corresponding constructs are noted below in parentheses. This theoretical model represents hypotheses 3 and 4.

Preliminary Analysis

Before the primary analysis was conducted, the assumptions of regression analysis were assessed. Confirmation of assumptions ensure the results of the linear regression accurately reflected the relationship among the predictor variables, the mediator variable, and the outcome. Assumptions for regression assessed include confirming linearity, homoscedasticity, absence of multicollinearity, and multivariate normality. Assumptions were found to be true with the details of the analysis reviewed in this section.

Linearity

Linear regression assumes a linear relationship between the predictor and outcome variables (Pedhazur, 1982). Simple scatterplots (Figures 3–5) show a linear relationship between the predictor and dependent variables for this study.

Figure 3. *Scatterplot of Disclosure and Internalized Heterosexism*

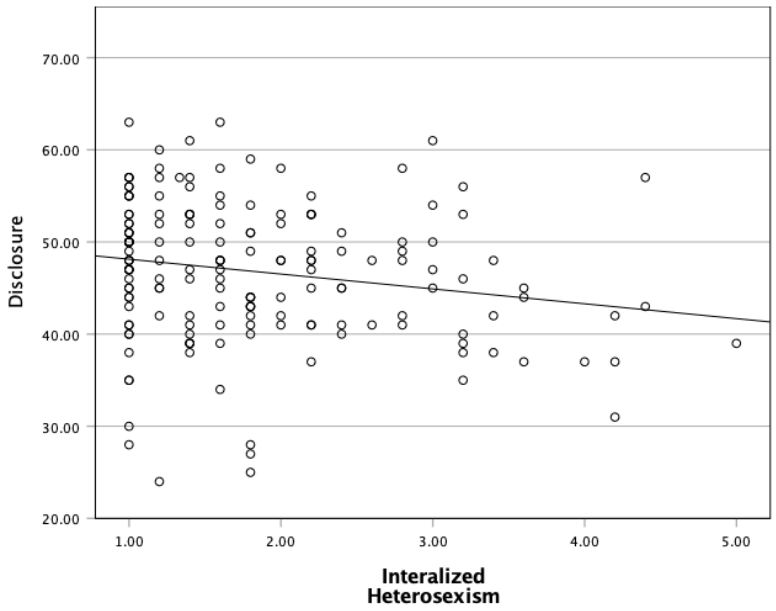


Figure 4. *Scatterplot of Disclosure and Shame–Negative Self-Evaluation*

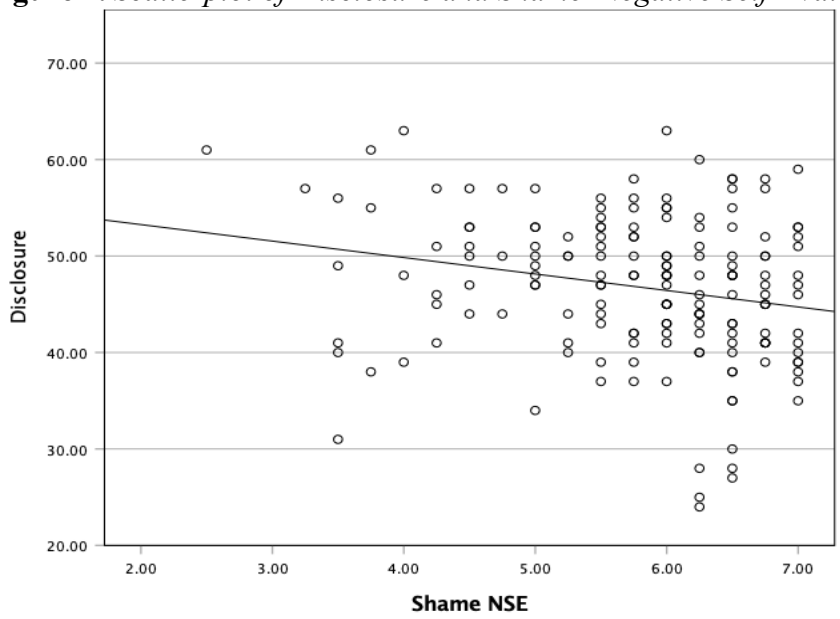
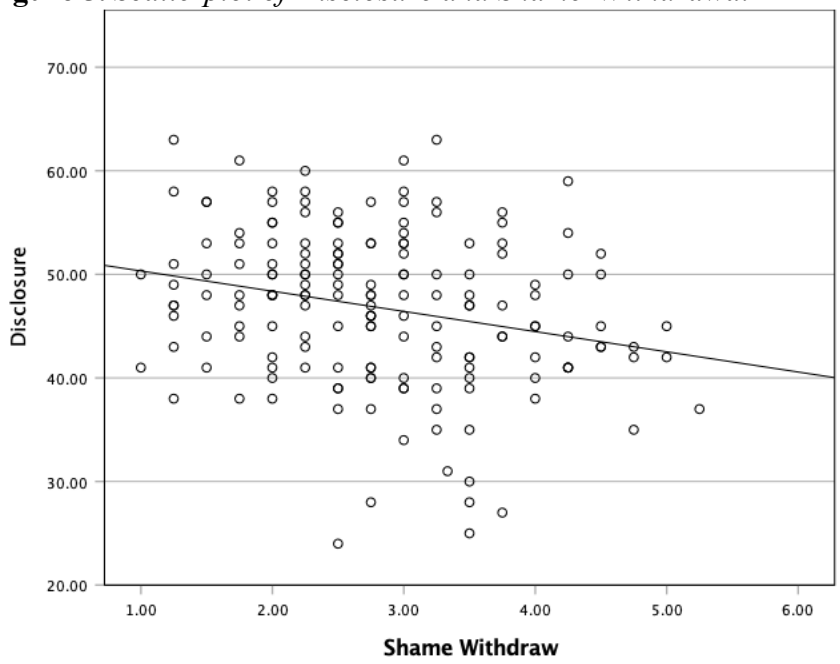


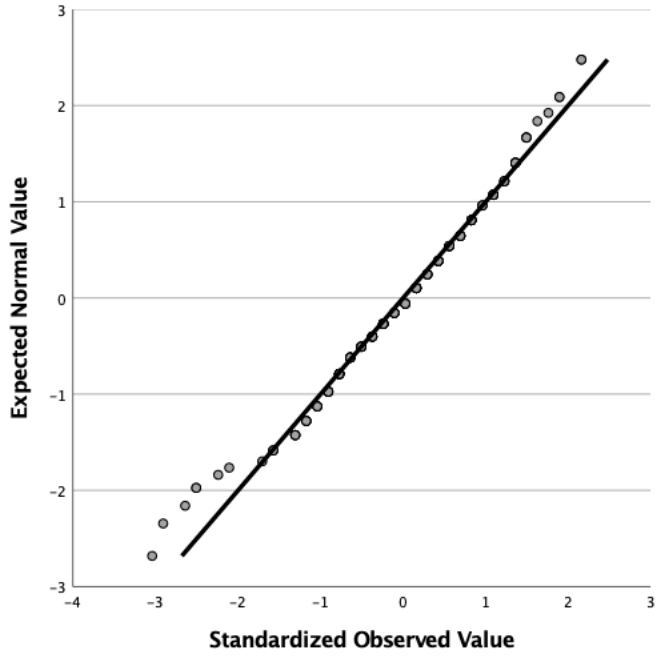
Figure 5. *Scatterplot of Disclosure and Shame–Withdrawal*



Homoscedasticity

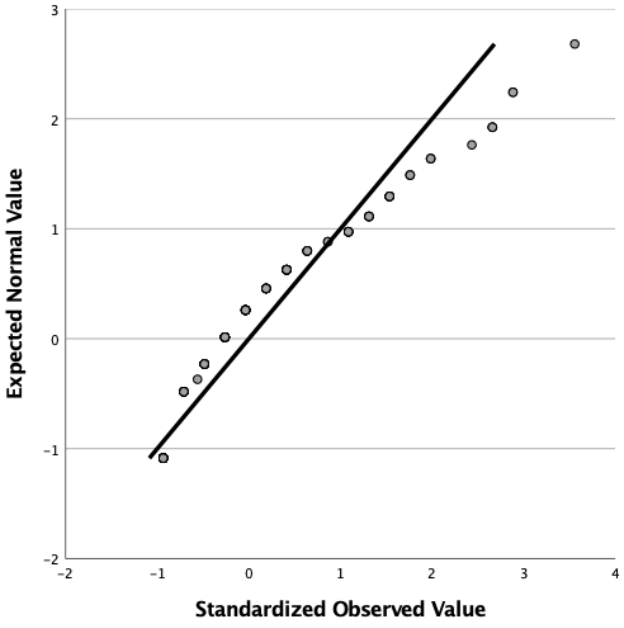
Regression assumes that variance among residuals will be similar (Ott & Longnecker, 1987). Q–Q plots of the standardized residuals for the regression models are depicted in Figures 3–6. Variance around the regression line appears similar across the plots, suggesting appropriate homoscedasticity.

