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# Understanding supervisee nondisclosures in supervision with videorecording review and interpersonal process recall

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**Abstract**

The purpose of this qualitative multiple case study was to obtain an in-depth understanding of supervisees' in-the-moment nondisclosure experiences, perceptions and internal processes as they occurred in clinical supervision involving videorecording review. The supervisees who participated in the study were students in their first year of a master's-level counselling practicum in Western Canada. Utilising interpersonal process recall (IPR) interview methods, supervisees were asked to share their moment-by-moment nondisclosures that occurred during a recent videorecorded supervision session in which the supervisory dyad reviewed a videorecording of the supervisee's clinical work. Thematic analysis across cases yielded five overarching themes: (a) validation; (b) safety; (c) growth and accomplishment; (d) performance anxiety; and (e) avoidance. The findings revealed a broad range of positive and negative supervisee nondisclosures that were influenced by the supervision modality of videorecording review and the IPR interview. Implications for clinical supervision, limitations of the study and suggestions for future research are discussed.

**KEYWORDS**

clinical supervision, interpersonal process recall, nondisclosure, supervisee nondisclosure, supervision, videorecording review

## 1 | BACKGROUND

As a mainstay of counselling psychology training, clinical supervision is a process that thrives on respectful and reciprocal communication within the supervisee-supervisor dyad (Falender & Shafranske, 2004). Early theories of clinical supervision assumed that in exchanges with their supervisors, supervisees naturally and openly communicate their inner experiences about their supervision, clinical work and personal processes (Bordin, 1983). Research has demonstrated, however, that such an assumption is not correct (Ladany, Hill, Corbett, & Nutt, 1996; Yourman & Farber, 1996). For example, Mehr, Ladany, and Caskie (2010) found that 84.3% of

graduate counselling trainees admitted to nondisclosures within a single supervision session.

While it is clear that nondisclosures are an unavoidable aspect of supervision (Faber, 2006), definitions of supervisee nondisclosures vary considerably. For example, Farber (2006) characterised nondisclosures as acts of concealment, distortion or fabrication of information during clinical supervision. Hess et al. (2008) distinguished between intentional decisions to 'not disclose significant information in supervision', versus unintentional nondisclosures, which arise from 'unsuccessful attempts to communicate the complexity of what is occurring in counselling or supervisees' uncertainty about what is appropriate to share in supervision' (p. 400). More broadly, Ladany

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et al. (1996) described nondisclosures as the supervisee's choice to not share information related to the supervisee's clinical work, experience in supervision and private life. Thus, depending upon the definition, nondisclosures can be conceptualised as acts of omission that are intentional or unintentional and are related to the client/therapist dyad, supervisory dyad or supervisee more personally.

The most frequently reported types of supervisee nondisclosures are negative reactions to supervisors and supervision, poor quality of supervision, personal issues, clinical mistakes, countertransference, evaluation concerns, worries about supervisors' perceptions of the supervisee, and differences in theoretical orientation (Hess et al., 2008; Ladany et al., 1996; Mehr et al., 2010). Nondisclosures reported less frequently include positive reactions, thoughts or feelings towards supervisors (Ladany et al., 1996; Mehr et al., 2010; Stromme, 2014).

Past studies have investigated the reasons why supervisees do not disclose information. Supervisees may perceive their nondisclosures as being unimportant or too private to share (Ladany et al., 1996; Mehr et al., 2010). Confusion may exist around what is helpful to disclose (Knox, 2015) and how to make the best use of supervision time (Sweeny & Creaner, 2014). Additionally, supervisees may be deterred by unfavourable reactions to previous disclosures in supervision (Hess et al., 2008; Sweeny & Creaner, 2014). Deference, avoidance of conflict and impression management are other common reasons for nondisclosure (Hess et al., 2008; Ladany et al., 1996; Mehr et al., 2010). Further factors include uncomfortable feelings such as embarrassment, shame, vulnerability and self-doubt (Hess et al., 2008; Ladany et al., 1996). Experiences of a weak supervisory alliance are yet another commonly reported reason behind supervisee nondisclosures (Gibson, Ellis, & Friedlander, 2019; Hess et al., 2008; Ladany et al., 1996; Mehr et al., 2010).