Figure 6. *Q–Q Plot of Disclosure*



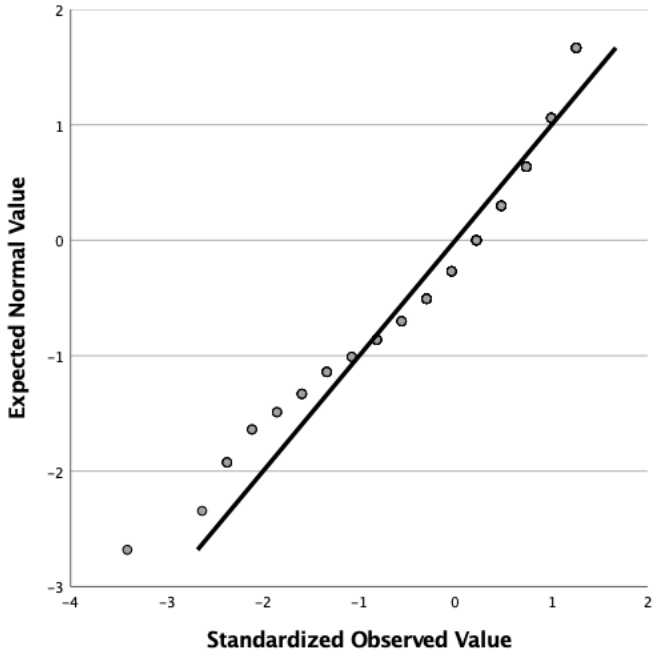
Note. N = 170. This graph shows the observed cumulative probability of GASP S-W scores compared to the expected value for homoscedasticity.

Figure 7. *Q–Q Plot of Internalized Heterosexism*



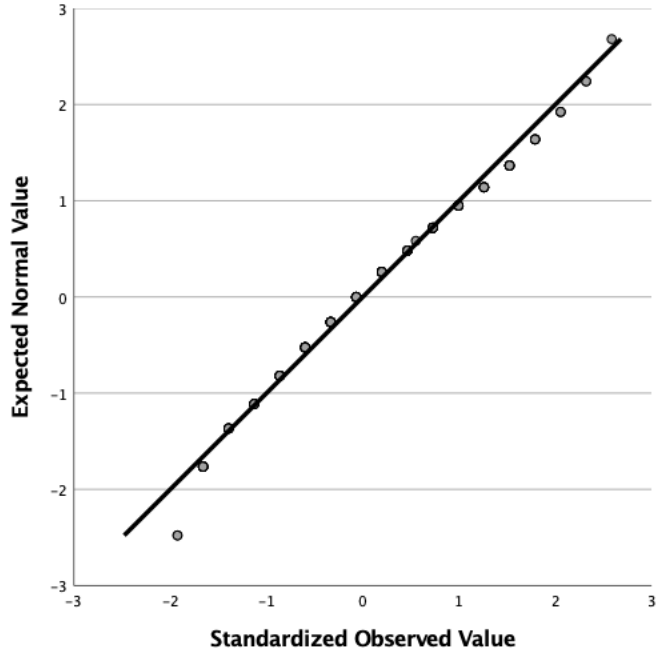
Note. N = 170. This graph shows the observed cumulative probability of IHP-R scores compared to the expected value for homoscedasticity.

Figure 8. *Q–Q Plot of Shame-Related Negative Self-Evaluation*



Note. $N = 170$. This graph shows the observed cumulative probability of GASP S-NSE scores compared to the expected value for homoscedasticity.

Figure 9. *Q–Q Plot of Shame-Related Withdrawal*



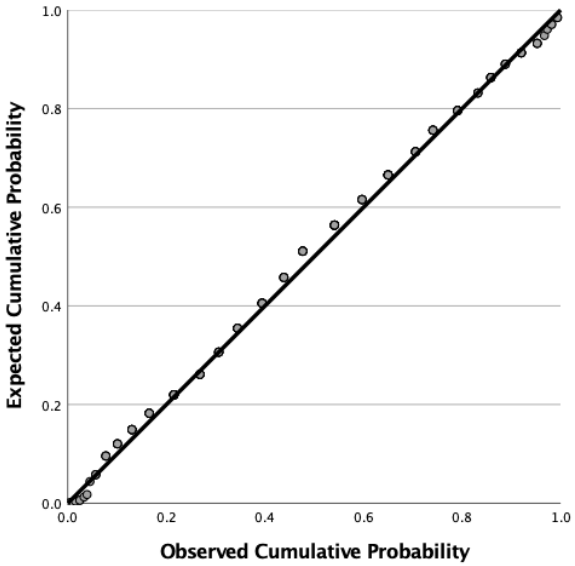
Note. $N = 170$. This graph shows the observed cumulative probability of GASP S-W scores compared to the expected value for homoscedasticity.

Regression analyses assume that variables utilized are independent of each other (Ott & Longnecker, 1987). Predictor variables should not be highly correlated or related to the same construct such that they influence each other in addition to the outcome variable. The correlations among the IHP-R, GASP, and TDS scores were examined in the correlation analysis. Variables were shown to have correlations less than $r = .80$, indicating no multicollinearity between predictor variables (Ott & Longnecker, 1987). Further, variance inflation factors (VIF) were assessed for the predictor variables. A VIF value less than 10 is considered acceptable for determining the independence of variables (Hair et al., 1995). All regression analyses yielded VIF statistics below 10, ranging from 1.01 to 1.13.

Multivariate Normality

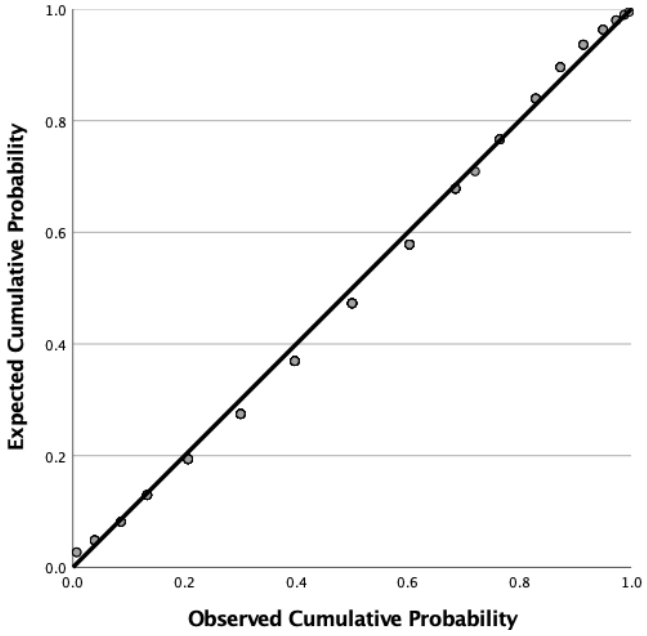
Regression assumes that residuals are normally distributed (Casson & Farmer, 2014). Normality was assessed via P–P plots, which showed that scatterplots of residuals adhered to the normality line for the regressions run with both S-W and S-NSE.