Supervisee nondisclosures may have significant negative consequences for supervisees, supervisors and clients alike. For the supervisee, nondisclosures may lead to decreased confidence and competence, as well as increased anxiety, embarrassment, disappointment and guilt over withholding information (Hess et al., 2008). Other potential consequences include legal and ethical risks for supervisors, who may be unaware of their supervisees' possible malpractice or poor client treatment. Supervisee nondisclosures may negatively impact supervisory alliances (Hess et al., 2008), and weakened supervisory alliances are associated with weaker therapeutic alliances (Patton & Kivlighan, 1997). Finally, nondisclosures may lead to a range of missed opportunities for supervisees who might otherwise benefit from enhanced supervisor and client relationships, professional growth and the chance to receive helpful feedback from supervisors (Knox, 2015).

Although existing studies have shed much light on the nature and consequences of supervisee nondisclosures, the vast majority of research has relied exclusively on supervisees' retrospective recall of supervision experiences that occurred in the remote past. For example, several studies have examined supervisees' retrospective reports of nondisclosures from within the current period of supervision, which might have involved events that occurred as much as

a year prior to participants' self-reports (e.g. Ladany et al., 1996; Pisani, 2005; Yourman & Farber, 1996), and Spence, Fox, Golding, and Daiches (2014) explored disclosure experiences across the entirety of a supervisee's career. However, the likelihood of supervisees accurately remembering what they were thinking or feeling in a supervision session that occurred many weeks, months or even years in the past is poor (Hess et al., 2008; Kagan, 1980; Larsen, Flesaker, & Stege, 2008; Sweeny & Creaner, 2014).

A further limitation of previous studies is that the contexts in which the nondisclosures occurred are typically unclear. In particular, most studies are silent on whether supervisees' nondisclosures occurred during case consultation, audio- or videorecording review or a combination of supervision modalities. However, disclosures emerge from a social context (Baxter & Sahlstein, 2000; Jourard, 1971), and nondisclosure is a social process that occurs within specific supervision situations and interactions. Thus, researchers have recommended that more be learned about the specific contexts in which supervision occurs and how such contexts influence nondisclosures (Knox, 2015; Mehr et al., 2010; Yourman & Farber, 1996).

## 1.1 | Purpose of the present study

The aim of the present qualitative case study was to examine nondisclosures in the context of *supervision with videorecording review*. The main research question was the following: From the perspective of supervisees in their initial practicum year, what are trainees' experiences and internal processes of nondisclosures in supervision sessions using videorecording review? Videorecording review is defined as a single supervision session in which the supervisor and supervisee watch and review a videorecording of the supervisee's counselling session. This supervision modality is recognised as one of the most effective methods of illuminating supervisee performance, given the objective exposure of the supervisee's work (Stoltenberg & McNeill, 2010). Videorecording review may be particularly useful when working with novice therapists, defined as master's students in their first year of counsellor training. Stoltenberg and McNeill (2010), whose integrative developmental model (IDM) provided us with a theoretical framework for understanding supervisee development, refer to such students as *level 1 trainees*. Level 1 trainees, often referred to as novice therapists, typically have less than one year of practicum experience (McNeill & Stoltenberg, 2016). They have 'limited directly relevant experience' (Stoltenberg & McNeill, 2010, p. 27) as it pertains to their current training programme; however, some may have gained some counselling experience or other advanced helping or interpersonal skills from other settings. Trainees at this level are very motivated to learn, are highly dependent on their supervisor's guidance and may be likely to manage their outer appearances. Impression management, combined with the self-doubt and uncertainty characteristic of level 1 trainees, may make nondisclosures particularly salient at this stage of counsellor development (Huhra, Yamokoski-Maynhart, & Prieto, 2008; Stoltenberg &

McNeill, 2010). Furthermore, videorecording review has been recommended as a supervision modality for novice therapists to help reduce poor memory recall and attempts at impression management (Huhra et al., 2008).

In approaching our research questions, we conceptualised non-disclosures broadly as supervisees' decisions to not share information or experiences during their supervision session. Through setting aside assumptions about whether nondisclosures were intentional or unintentional, or about the types of information that participants did not share with their supervisors, our aim was to develop an understanding of supervisees' nondisclosures in a contextualised and nuanced way, based on participants' experiences and perspectives of nondisclosure. Our broad definition of nondisclosure also reflects our awareness that supervisees may experience uncertainty about what is appropriate, relevant or important to share in supervision (Knox, 2015). Nondisclosure experiences that supervisees might think of as irrelevant may in actuality be important and hold significant positive or negative implications.