Figure 10. *P–P Plot of Disclosure*



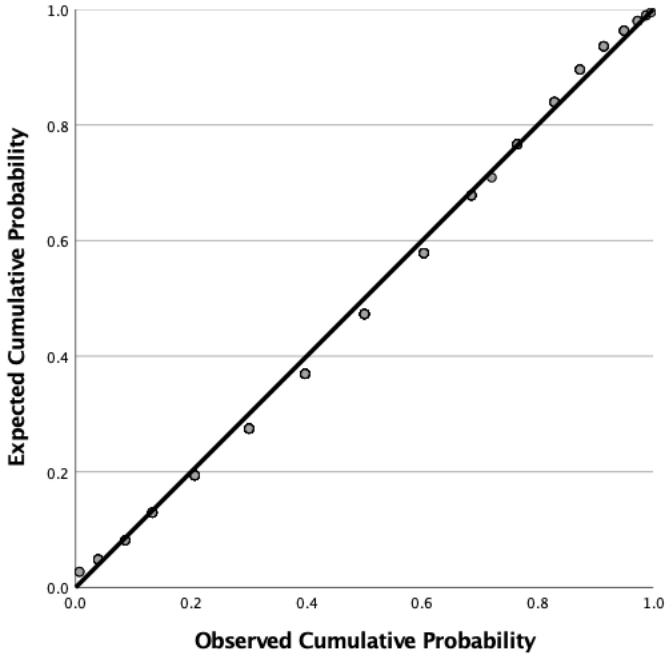
Note. $N = 170$. This graph shows the observed cumulative probability of TDS scores compared to the expected scores for normality.

Figure 11. *P–P Plot of Internalized Heterosexism*



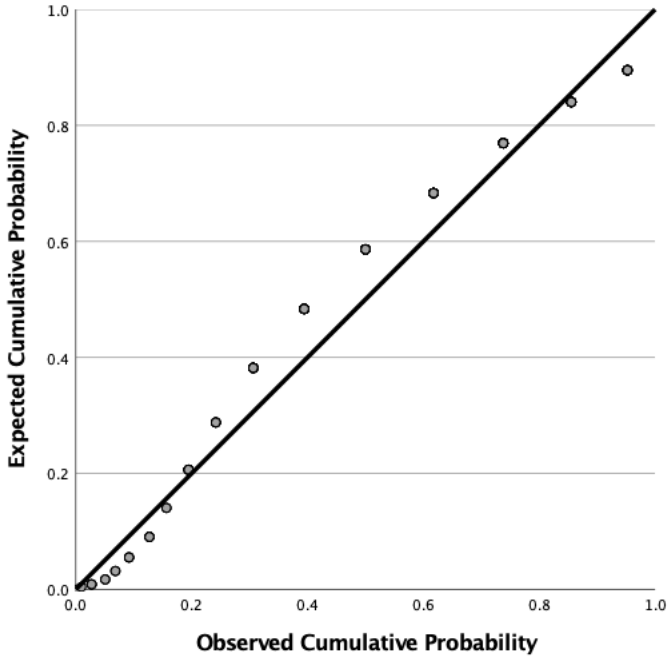
Note. N = 170. This graph shows the observed cumulative probability of IHP-R scores compared to the expected scores for normality.

Figure 12. *P–P Plot of Shame-Related Withdrawal*



Note. N = 170. This graph shows the observed cumulative probability of GASP S-W scores compared to the expected scores for normality.

Figure 13. *P–P Plot of Shame-Related Negative Self-Evaluation*



Note. N = 170. This graph shows the observed cumulative probability of GASP S-NSE scores compared to the expected scores for normality.

Based on these results, the assumptions of linear regression appear to be sufficient for continued data analyses using multiple linear regression.

Descriptive Statistics for Study Measures

In addition to assumption testing, descriptive statistics for each measure used in the study were examined. Table 1 shows the results of the descriptive analysis for the study measures GASP S-W, GASP S-NSE, TDS, and IHP-R. The mean participant scores for IHP-R (M = 1.83, SD = 0.89) and GASP S-W (M = 2.81, SD = 0.94) indicated relatively low IH and S-W scores. Further, participant scores for GASP S-NSE (M = 5.78, SD = 0.96) were slightly elevated compared to the potential range. Finally, scores for disclosure (M = 46.79, SD = 7.50) were also slightly elevated compared to the possible range.

Review of Cronbach's alphas showed reliability concerns for both GASP subscale measures, GASP S-NSE and GASP S-W. TDS ($\alpha = 0.84$) and IHP-R ($\alpha = 0.74$) had Cronbach's alpha values that fell within the acceptable range for an exploratory study (Cohen, 1988). The Cronbach's alpha for GASP S-NSE ($\alpha = .63$) was lower than expected, but above .60—the goal indicated by the instrument's authors (Cohen et al., 2011). The Cronbach's alpha for GASP S-W ($\alpha = .51$) fell below the goal of .60 and within a range considered unacceptable (Cohen, 1988). Thus, the results should be interpreted with caution.

Cronbach's alpha is a measure of reliability or internal consistency used to assess the consistency of an instrument in measuring a construct (Tavakol & Dennick, 2011). More specifically, Cronbach's alpha determines the ability of items to produce a consistent total score when grouped together. A high Cronbach's alpha indicates that items group well together, producing less variance due to error and strengthening the reliability of the total or averaged score calculated from the items. By contrast, a low Cronbach's alpha indicates that individual items do not group well together, producing a higher variance due to error, and may be inconsistent when calculating a total score (Tavakol & Dennick, 2011). Tavakol and Dennick (2011) note that threats to reliability can produce concerns to the validity of a measure. Cohen et al. (2011) further note that the GASP subscales may display low consistency due to inconsistency in situation-based self-report surveys, discomfort for participants in reporting shame, and low number of items in each subscale score. In this study, a review of the GASP showed some concerns with face validity, whereby participants' interpretation of the language in the questions could have impacted their scoring of the items. Thus, scores may reflect both an inability to be grouped together and the potential for other variables, outside of shame, to be impacting the total score.

Even with these reliability concerns, GASP remained one of the only instruments available for this study, as other shame proneness measures do not differentiate the construct of shame in self-evaluation and withdrawal behaviors and contain similar risks for reliability. Limitations with the use of the GASP measure are discussed further in Chapter 4.

Table 2. *Descriptive Statistics for Study Measures*

Variable	Number of Items	Sample Mean	SD	Range	Possible Range	Cronbach's α
Disclosure (TDS)	13	46.79	7.50	24–63	13–65	.84
Internalized heterosexism (IHP-R)	5	1.83	0.89	1–5	1–5	.74
Shame–negative self-evaluation (GASP S-NSE)	4	5.78	0.96	2.5–7	1–7	.63
Shame–withdrawal (GASP S-W)	4	2.81	0.94	1–5.25	1–7	.51

Note. $N = 170$; Disclosure (TDS) = Trainee Disclosure Scale summed total score; Internalized heterosexism (IHP-R) = Revised Internalized Homophobia averaged total score; Shame–negative self-evaluation (GASP S-NSE) = Guilt and Shame Proneness Scale: Negative Self-Evaluation averaged sub-score; Shame–withdrawal (GASP S-W) = Guilt and Shame Proneness Scale: Withdrawal averaged sub-score.

Bivariate Correlation Analyses

Pearson bivariate correlational analyses were conducted to identify expected associations among the study variables. The outcome variable disclosure (TDS) was found to be significantly correlated with the three predictor variables IH (IHP-R; $r = -.19$, $p = .01$), S-NSE (GASP S-NSE; $r = -.22$, $p < .01$), and S-W (GASP S-W; $r = -.25$, $p < .01$). In addition, a significant association was identified between the predictor variables IH (IHP-R) and S-W (GASP S-W; $r = .24$, $p <$

.01). However, there was no evidence of a significant association between S-NSE (GASP S-NSE) and IH (IHP-R), and thus no mediation is suspected between these variables. Further, the outness item was associated with IH (IHP-R; $r = -.26$, $p < .01$), while there was no significant correlation between age and IH. These results of the preliminary analysis show correlations among IHP-R, TDS, GASP S-NSE, and GASP S-W. The next section examines the potential relationships among these variables.