## 2 | METHOD

This study utilised a qualitative case study design. Qualitative case studies typically employ small sample sizes with the intention to gain a holistic, in-depth and nuanced understanding of complex phenomena (Merriam, 1998). This type of research design examines situational contexts, meanings and processes, all of which generate insights that can inform future practice and research. In the current study, our aim was to develop an in-depth and contextualised understanding of how nondisclosures unfolded in their natural setting of supervision with videorecording review. To help capture context and depth of meaning, the study incorporated three layers of videorecordings, including the client session, the supervision session and the research interview.

### 2.1 | Participant recruitment

This study received ethics approval from two research ethics boards at universities in Western Canada. Supervisees were a purposeful convenience sample recruited from counselling or counselling psychology programmes at the universities. Recruitment occurred through listservs, posters and brief on-campus presentations to first-year master's students. Inclusion criteria were as follows: (a) registration in a master's programme in counselling psychology or counselling; (b) concurrent enrolment in a counselling practicum; (c) supervision by a registered psychologist; (d) registration in a programme that required regular videorecordings of counselling sessions; and (e) ability to access equipment to videorecord or to be willing to use the videorecording equipment provided by the researchers. Students who responded to the advertisements and who met the above criteria were then invited to participate in the study. No pre-existing relationships existed between the participants and

the first author at the time of recruitment; and the identities of the participants were unknown to the second author.

### 2.2 | Participant demographics

Three triads consisting of a supervisee, client and supervisor were recruited for this study. There were eight participants in total (three supervisees, three clients and two supervisors). Three supervisees (one female and two male) participated, with ages ranging from 25 to 36 years (mean of 30.67). Two students had the same supervisor. Participants identified their ethnicities as Asian, Caucasian/European and Latino. The practica were completed in community clinic settings. All supervisees indicated that they did not review the videorecording of their counselling session before reviewing it in supervision.

Two supervisors (one female and one male; mean age of 37.5 years) participated in this study, and both identified as Caucasian/European. They had an average of 4.5 years of experience working as clinical supervisors. Both supervisors reported having an integrative theoretical orientation. Three clients (two female and one male) participated in this study. Ages ranged from 19 to 35 years (mean age of 25). All clients identified their ethnicity as Caucasian/European.

### 2.3 | Data collection

Students who were interested in the study were instructed to first contact their supervisor to share information about the study and to discuss it further with their supervisor. If a supervisor expressed interest in participating, the first author spoke individually with the supervisor to address any of their questions or concerns. Supervisors were also informed that their refusal to participate would not impact their roles as supervisors. Once a supervisee and supervisor both agreed to participate, they were each required to provide the researcher with written consent. Supervisees then passed along information about the study to their clients, who were invited to contact the researcher directly if interested. The researcher then obtained consent directly from clients, who were given the opportunity to ask questions about the study. Importantly, as part of the consent process, participants were informed that the interviews would be completely confidential and that the supervisor would not have access to the data. Participants were also informed that we would anonymise all identifying or potentially identifying information in the data and that all data would be securely stored on encrypted computers.

#### 2.3.1 | Interviews

Based on guidelines developed by Larsen et al. (2008), we utilised interpersonal process recall (IPR) as a means of capturing in-the-moment videorecorded supervision experiences of interviewees in their original context (Larsen et al., 2008). The aim of IPR is to

examine undisclosed experiences, cognitions and emotions (Kagan, 1980; Larsen et al., 2008) and to minimise the likelihood of interviewees recalling incorrect details. During the interviews, both the supervisee and interviewer had access to a remote control that allowed them to pause the supervision videorecording to discuss the participant's nondisclosures, along with what might have influenced those nondisclosures that occurred during the supervision session. Participants were encouraged to act as co-investigators and were asked to pause the supervision videorecording when they wished to discuss something significant that they recalled in relation to their undisclosed experiences in supervision. We defined supervisee nondisclosures to participants as 'instances in which supervisees decide *not* to share their thoughts, feelings, inner experiences, or client information with their supervisor'. To facilitate the conversation around such nondisclosures, the interviewer paused the supervision videorecording and asked probes such as 'Can you think back, and try to remember what your thoughts were in that moment?' or 'What influenced you in those moments to keep those thoughts to yourself?' Consistent with IPR's emphasis on human interaction and collaboration (Larsen et al., 2008), the interviewer also paused to ask questions when the supervision videorecording showed significant shifts in the supervisee's body language, vocal intonation or other nonverbal cues. To reduce bias, questions were kept tentative and open-ended (e.g. 'It appeared as though your body language/tone/demeanour changed in that moment. Can you recall what was happening for you in that moment?'). The IPR interview was videorecorded, audiorecorded and later transcribed verbatim. All IPR interviews occurred within 48 hr of each participant's supervision session. Interview times ranged from 2.5 to 3 hr. During the interviews, supervisees were advised that they could take breaks, stop the interview at any time or reschedule the interview. After each interview was complete, it was transcribed verbatim. All identifying and potentially identifying information was then removed. As part of anonymisation, we used gender-neutral pseudonyms for participants. This was important, as each supervisory triad consisted of unique combinations of gender which could have increased the risk of participants possibly being identified. Furthermore, participants were asked to review the interview transcript to help ensure that it was de-identified to their satisfaction. All supervisees were given a \$40 gift card for their participation in the study.

## 2.4 | Data analysis

Data analysis was conducted on the videorecording of the IPR research interview which included playback of the supervision videorecording. Embedded within the supervision videorecording was the playback of the counselling videorecording. We conducted cross-case and within-case analyses that entailed searching for patterns in the data. Whereas the within-case analysis focused on patterns and idiographic elements within a single case, the cross-case analysis highlighted broader descriptions or 'abstractions'

common to all three cases (see Merriam, 1998). Data analysis was guided by the thematic analysis methods outlined by Braun and Clarke (2006). A major strength of thematic analysis is its flexibility and ability to find patterns in information-rich data (Braun & Clarke, 2006). We utilised an inductive approach to data analysis by assigning meaning based on the data itself, rather than assigning meaning based on prior theory. This began with reading each transcript in its entirety to gain a sense of overall context. We then identified and labelled relevant meaning units (i.e. segments of data, such as words, phrases and sentences that pertained to participants' nondisclosure experiences in the supervision session) with brief codes or phrases (e.g. 'self-conscious when justifying approach' and 'worries whether or not will get in trouble') to capture the meaning in the data. From this initial process of low-level coding, we then grouped codes into higher-level themes and sub-themes, to capture meaningful patterns of nondisclosures across the cases. To help organise the data and codes, we used the software package Atlas.ti 7.0 (Scientific Software Development, 2015).

Consistent with qualitative research, three criteria were used to establish quality: credibility, transferability and dependability (Lincoln & Guba, 1985; Merriam, 2009). Credibility is concerned with the extent to which the study captures answers to the questions that it poses. As a way of establishing credibility of the findings, a peer review was conducted whereby the second author closely reviewed the accuracy, fit and relevance of the codes and themes initially developed by the first author. In addition, we created memos to record and reflect on assumptions, hunches, insights and major methodological and analytical decisions throughout the research process. Memoing also served to reduce bias in our interpretations. Transferability refers to how easily another person can make sense of or use the research findings, and it is determined by the reader (Merriam, 2009). To increase the transferability of the study's findings to similar situations and contexts, we sought to provide thick, rich descriptions that captured contextual details (see Lincoln & Guba, 1985; Merriam, 2009). Dependability is the consistency between the data collection and findings. The findings must be coherent and make sense based on how the data were collected (Lincoln & Guba, 1985; Merriam, 2009). To maximise dependability, we asked participants to review the IPR interview transcripts for accuracy and completeness. Throughout the study, we kept audit trails in which we carefully tracked and documented all aspects of the research methods and process. Feedback from colleagues also helped ensure that the themes were convincing.

## 3 | FINDINGS

Five main themes of supervisee nondisclosures were apparent across cases: (a) validation; (b) safety; (c) growth and accomplishment; (d) performance anxiety; and (e) avoidance. Each theme is described below, along with dialogue segments from both the supervision sessions and the IPR interviews. To enhance readability, we primarily use the term *in-the-moment* experiences and acknowledge that they

refer to participants' *reported* nondisclosure experiences that occur from the participants' perspectives.