Table 3. *Bivariate Correlations Among Study Variables*

Variable	1	2	3	4	5	6
1.Disclosure (TDS)	--					
2. Internalized heterosexism (IHP-R)	-.19*	--				
3. Shame–negative self-evaluation (GASP S-NSE)	-.22**	-.001	--			
4. Shame–withdrawal (GASP S-W)	-.25**	.24**	.25**	--		
5. Age	.05	.05	-.09	-.11	--	
6. Outness	.13	-.26**	-.05	-.11	-.05	--

Note. $N = 170$; Disclosure (TDS) = Trainee Disclosure Scale summed total score; Internalized heterosexism (IHP-R) = Revised Internalized Homophobia averaged total score; Shame–negative self-evaluation (GASP S-NSE) = Guilt and Shame Proneness Scale: Negative Self-Evaluation averaged sub-score; Shame–withdrawal (GASP S-W) = Guilt and Shame Proneness Scale: Withdrawal averaged sub-score.
*$p < .05$, **$p < .01$

Primary Analysis

After the completion of preliminary analyses, a series of multiple regression analyses and Baron and Kenny's (1986) test were conducted to confirm mediation relationships. The four hypotheses were tested in these primary analyses investigating the mediating effects of the variables S-W (GASP S-W) and S-NSE (GASP S-NSE) on the relationship between IH (IHP-R) and disclosure (TDS).

Multiple Regression Analyses

Multiple regression is a commonly used analysis technique to show evidence of relationships among variables. In a series of multiple regression analyses, the hypothesized models were tested using the demographic variables of sexual orientation, outness, race, gender, age, education, and trainee status as control variables. Outness and age were not recoded because of their classification as ratio-level variables. For the categorical variables, groups were dummy-coded as 0 = reference group and 1 = all others, with either the largest group or the group designated in previous research forming the reference group. Thus, bisexual, White, male, doctoral-level, and practicum status were all reference groups based on either size or prior research methods.

Multiple Regression With Shame–Withdrawal. The mediation model proposed for the variable of shame-related withdrawal included two hypotheses. A three-model linear regression analysis was used to address hypotheses 1 and 2.

Hypothesis 3. IHP-R was proposed to be an inverse predictor for TDS scores. The results for models 1 and 2 in Table 3 confirm this hypothesis. Model 1 shows that IHP-R significantly and inversely predicts TDS scores (β = -.19, p = .01; adj R^2 = .03, SE = 7.38, p = .01). Model 2, with the control variables added, confirms that even with controls that were significant—race (β

= -.15, p = .04) and gender (β = -.21, p = .01)—IHP-R remained significant in inversely influencing disclosure (β = -.16, p = .04; adj R^2 = .07, SE = 7.23, p < .01). This finding shows that IHP-R influences TDS even when considering age, sexual orientation, race, gender, education, training level, and outness.

Hypothesis 4. GASP S-W scores were predicted to mediate the relationship between IHP-R and TDS scores. In Table 3, the values for models 2 and 3 confirm this hypothesis. Model 2 shows that IHP-R significantly and inversely predicts TDS scores (β = -.16, p = .04; adj R^2 = .07, SE = 7.23, p < .01) while accounting for control variables. Model 3 included GASP S-W (β = -.18, p = .02; adj R^2 = .09, SE = 7.14, p < .01), which was found to significantly and inversely predict the outcome variable TDS. While race (β = -.15, p =.04) and gender (β = -.17, p = .03) remained significant, IHP-R was no longer significant in the model. This evidences that GASP S-W mediates the relationship between IHP-R and TDS. A Baron and Kenny's (1986) test (confirmatory analysis) was conducted to confirm this mediation relationship.

Table 4. *Summary of Multiple Regression Analyses for Variables Predicting Disclosure: Shame– Withdrawal as the Mediating Variable*

Variables	Model 1 IH on Disclosure			Model 2 IH on Disclosure + Control Variables			Model 3 IH on Disclosure + Control Variables + S-W as Mediator		
	adj R^2 = .03* (*SE* = 7.38)			adj R^2 =.07** (*SE* = 7.23)			adj R^2 = .09** (*SE* = 7.14)		
	B	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
IH (IHP-R)	-1.61	.64	**-.19***	-.30	.07	**-.16***	-.97	.66	-.12
Education (ref: Doctoral)	--	--	--	-1.20	1.53	-.06	-1.38	1.51	-.07
Training status (ref: Prac)	--	--	--	-.39	1.53	-.02	-.15	1.44	-.01
Sexual orientation (ref: Bi)	--	--	--	-1.60	1.19	-.11	-1.66	1.18	-.11
Outness	--	--	--	.11	.16	.05	.11	.19	.05
Race (ref: White)	--	--	--	2.35	1.19	**-.15***	-.30	.37	**-.15***
Gender (ref: male)	--	--	--	-4.16	1.62	**-.21***	-3.42	1.63	**-.17***
S-W (GASP)	--	--	--	--	--	**--**	-1.43	.62	**-.18***

Note. *N* = 170; Disclosure = Trainee Disclosure Scale summed total score; IH (IHP-R) = Revised Internalized Homophobia averaged total score; Shame–withdrawal (GASP S-W) = Guilt and Shame Proneness Scale: Withdrawal averaged sub-score.
*$p < .05$; **$p < .01$

Baron and Kenny's Test for Mediation With the Shame–Withdrawal Variable

Baron and Kenny's (1986) approach for tests of mediation was utilized to confirm the proposed mediation of S-W in the relationship between IH and disclosure. This process remains commonly used for mediation confirmation. Steps in the procedure are detailed below, and results are presented in Table 5.

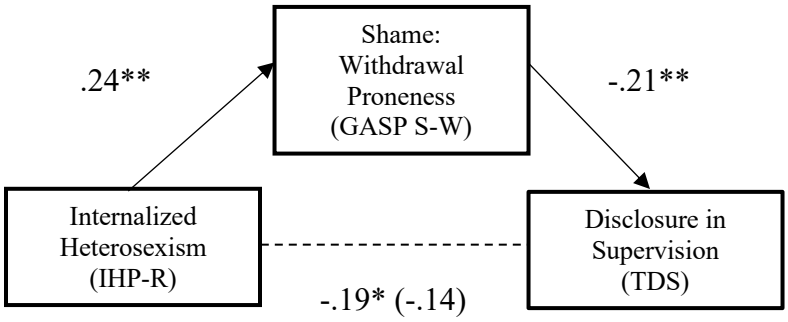
Step 1. The first step in mediation assessment is confirming that the predictor variable (IH) and outcome variable (disclosure) are significantly related. Model 1 in Figure 3 shows that IHP-R (β = -.19, p = .01) significantly predicts TDS (R^2 = .31, *SE* = 7.38).

Step 2. The second step involves confirming that the predictor variable (IH) predicts the mediator variable (S-W). Results from the regression indicate that IHP-R (β = -.24, p < .01) significantly predicts GASP S-W scores (R^2 = .50, SE = 0.92).

Step 3. The next step is to confirm that the mediation variable (S-W) predicts the outcome variable (disclosure). Model 3 shows that GASP S-W (β = -.25, p < .01) scores significantly predicted TDS scores (R^2 = .55, SE = 7.29).

Step 4. The last step of the process is to determine if the predictor variable (IH) loses predictive significance over the outcome variable (disclosure) when the mediator variable (S-W) is added to the regression. The analysis showed that IHP-R lost its predictive significance over TDS, while GASP S-W (β = -.21, p < .01) retained its predictive significance over TDS (R^2 = .68, SE = 7.24). In addition to Table 5, these results are shown within the proposed model (Figure 1) in Figure 11.

Figure 14. *Mediation of Shame-Related Withdrawal on the Relationship Between Internalized Heterosexism and Disclosure in Supervision with Regression Coefficients*



Note. This figure shows the proposed mediation relationship with regression coefficients from Baron and Kenny's (1986) procedure. The relationship between IHP-R and TDS shows the coefficients before the mediating variable was incorporated (Step 1) and after it was incorporated (step 4) in parentheses.

Table 5. *Shame–Withdrawal as the Mediating Variable in the Relationship Between Predictor Variable Internalized Heterosexism and Outcome Variable Disclosure*

Variables	Model 1 IH on Disclosure adj R^2 = .31, (*SE* = 7.38)			Model 2 IH on Shame–Withdrawal adj R^2 =.50, (*SE* = 0.92)			Model 3 Shame–Withdrawal on Disclosure adj R^2 = .55, (*SE* = 7.29)			Model 4 IH + Shame–Withdrawal on Disclosure adj R^2 = .68, (*SE* = 7.24)		
	B	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
IH	-1.61	.64	**-.19***	.25	.08	**.24****	--	--	--	-1.19	.64	-.14
S-W	--	--	--	--	--	--	-1.65	.60	**-.25****	-1.69	.61	**-.21****

Note. *N* = 170; Disclosure = Trainee Disclosure Scale summed total score; IH = Revised Internalized Homophobia averaged total score; S-W = Guilt and Shame Proneness Scale: Withdrawal averaged sub-score. *$p < .05$, **$p < .01$

Multiple Regression With Shame–Negative Self-Evaluation. Two hypotheses were proposed for the mediation model (see Figure 2) for shame-related negative self-evaluation. A three-model linear regression was used to check hypotheses 3 and 4.

Hypothesis 1. IHP-R was hypothesized to be an inverse predictor for TDS scores. In Table 4, models 1 and 2 reflect results confirming this hypothesis. Model 1 shows that IHP-R significantly and inversely predicts TDS scores (β = -.19, p =.01; adj R^2 = .03, *SE* = 7.38, p = .01). Model 2, with control variables added, confirms that even with controls that were significant—race (β = -.15, p =.04) and gender (β = -.21, p = .01)—IHP-R remained significant in inversely predicting the outcome variable of TDS (β = -.16, p = .04; adj R^2 = .07, *SE* = 7.23, p < .01). This finding shows that IHP-R influences TDS even when considering other trainee factors such as age, race, age, sexual orientation, training status, education, and outness.

Hypothesis 2. GASP S-NSE scores were predicted to mediate the relationship between IHP-R and TDS scores. In Table 4, Model 2 values show that IHP-R significantly and inversely

predicts TDS scores (β = -.16, p = .04; adj R^2 = .07, SE = 7.23, p < .01), with control variables accounted for in the model. Model 3 included GASP S-NSE (β = -.20, p < .01; adj R^2 = .10, SE = 7.09, p < .01), which was found to significantly and inversely predict TDS scores. In addition, gender (β = -.20, p = .01) and IHP-R (β = -.16, p = .04) remained significant, while the variable of race was no longer significant in Model 3. These results, along with the preliminary data, show a lack of evidence for hypothesis two. Further, both GASP S-NSE and IHP-R remained independent predictors of TDS in Model 3. This finding indicates there is likely no mediation relationship but shows that both IHP-R and GASP S-NSE influence TDS. This outcome is discussed further in Chapter 4.

Table 6. *Summary of Multiple Regression Analyses for Variables Predicting Disclosure: Shame–Negative Self-Evaluation as the Mediating Variable*

Variables	Model 1 IH on Disclosure adj R^2 = .03* (SE = 7.38)			Model 2 IH on Disclosure + Control Variables adj R^2 =.07** (SE = 7.23)			Model 3 IH on Disclosure + Control Variables + S-NSE as Mediator adj R^2 = .10** (SE = 17.09)		
	B	*SE B*	β	*B*	*SE B*	β	*B*	*SE B*	β
IH (IHP-R)	-1.61	.64	**-.19***	-1.33	.65	**-.16***	-1.33	.64	**-.16***
Education (ref: Doctoral)	--	--	--	-1.20	1.53	-.06	-1.53	1.51	-.08
Training Status (ref: Prac)	--	--	--	-.39	1.53	-.02	-.09	1.44	-.004
Sexual Orientation (ref: Bi)	--	--	--	-1.60	1.19	-.11	-1.81	1.17	-.12
Outness	--	--	--	.11	.16	.05	.09	.19	.04
Race (ref: White)	--	--	--	2.35	1.19	**-.15***	1.91	1.18	-.12
Gender (ref: male)	--	--	--	-4.16	1.62	**-.21***	-3.98	1.59	**-.20***
S-NSE (GASP)	--	--	--	--	--	**--**	-1.56	.58	**-.20****

Note. N = 170; Disclosure = Trainee Disclosure Scale summed total score; IH (IHP-R) = Revised Internalized Homophobia averaged total score; S-NSE = Guilt and Shame Proneness Scale: Negative Self-Evaluation averaged sub-score; *p < .05; **p < .01

Mediation Model With the Shame–Negative Self-Evaluation Variable

The preliminary analysis showed no correlation between IH (IHP-R) and S-NSE (GASP S-NSE). Thus, there is a lack of preliminary evidence to confirm a potential mediating relationship. Further, the results from the multiple regression analysis confirm the lack of a mediation relationship, but show that both IH (IHP-R) and S-NSE (GASP S-NSE) had significant independent associations with disclosure (TDS). Due to the lack of preliminary evidence, Baron and Kenny's (1986) approach was not used to test this mediation prediction.

Summary

This study has yielded results that further the understanding of how trainee identity factors can contribute to the supervision experience. Precisely, they indicate that IHP-R, GASP S-W, and GASP S-NSE are predictive of TDS. The first two hypotheses regarding the mediation relationship of GASP S-W were confirmed with limitations due to the low internal consistency of the GASP S-W measure. The multiple regression analyses and Baron and Kenny's (1986) procedure confirmed that S-W mediates the relationship between IHP-R and TDS, even when controlling for outness, race, gender, training status, education, and sexual orientation. However, the Cronbach's alpha score indicates that the GASP S-W measure lacks internal reliability. Thus, this conclusion is interpreted with caution and discussed in more detail in the next chapter.

Regarding shame-related negative self-evaluation as a predictor of disclosure, the first hypothesis was confirmed. However, the second hypothesis was not confirmed since there was no preliminary evidence of a correlation between IHP-R and GASP S-NSE, nor a loss of significance between IHP-R and TDS when GASP S-NSE was added. However, the analyses revealed that both IHP-R and GASP S-NSE significantly predicted disclosure even when controlling for race, sexual orientation, education, training status, and outness. Implications of

these results are discussed in the following chapter, alongside recommendations for supervisors, limitations of this study, and directions for future research.

Chapter 4: Discussion

The purpose of this study was to investigate trainee factors associated with the supervision experience. Specifically, this study examined the influence of internalized heterosexism (IH) on sexual minority (SM) trainees and whether shame mediates the relationship between IH and disclosure in supervision. For data collection, doctoral and master's-level students in psychology and counseling were surveyed on their perceptions of IH, shame proneness, and disclosure. Two mediation models were hypothesized based on Cohen et al.'s (2011) model for differentiating shame. The mediation model with the variable of shame–withdrawal (S-W) was verified with limitations, which is discussed later. While the mediation model with the variable of shame–negative self-evaluation (S-NSE) was not supported, both S-NSE and IH remained significant independent predictors of disclosure. In this final chapter, implications of these results are discussed in the context of the literature review. In addition, limitations of this project are discussed along with recommendations for supervisors and future studies.

Internalized Heterosexism, Disclosure, and Shame-Related Withdrawal

The results of this study indicate that internalized processes of heterosexism in SM trainees are related to their proneness to shame-related withdrawal behaviors and eventual disclosure within supervision. This finding could mean that SM supervisees' experiences of discrimination, and internalization of such discrimination, is a characteristic that may influence disclosure in clinical supervision through increasing a supervisee's proneness to shame. This study both fills a gap in prior research regarding trainee cultural factors that could influence the supervision process and compliments research associated with IH and how IH may influence individual outcomes.