### 3.1 | Validation

All supervisees experienced nondisclosures related to validation from their supervisors. Validation took the form of supervisors' encouraging statements, supportive guidance and helpful feedback. Supervisees also felt affirmed through being heard and understood by their supervisors. Participants remarked on how they appreciated when their supervisors paraphrased and reflected back what supervisees said. For example, Morgan felt validated when the supervisor paraphrased Morgan's words and demonstrated an understanding of what the supervisee was sharing about the client's experience of discomfort. The supervisee's undisclosed, in-the-moment experience was, 'When my supervisor said it, I felt relieved. But when I was saying it, I was like, "Ugh—I don't know." But when my supervisor said it,...I felt validated in what I was saying'. Supervisees felt affirmed when they were 'on the same page' as their supervisor or when they were focused on the same task or process. Alex felt validated when the supervisor expressed approval of an intervention used with the client. Although Alex acknowledged the supervisor's comment, the supervisee's undisclosed experience in these moments was, 'reaffirming...that I was on the right track...and...justifying...the track that I'd been taking'. Pat's needs were affirmed when the supervisor's focus became more aligned with the supervisee's own priorities. The supervisee said, 'My supervisor's recognized that the goals and outcomes is [sic] a bit too much right now....It feels good 'cause it shows my supervisor's paying attention in that sense'.

Supervisees experienced feedback as validating, particularly when it was positive and accompanied by a meaningful rationale. Morgan disclosed in-the-moment feelings as, 'It feels good and validating, that the choices I'm making...are working....And the fact that my supervisor notices it, it's more validating in that, you know, I'm making a good choice there'.

Participants noted how receiving positive feedback bolstered a sense of self-worth. For instance, Alex's in-the-moment reaction to the supervisor's positive feedback was feeling 'not just relief, but encouragement,...and...empowered'. Morgan commented on how satisfying it felt to receive positive feedback when the supervisor recognised that Morgan was using a self-preferred theoretical approach. Morgan stated, 'Yeah, I remember at the time thinking,...if my supervisor's picking it up, then I'm loving it'.

Supervisees were excited about receiving their supervisor's feedback in general, even when this feedback was not positive. Morgan hoped that watching the counselling video would provide more in-depth feedback than in previous supervision sessions, which rarely incorporated videorecording review. Alex's supervisor provided guidance on improvements that Alex could make in helping the client set realistic goals. The supervisee's in-the-moment experience of this corrective feedback was one of feeling encouraged: 'It was...really good to know for the future because I want to do a bit

more goal setting like that. So...I was like, okay, this is good,...this is what I need'.

### 3.2 | Safety

Another major theme in supervisees' nondisclosures was participants' sense of safety and their ability to be vulnerable in supervision. Supervisees trusted that they could be open and genuine with their supervisors. In one instance, Morgan delighted in being authentic and unguarded with the supervisor. The supervisee said, 'Any chance that I have to get more open..., and let's talk about us [the supervisory relationship]....I just take it...and let's get into this now!' In another instance, the supervisor took time to focus on how Alex, rather than the client, was doing. Alex felt safe enough to be in a vulnerable position with the supervisor and shared, 'The focus was back on..."Okay, how am I doing here?" and [I felt] comfortable probably because...we [the client and supervisee] do have a good working alliance'. Pat's in-the-moment experience was one of openness, nondefensiveness and vulnerability. The supervisee shared, 'It felt good to express that this is something I recognize [in me], and also I see in this other person [the client]....It felt a bit gratifying to express that'. During the research interview, two supervisees spontaneously stated that they felt a sense of safety and openness in their supervisory relationship more generally. For example, while commenting on the in-the-moment experience of watching the counselling video with the supervisor, Pat shared, 'It was quite comfortable', and 'I've always felt comfortable...sharing...with my supervisor'. Alex noted having 'a very open supervision relationship', and being 'able to be relaxed in session'.

### 3.3 | Growth and accomplishment

Supervisees had nondisclosures related to their learning and accomplishments, and they felt pride and confidence in how they had facilitated positive client change. For example, while updating the supervisor on the client's progress, Alex's in-the-moment experience was, 'My client is following through on everything....So...I felt confident in the plan, and in the client, and in myself'. Supervisees were gratified when supervisors noticed supervisees utilising their preferred theoretical approaches with clients. For example, Morgan stated, 'I was so proud,...I was just like, "Ah, *this* is the kind of work I want to be doing"'. Similarly, supervisees felt pleased to know their supervisors were observing their accomplishments and sometimes offering positive feedback, which in turn further boosted supervisees' confidence and made them feel more excited about showing their videorecordings in the future.