Due to the influence of IH on individual psychological health outcomes (anxiety, depression, psychological distress), self-concept (shame), and behavioral/health outcomes (disclosure, substance use, relationship concerns, treatment adherence, suicidal ideation), IH has a broad impact on the lives and well-being of SM individuals (Camp et al., 2020; Newcomb & Mustanski, 2010; Szymanski et al., 2008, Wright & Perry, 2006). Evidence of this has been seen across presenting concerns and in multiple domains of well-being.

However, IH as a factor in the clinical supervisory relationship has not been explored as thoroughly. Rodolfa et al. (2005) propose that supervisee characteristics could have an impact on the supervisory process. Other research too reflects how supervisee shame proneness, trainee anxiety, and neuroticism are associated with reduced disclosure (Mehr et al., 2010; Mehr et al., 2015; Rieck et al., 2015). Further, Rummell (2015) notes the impact of heterosexist constructs in both training and supervision, which are unique challenges for SM trainees to navigate regarding disclosure. These stressors were reflected in Hobaica et al.'s (2021) study: SM trainees were found to experience higher levels of depression, suicidal ideation, and substance use.

Given the relationship between IH and client outcomes and the limited focus of IH in supervision, it is perhaps unsurprising that IH as a trainee characteristic impacts the supervision process through reducing disclosure, as evidenced in the current study. Generally, IH and shame have been associated in prior research with increases in psychological distress, anxiety, depression, and isolation (Bilodeau et al., 2012; Cândea & Szentagotai-Tătar, 2018). Regarding relational characteristics, increased shame within SM individuals has been associated with isolation, disempowerment, and endorsement of disconnection from a community (Camp et al., 2020). In the context of supervision, SM trainees have been found to experience higher levels of distress due to heterosexism and stress from navigating disclosure (Hobaica et al., 2021;

Rummell, 2015). In addition, shame is associated with a decrease in disclosure and negatively impacts the supervisory relationship (Mehr et al., 2010; Mehr et al., 2015). This aligns with prior theories about shame in supervision, such as Tracy and Robins's (2004) proposal that shame drives a desire to hide perceived deficits from being acknowledged in the evaluative relationship of supervision. Thus, supervisees' sensitivity to the power differential and evaluative nature of the supervisory relationship are compounded by SM trainees' struggle navigating heterosexist workplaces and conversations (Rummell, 2015; Singh-Pillay & Cartwright, 2018). The relationship between IH and shame influences other relational factors that could contribute to reductions in disclosure. Reduced disclosure is evidenced by populations of SM individuals with high IH and shame showing increased isolation, reduced self-efficacy, and greater disengagement from community supports (Camp et al., 2020).

Using the variables of IH and S-W, this study provides evidence for the importance of understanding a supervisees cultural context and the potential of that context playing a role in the supervision experience. The results indicate that SM supervisees with increased IH are likely to engage in shame-related withdrawal behaviors and ultimately disclose less during supervision. Overall, this study provides evidence of how supervisee cultural characteristics may influence the supervisory relationship. In addition, shame-related negative self-evaluation was also assessed as a potential mediator. The next section considers the impact of shame-related negative self-evaluation on disclosure in supervision.

Internalized Heterosexism and Shame-Related Negative Self-Evaluation

Cohen et al. (2011) differentiated shame into several types to better reflect private thoughts versus public behaviors in reaction to sensations of shame. Like S-W, S-NSE is found to be associated with negative outcomes in the supervision experience, including a reduction in

disclosure (Mehr et al., 2010; Mehr et al., 2015). However, much of the research examining IH and shame does not differentiate between S-W and S-NSE, indicating a gap in the literature on the relationship between IH and S-NSE. A study shows S-NSE to be associated with increased ethical decision-making and reparative behaviors in decision-making by business students (Cohen et al., 2011). However, in the supervision context, Mehr et al. (2010, 2015) found that S-NSE was associated with a reduction in disclosure.

This study confirms a significant inverse association between S-NSE and disclosure. However, no significant association was found between S-NSE and IH. Prior research has shown a significant relationship between S-NSE and disclosure. Qualitative studies imply this is likely grounded in the trainee's perception of self, confidence in clinical decision-making, and sensitivity to the evaluative nature of the relationship (Singh-Pillay & Cartwright, 2018). S-NSE is defined as the perception of self, and many studies acknowledge that trainees are often hypercritical of their work and may experience anxiety or helplessness in supervision (Cohen et al., 2011). Thus, trainees may attempt to conceal or "brush over" aspects of their clinical work, contributing to a reduction in disclosure as found in this study and by Mehr et al. (2015). Thus, the relationship between S-NSE and disclosure has been clearly established.

The lack of a connection between S-NSE and IH has been previously acknowledged by Straub et al. (2018). Similar to the findings in this study, no connection was found between IH and S-NSE in a study conducted on SM women showing PTSD symptoms. The conceptualization of negative self-evaluation and IH have been linked in prior literature (Szymanski et al., 2008). Shame is a broad construct influenced by various domains of individual development and contexts (Cohen et al., 2011). Given the experiences of heterosexism and microaggressions endorsed by SM trainees, the relationships between IH and disclosure may be

better explained by a direct relationship rather than by an indirect relationship. Therefore, IH and experiences of heterosexism within training impact supervisee disclosure directly rather than through the medium of negative self-evaluation. Thus, while mental health supervisees may be less prone to have their IH impact their perception of self, IH may directly impact their disclosure processes due to perceptions of safety, acceptance, and other internal experiences.

Implications for Counseling Psychology and Future Research

Findings from this study can guide supervisors, faculty members, and future researchers. The intention of this study was to recognize supervisees as cultural entities impacted by their development in society. This study shows evidence that SM supervisees have cultural considerations that may impact their ability to engage in the supervisory process. In particular, processes of IH can be related to proneness to shame-related withdrawal behaviors and disclosure within supervision. Thus, supervisors should consider broaching conversations about culture with cultural humility to permit their supervisees to acknowledge SM experiences and build a stronger working relationship. In addition, previous research (Cook et al., 2019; Jones & Branco, 2020) has noted that supervisor self-disclosure regarding experiences of shame in the training developmental process has benefits such as normalizing the experience and creating dialogue about experiencing shame.

Faculty at educational programs should be mindful of and assess the cultural contexts of their students when providing any supervisory feedback. However, supervision, compared with the rest of the training process, involves the least oversight (Falender, 2018). Thus, faculty should consider continuously assessing supervisors and the cultures of sites to understand their students' experiences. Faculty may also consider proactive steps such as engaging supervisors in cultural trainings and dialogues to increase humility and broaching techniques. Finally, faculty

feedback to students should include mentorship and other supportive measures throughout the semester to help students navigate potentially problematic supervision sites.

Future research should consider how factors like IH and shame may impact other factors in the supervisory relationship. This can include supervisee state anxiety, supervision working alliance, supervisee perceptions of their working site, and other contextual factors that can contribute to the supervision process. Along with identities of sexual orientation, exploration of gender, racial, and first-generation identities may provide additional context for how supervisee cultural factors may influence the supervision process and outcomes. In addition, profession-related research may consider how cultural factors may impact other apprentice-style relationships with various power and evaluative processes. For example, studies on IH and shame could contribute to knowledge of how oppressed identities may face additional barriers in the roles of medical professional, police, fire rescue, and military personnel, electrician, plumber, miner, and other roles where individuals learn while working under a direct supervisor–evaluator.

Research examining identity can face significant difficulties capturing the complexity of identity factors in psychological concepts. This study is intended to begin a program of research that incorporates supervisor, relational, and environmental variables that may serve as exacerbating or protective factors in engaging SM trainees. The findings also highlight the importance of discussions about the need for supervisors to see their supervisees as cultural beings, impacted by their upbringing in a discriminatory environment. Further, it is the responsibility of the supervisor to initiate the engagement and respond to possible cultural factors impacting supervision.

Limitations

The results of this study are informative and reveal potential areas in supervision and training with scope for additional research. However, there are several important limitations to consider.

First, the internal consistency reliability measure of the items within the GASP measure was low. Low Cronbach's alpha scores indicate that items within the instrument are not grouped well, which may impact the consistency of the calculated total or average score (Tavakol & Dennick, 2011). Reliability can indicate the influence of uncontrolled influences which can also threaten validity of the score. Cohen et al. (2011) note that the GASP subscales may exhibit low internal consistency due to the variability of situation-based self-report surveys, discomfort faced by participants in reporting shame, and low number of items in individual subscales. There may be an increased benefit to identifying another instrument in future projects or expanding the number of items in the GASP. Further, Tavakol and Dennick (2011) note that Cronbach's alpha significantly increases as items are added to a measure up to 10; thus, addition of items may improve the Cronbach's alpha of the GASP shame subscale. In light of the low reliability, these findings should be interpreted with caution as it may indicate possible concerns with validity too.

Alongside addressing reliability concerns with the GASP, the current study used the enhanced IHP-R scale including gender-neutral questions and permitting comparisons between male and female participants, rather than utilizing the two versions of the measure described originally. Overall, the psychometrics of the measure indicate acceptable reliability, but results should be interpreted with caution given the modifications to the original scale items. Addiitonally, validity should be interpreted with caution though new evidence of validity was

noted in the IHP-R correlation to outness. These edits to the IHP-R could have impacted its association with GASP S-NSE.

Another limitation of this study involves some coding decisions taken for the regression analysis. The bisexual sample was chosen as the reference group due to its large size. This meant that other SM identities (gay, lesbian, queer, questioning, asexual, demisexual, aromantic demisexual) were collapsed into a single group. In addition, trans-identifying supervisees were excluded from this study due to the uniqueness of their experiences and this study's exclusive focus on SM considerations. Being an exploratory study with limited resources to obtain a large sample size, this study's purpose was to create an opportunity for further exploration. Unfortunately, to meet the requirements of the statistical analyses (i.e., limited number of predictors), this study does inadvertently perpetuate "othering" experiences for many SM identities with low numerical representation. In addition, racial groups were determined in similar fashion, with exclusively White-identifying supervisees forming the reference group and members of all other races composing another group. This reduced the nuance of controlling for individual group experiences of the Black/African American, Latinx, Hispanic, Arab, Middle Eastern, Asian/Asian American, Pacific Islander/Native Hawaiian, Native American/Alaskan Native, and multiracial participants in this study.

This study did not have a representative sample and utilized random sampling techniques. Though the sample spanned the United States, the lack of random sampling for a representative sample means there could be bias in the responses (Hamilton & Mahalik, 2009), such as over-representation of a specific group due to factors associated with organizations and individuals asked to distribute the survey. For example, some religious institutions were apprehensive about distributing a survey asking students to identify their sexual orientation, as doing so may increase

experiences of discrimination for students. Such rejection of the survey came from some faculty, but some students may have been apprehensive about forwarding the email due to fears of potential discrimination. This study was distributed at various times to avoid faculty and student stress. However, some faculty and students likely did not engage or receive the survey due to the nature of their workload.

Along with the challenges of recruitment and sampling, responses to questions associated with the demographics and measures may have been influenced by social desirability and discomfort with self-reporting on negatively associated concepts (shame, IH, disclosure). For example, individuals who engaged in this survey required a level of self-awareness about their sexual orientation. Thus, this study may have missed a certain population of individuals who may have identified as heterosexual but would have had low certainty about that identity, with potentially high IH. In addition, the measure for IH did not adequately acknowledge the asexual identity, which could have limited engagement by individuals who qualified for the survey but did not complete it due to the survey questions' lack of acknowledgement of their sexual orientation. Finally, with the participants being psychology and counseling students fielding questions regarding disclosure in supervision, they may have displayed heightened concerns with presenting themselves positively. In contrast, there could also have been a desire among graduate students to respond in a way that may provide statistically significant results, as many students understand the pressure of publications. Thus, participant responses could have been influenced by a number of desirability factors.

Finally, the variables tested were broadly defined, and the study results show that other factors could be influential on them. One example is outness, for which a single item was used instead of an empirical instrument due to the risk of reduced survey completion. However, other

external and environmental factors within the workplace, academic level, and supervisory experience could have influenced the nature of responses. Statistical analysis reassures the low probability of chance impacting this study's results, but the findings do not reflect the impact of context.

Conclusion

This study was designed to better understand the experiences of SM supervisees based on a gap in prior research. The results of a national survey of doctoral and master's-level supervisees who identified as SMs indicate that their IH influenced their disclosure in supervision, with shame-related withdrawal mediating the relationship. This outcome highlights a need for further research into the impact of cultural development on supervisees. The implications should be considered both at the profession-wide level and among individual supervisors.

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Appendices

Appendix A: The Guilt and Shame Proneness Scale

Instructions: In this questionnaire, you will read about situations that people are likely to encounter in day-to-day life, followed by common reactions to those situations. As you read each scenario, try to imagine yourself in that situation. Then indicate the likelihood that you would react in the way described.

1. You rip an article out of a journal in the library and take it with you. Your teacher discovers what you did and tells the librarian and your entire class. What is the likelihood that this would make you feel like a bad person?

1	2	3	4	5	6	7
Very Unlikely	*Unlikely*	*Slightly Unlikely*	*About 50% likely*	*Slightly Likely*	*Likely*	*Very Likely*

2. After making a big mistake on an important project at work in which people were depending on you, your boss criticizes you in front of your coworkers. What is the likelihood that you would feign sickness and leave work?

1	2	3	4	5	6	7
Very Unlikely	*Unlikely*	*Slightly Unlikely*	*About 50% likely*	*Slightly Likely*	*Likely*	*Very Likely*

3. You give a bad presentation at work. Afterwards your boss tells your coworkers it was your fault that your company lost the contract. What is the likelihood that you would feel incompetent?

1	2	3	4	5	6	7
Very Unlikely	*Unlikely*	*Slightly Unlikely*	*About 50% likely*	*Slightly Likely*	*Likely*	*Very Likely*

4. A friend tells you that you boast a great deal. What is the likelihood that you would stop spending time with that friend?

1	2	3	4	5	6	7
Very Unlikely	*Unlikely*	*Slightly Unlikely*	*About 50% likely*	*Slightly Likely*	*Likely*	*Very Likely*

5. Your home is very messy and unexpected guests knock on your door and invite themselves in. What is the likelihood that you would avoid the guests until they leave?

1	2	3	4	5	6	7
Very Unlikely	*Unlikely*	*Slightly Unlikely*	*About 50% likely*	*Slightly Likely*	*Likely*	*Very Likely*

6. You successfully exaggerate your damages in a lawsuit. Months later, your lies are discovered and you are charged with perjury. What is the likelihood that you would think you are a despicable human being?

1	2	3	4	5	6	7
Very Unlikely	*Unlikely*	*Slightly Unlikely*	*About 50% likely*	*Slightly Likely*	*Likely*	*Very Likely*

7. You make a mistake at work and find out a coworker is blamed for the error. Later, your coworker confronts you about your mistake. What is the likelihood that you would feel like a coward?

1	2	3	4	5	6	7
Very Unlikely	*Unlikely*	*Slightly Unlikely*	*About 50% likely*	*Slightly Likely*	*Likely*	*Very Likely*

8. You take office supplies home for personal use and are caught by your boss. What is the likelihood that this would lead you to quit your job?

1	2	3	4	5	6	7
Very Unlikely	*Unlikely*	*Slightly Unlikely*	*About 50% likely*	*Slightly Likely*	*Likely*	*Very Likely*

*This was taken from APA PsycTests Database

Appendix B: Revised Internalized Homophobia Scale

1. I have tried to stop being attracted to individuals of the same gender as me in general.

Disagree Strongly						Agree Strongly
1	2	3	4	5	6	7

2. If someone offered the chance to be completely heterosexual, I would accept the chance.

Disagree Strongly						Agree Strongly
1	2	3	4	5	6	7

3. I wish I weren't gay/lesbian/bisexual/queer/etc.

Disagree Strongly						Agree Strongly
1	2	3	4	5	6	7

4. I feel like being gay/lesbian/bisexual/queer/etc. is a personal shortcoming of mine.

Disagree Strongly						Agree Strongly
1	2	3	4	5	6	7

5. I would like to get professional help in order to change my sexual orientation from gay/lesbian/bisexual/queer/etc. to straight.