Additionally, supervisees experienced a sense of growth through 'aha' moments and reflections pertaining to the client or to themselves as supervisees. With aha moments, supervisees had insights that were particularly significant and carried a felt sense of accomplishment. For example, when encouraged in supervision to

discuss the intention behind asking the client a particular question, Pat suddenly realised that the implicit goal at the time had been to access the client's more vulnerable feelings. Pat described this insight as 'kind of like an aha moment, and it was relieving 'cause... here's the solution [to helping the client]!' Although some aha moments appeared to occur spontaneously, they seemed to have arisen from a culmination of recent reflections. This was the case for Pat whose aha moment occurred after reflecting on a 'parallel process' in which Pat and the client both struggled with accessing their own emotions. Nondisclosures related to supervisee reflections were marked by deliberate discernment, problem-solving or efforts to deepen understanding of issues. Reflections occurred while observing counselling sessions, trying to understand the supervisor's questions and thinking carefully about their own responses. For instance, Morgan's supervisor asked a rhetorical question about *what* the client might be feeling. The supervisee's internal in-the-moment experience was described as, 'What I was thinking was more like, "Oh, look at the intensity [of emotion]. Can my client feel it fully or are they trying to escape it?"' In other words, Morgan used the supervisor's question about *content* as a springboard to reflecting more deeply about the client's *process*. Finally, supervisees appreciated opportunities for reflecting on the supervisor's questions, comments and actions during supervision. Such opportunities contributed to an overall sense of growth and accomplishment.

### 3.4 | Performance anxiety

Supervisees experienced nondisclosures of self-consciousness related to their heightened awareness of the evaluative nature of supervision. For example, Alex was critical of having imposed an idea on the client about how frequently the client should engage in a particular practice. The supervisee stated, 'I know better....I didn't even catch myself when I was doing it....It should be from the client's perspective, not mine. So, to impose...my belief of where I think they're at is unfair'. For Morgan, self-doubt was present around how to be consistent in implementing a particular theoretical approach with the client. Morgan stated, 'For me, it's a source of insecurity. When I find myself being so flexible, I'm often wondering, is this fair for my client? Because what if I'm being careless, and what if I'm being unethical?' Nondisclosures of self-judgement were also evident in how supervisees minimised or dismissed positive feedback from supervisors. Alex recalled the following in-the-moment experience: 'My supervisor says, "Yeah that's a great catch", and in my head I was like, "It took six sessions though....I could have caught that earlier"'. Self-judgements also consisted of supervisees noticing and evaluating how they sounded and appeared to themselves during videorecording review. Pat's in-the-moment experience of watching a counselling video with the supervisor was described as, 'All I could notice was...my head move back and forth....I look kind of weird...I judge myself,...this doesn't look quite right'.

Often coexisting with supervisees' self-judgemental thoughts were their more affective experiences of self-consciousness and

awkwardness. Embarrassment, or attempts to avoid such feelings, was present. For example, Alex recalled a nondisclosure of feeling 'a little bit embarrassed, that...I came up with this number [for the client's goal of physical activity], "This is what you're going to do", so kind of embarrassed that I...blundered like that'. Supervisees worried about getting 'in trouble' for their mistakes and whether their supervisor was questioning their ethics. Supervisees refrained from expressing anxiety around receiving corrective feedback from their supervisors. For example, Alex feared, 'We were gonna have to have a discussion about how to avoid that in the future....It was also a trepidation of what was going to come'. All supervisees felt a pressure to perform and showcase their overall competencies as therapists. There was an implicit motivation to meet self-expectations as well as the expectations of their supervisors. When Pat suspected that the supervisor might have expected a clear plan for the client's treatment, Pat felt, 'almost too much intentionality....Every single moment has a purpose....The general gist of it was, this is almost *too much* expectation'. Supervisees also felt pressure to provide good answers to their supervisor's questions regarding intentions, goals and approaches taken with the client. In Morgan's case, after the supervisor asked a question, Morgan viewed the situation as, 'I don't know if "test" is the word, but I was being requested and tested on something. And so I needed to perform'. All supervisees experienced difficulty or nervousness when trying to recall details of counselling sessions. For instance, Alex verbalised an in-the-moment struggle to remember details while presenting the client's background to the supervisor. The supervisee was 'trying to focus on...getting all the details right...cause this client talks a lot too....I'm...trying to make sure I didn't forget anything'. Supervisees were also concerned with recalling and articulating accurate details of their clients and counselling sessions, as they were afraid to misrepresent their clients.