Disagree Strongly						Agree Strongly
1	2	3	4	5	6	7

*This was taken from APA PsycTests Database

Appendix C: Trainee Disclosure Form

Trainee Disclosure Scale

Please respond to the questions based on your experience with your on-site clinical supervisor:

Under each item there is a 5-point scale:

1= not at all likely 2=fairly unlikely 3=unsure 4=fairly likely 5=very likely

For each question, ask yourself how likely you would be to discuss issues of _____ with your on-site clinical supervisor?

- Negative reactions to supervisor 1 2 3 4 5
- Personal issues 1 2 3 4 5
- Clinical mistakes 1 2 3 4 5
- Evaluation concerns 1 2 3 4 5
- General client observations 1 2 3 4 5
- Negative reactions to client 1 2 3 4 5
- Countertransference 1 2 3 4 5
- Client-counselor attraction issues 1 2 3 4 5
- Positive reactions to supervisor 1 2 3 4 5
- Supervision setting concerns 1 2 3 4 5
- Supervisor appearance 1 2 3 4 5
- Supervisee-supervisor attraction issues 1 2 3 4 5
- Positive reaction to client 1 2 3 4 5

*This was taken from APA PsycTests Database

Appendix D: Demographics Questionnaire

Please answer the following questions to the best of your ability.

1. What is your current age?

2. What is your gender?
    a. Male
    b. Female
    c. Transgender
    d. Non-Binary
    e. Other

3. Do you have a disability?
    a. Yes
    b. No

4. What is your sexual orientation?
    a. Heterosexual/ Straight
    b. Gay
    c. Lesbian
    d. Bi-Sexual
    e. Queer
    f. Questioning
    g. Other

5. If other, please list your sexual orientation.

6. What is your race/ethnicity?
    a. White/Caucasian
    b. Black/African-American
    c. American Indian/Alaskan Native
    d. Asian
    e. Native Hawaiian/Pacific Islander
    f. Two or more races
    g. Latino/a
    h. Different race/ethnicity (please state)

7. What degree are (have) you currently completing (completed)?
    a. M.A.
    b. M.S.
    c. M.S.W.
    d. M.Ed.
    e. Psy.D.
    f. Ph.D.
    g. Ed.D.

8. What is the focus of your program of study?
    a. Clinical Psychology
    b. Counseling Psychology
    c. School Psychology
    d. Social Work- Clinical
    e. Social Work- Administrative
    f. Community Counseling
    g. School Counseling
    h. Rehabilitation Counseling

9. Where are you primarily providing supervised therapy?
    a. Military/VA setting
    b. Justice/Correctional Setting (Prison, Jail, Drug Court, etc.)
    c. Hospital/Behavioral Medicine
    d. Inpatient Psychiatric Hospital/Unit
    e. Community Mental Health Center/Non-profit
    f. Private Practice
    g. College/University Counseling Center
    h. Geriatric Care Facility
    i. K-12 School System
    j. Government Agency (CPS/APS/Health Dept./Voc./ Rehab.)
    k. Other

10. If other, where is your placement?

11. What is your supervisee status?
    a. Masters Level Practicum Student
    b. Masters Level Intern
    c. Masters Level Pre-Licensure Supervisee with Completed Degree
    d. Doctoral Level Practicum Student
    e. Doctoral Level Intern
    f. Doctoral Level Pre-Licensure Supervisee with Completed Degree

12. What is your yearly household income?

13. What is your supervisee status?
    a. Masters Level Practicum Student
    b. Masters Level Intern
    c. Masters Level Pre-Licensure Supervisee with Completed Degree
    d. Doctoral Level Practicum Student
    e. Doctoral Level Intern
    f. Doctoral Level Pre-Licensure Supervisee with Completed Degree

14. What region of the United States are you completing your clinical supervision?
    a. Northeast (ME, NH, MA, RI, CT, VT)
    b. Mid-Atlantic (NY, PA, NJ, DE, MD, DC, WV, VA)

c. Southeast (AR, LA, MS, TN, AL, GA, NC, SC, FL)
d. Southwest (UT, AZ, NM, CO, OK, TX)
e. Mid-west (OH, MI, IN, IL, WI, MN, SD, ND, IA, NE, KS, MO, KY)
f. Northwest (MT, ID, WA, OR, WY)
g. West (CA, NV)
h. Hawaii
i. Alaska

15. What was the status of the institution you completed/are completing your highest degree?
    a. Public
    b. Private

Appendix E: Survey Advertisement

Dear Participant,

This letter is a request for you to take part in a research project to examine the relationships among internalized heterosexism, shame proneness, and disclosure in supervision for sexual minority supervisees. This project is being conducted by Christian Carey, M.A. in the Department of Counseling and Learning Sciences at West Virginia University under the supervision of Dr. Lisa Platt, an assistant professor in the College of Education and Human Services. Your participation in this project is greatly appreciated and will take approximately 15-20 minutes to fill out the attached questionnaire.

If you decide to participate, you will be asked to answer a variety of questions examining internalized heterosexism, shame proneness, and disclosure. Your involvement in this project will be kept as confidential as legally possible. All data will be reported in the aggregate. You must identify as a mental health clinician currently in supervision, as actively providing supervised therapy at a clinical site within the U.S., as 18 years of age or older, as a sexual minority (not heterosexual), and as a binary, cis-gender individual (male or female, nontransgender)to participate. I will not ask for any information that should lead back to your identity as a participant within this survey, but once the survey is completed, and you meet the criteria stated above in bold, a link to a different form will be provided for your information to receive a $5 Amazon gift card. This is done to separate your responses from the limited identifying information.

Your participation is completely voluntary. You may skip any question that you do not wish to answer, and you may discontinue the survey at any time. Your relationship with the university will not be affected if you decide either not to participate or to withdraw. West Virginia University's Institutional Review Board's acknowledgment of this project is on file.
In the event that you become distressed while completing the survey, please end the survey immediately and contact The Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline– 1-877-SAMHSA7 (1-877-726-4727) for general information on mental health and locate treatment services in your area. Additionally, support can be access through the GLBT National Help Center (http://www.glbtnationalhelpcenter.org/) at 888-843-4564 and NAMI (https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQI) provides other online resources.

I hope that you will participate in this research project to help understand the experiences of sexual minority supervisees. Our presence is of value to the field, and I hope this study continues to improve the supervision experience for future sexual minority clinicians. Thank you very much for your time. Should you have any questions about this letter or the research project, please feel free to contact Christian Carey by e-mail at ccarey7@mix.wvu.edu, or Dr. Lisa Platt at (304) 293-2176 or Lisa.Platt@mail.wvu.edu

Thank you for your time and help with this project.

Sincerely,
Christian Carey
Doctoral Candidate, Counseling Psychology

Appendix F: Survey Email Advertisement

Good Afternoon,

I hope this message finds you well. I am seeking participants interested in my dissertation study and would appreciate any time you can give to distribute this to your students. This survey is approved and filed with West Virginia University's IRB office.

Participants for this survey must identify as:

- non-heterosexual
- cis-gendered male or female
- being in or recently completed a doctoral or masters degree in Psychology or Counseling
- actively engaging in supervised clinical services (therapy/assessment) at practicum, internship, or pre-licensure stage
- completing clinical work in the United States
- over 18 years old

This survey is expected to take roughly 15-20 minutes and ask questions about internalized heterosexism, shame proneness, and disclosure of clinical matters in supervision. Compensation includes a $5 Amazon gift card for individuals who complete the survey. Details are provided in the cover letter attached.

Survey Link:https://wvu.qualtrics.com/jfe/form/SV_6nZyiYhxBr0GpaC

Again, I appreciate any time and suggestions you have in distributing this. I am very close to reaching my needed amount.

If you have any questions, please feel free to reach out to me through this email address. Thank you again for your time.

Sincerely,
Christian Carey
Doctoral Candidate, Counseling Psychology
West Virginia University