### 3.5 | Avoidance

All supervisees experienced moments in supervision when they avoided confrontation or self-assertion. For example, Morgan did not assert personal preferences, despite feeling impatient to return more quickly to watching the counselling video. The supervisee described an in-the-moment experience of, 'If it was a friend or...someone that wasn't in this kind of relationship, "Shhh! Watch first". But I can't do that with my supervisor. I can't go, "Shhh!"' Morgan further explained how the unique supervision context called for 'different words and...mannerisms...in different situations'. Avoiding self-assertion and confrontation was also related to wanting to respect the supervisor's expertise. This was the case for Alex, who wondered if the supervisor would provide feedback on a client intervention where the supervisee had been 'kind of winging it'. Alex's private experience was, 'I think if my supervisor's got feedback, I trust that they will provide it. I don't think I have to ask'.

Another reason that supervisees avoided confrontation or self-assertion was to prevent possible conflict with their supervisor. For example, Pat reported feeling anxious about the potential



consequences of disclosing having no goal in the client session. The supervisee worried, 'Where's that going to lead this conversation?' Pat wanted to avoid getting 'bogged down trying to iron that out'. In another instance, Morgan felt hesitant to ask whether the supervisor remembered the particular client being discussed. The supervisee shared, 'I wish I could do that, but I don't feel that I can....I don't want to...come across as being blunt and assertive in an aggressive way'.

Supervisees also avoided asserting their own preferences in relation to the overall flow and process of supervision. When they believed their supervisor focused too much time on one aspect or segment of their counselling video, or when their supervisor revisited a previously discussed topic, supervisees became impatient or bored. For example, Alex felt bored while viewing a particular video segment as it was not a priority. The supervisee's in-the-moment reaction was, 'I think I was just remembering, "Oh yeah,...there's nothing good there"'. Finally, supervisees avoided bringing up minor concerns or trivial matters, perceiving them as being irrelevant or potentially disruptive of the overall flow of their supervision session. For instance, Pat experienced internal dialogue about looking 'weird' in the counselling video and stated, 'I didn't share that with my supervisor because I didn't think it was relevant'.

## 4 | DISCUSSION

Participants in this study had a range of nondisclosures, from positive to negative, that occurred in the context of clinical supervision with videorecording review. This is in contrast to previous research where the most frequent types of nondisclosures were negative reactions to supervisors and to supervision in general, and where the least frequent types of nondisclosures were positive reactions, thoughts or feelings towards supervisors (Hess et al., 2008; Ladany et al., 1996; Mehr et al., 2010; Pisani, 2005; Stromme, 2014; Yourman & Farber, 1996). A possible explanation for this finding might be due to our examining nondisclosures in the moment across one supervision session rather than retrospectively across many supervision sessions (e.g. Ladany et al., 1996; Spence et al., 2014; Stromme, 2014). It is possible that supervisees who reflect back on many supervision sessions may experience a negative bias and recall more negative versus positive nondisclosures. Also, participants in the present study did not have the opportunity to choose a supervision session based on a significant nondisclosure that stood out (e.g. such as in Hess et al., 2008; Sweeney & Creaner, 2014). The IPR interview, which exposed supervisees to a continuum of their in-the-moment supervision experiences, likely allowed for better recall of a subtler and broader continuum of nondisclosure experiences that might otherwise have been missed. Thus, our study points both to the need to consider the context in which nondisclosures occur and to the potential value of more fully considering positive experiences as an important aspect of supervisee nondisclosures. Attention to positive nondisclosures may open up fruitful opportunities for supervisee growth and development.

Among supervisees' positive nondisclosures were feelings of being validated by the supervisor and feeling safe and comfortable. Both findings are consistent with Stromme's (2014) longitudinal study, which found nondisclosures pertaining to feeling secure, safe and calm. In the present study, nondisclosures related to validation may have occurred because supervisees thought they were not relevant or necessary to share. Also, when supervisees received positive feedback, it is possible that they were more focused on processing and integrating the feedback, rather than sharing their experience of validation. Disclosing experiences of validation and safety may represent hidden opportunities for enhancing the supervisory relationship and evaluative feedback. For example, because supervisors often try to protect their supervisees from the anxiety that accompanies videorecording review (Aveline, 1992), knowing that supervisees are feeling safe when watching videorecordings of their clinical work may allow supervisors to offer more rigorous or constructive feedback. If supervisees were to share their feelings of validation, such reciprocal feedback may strengthen the supervisory relationship. Disclosing feelings of safety may enable further conversations on what contributes to, and enhances, such safety.

All three supervisees had nondisclosures related to growth and accomplishment, with there being specific experiences of pride and confidence, as well as moments of significant insight and reflection. This theme is similar to what Mehr et al. (2010) described as supervisees' nondisclosure of 'clinical successes' (p. 108). In the present study, it is possible that nondisclosures related to pride and confidence occurred because supervisees chose clients with whom they perceived a good working alliance. Supervisees may not have shared their pride and confidence because of cultural expectations to be humble, or due to perceived expectations in supervision to focus on gaining competencies rather than discussing clinical accomplishments. Disclosures related to feeling proud or confident may have important implications related to evaluation and feedback. For instance, sharing feelings of pride or confidence may reveal the supervisee's subjective evaluation of their work. This may give supervisors an opportunity to confirm or challenge a supervisee's self-assessment of their client work.

Previous studies have not found nondisclosures specific to reflection or aha moments. The closest that research has come to finding such nondisclosures was 'general client observations' (Ladany et al., 1996, p. 14), which referred to a supervisee's thoughts about the client's presentation. In the current study, nondisclosures related to reflection and aha moments may be understood within the context of how they unfold in the moment-by-moment process of supervision. Supervisees may have not disclosed their reflections or aha moments due to uncertainty around which insights were most important to disclose, or because of possible assumptions that their inner reflections were not worthy of disclosure. Disclosing reflective experiences may be another hidden opportunity to enhance evaluation of supervisees. For instance, the IDM suggests that level 1 supervisees are developing their abilities to reflect on their practice (McNeill & Stoltenberg, 2016), and thus, it might be helpful for supervisors

to be aware of and monitor supervisees' reflective practice. As supervisees share their inner reflections in supervision, it may provide an opportunity for the supervisor to assist with scaffolding and deepening of supervisees' professional and personal development (Rønnestad & Skovholt, 2003).

Not surprisingly, participants also experienced negative nondisclosures. Some of the self-conscious nondisclosures related to actual or perceived clinical mistakes and to supervisees' self-doubt regarding their competence and abilities. This is consistent with the literature (Ladany et al., 1996; Mehr et al., 2010; Sweeney & Creaner, 2014). However, unlike most previous studies where self-consciousness has been identified as the *reason* for nondisclosures (e.g. Hess et al., 2008; Ladany et al., 1996; Mehr et al., 2010), participants in the current study described self-consciousness as being the actual *content* of their nondisclosures rather than the reason for their nondisclosures. Nondisclosures related to self-consciousness were likely influenced by the unique context of videorecording review. Viewing the videos during supervision might have provided an opportunity for self-critique and for anticipating critiques or feedback from the supervisors. It is not unexpected that supervisees experienced self-doubt or awkwardness in their struggles to process and articulate their thoughts in response to the supervisor's prompting. Such awkwardness arose from an interactive context in which supervisees were formulating their thoughts, searching for on-the-spot answers to supervisors' questions and trying to present themselves in a favourable light.

One might have expected that the supervisees would have felt more comfortable accepting positive feedback, given that it was based on supervisors' concrete observations of the videorecorded sessions; however, supervisees still experienced nondisclosures of self-consciousness. These findings are similar to previous studies that have pointed to supervisees' positive or negative experiences of being evaluated by their supervisor (Ladany et al., 1996; Mehr et al., 2010).

Previous research has found nondisclosures similar to performance-related anxiety, including concerns about the supervisor's evaluation and perceptions of the supervisee (Ladany et al., 1996; Mehr et al., 2010). A novel finding in the current study is participants' nondisclosure of anxiety experienced when attempting to recall details of their clinical work. Participants' struggles to remember details were present despite videorecording review. This suggests that without a counselling video in supervision, or without the supervisee watching it prior to supervision, memory recall may be significantly reduced.

In addition, participants did not disclose their avoidance of both confrontation and self-assertion in supervision. Previous studies have similarly pointed to supervisee nondisclosures related to avoiding confrontation (Ladany et al., 1996; Mehr et al., 2010). However, such studies have focused only on reasons for such nondisclosures as opposed to their actual content. For instance, deference has been identified as a reason for nondisclosures (Ladany et al., 1996; Mehr et al., 2010). In any given moment, supervisees in the current study may have been weighing the benefits and risks of disclosure, and

sometimes imagining that the risks of disclosing outweighed the benefits.

Time constraints were another undisclosed concern for participants. Although consistent with previous research (Mehr et al., 2010), a nuance in the present study is that participants wanted to ensure that enough time was available to watch several different parts of their counselling video; otherwise, supervisees became impatient or bored, or annoyed by interruptions in the flow of their supervision session. Finally, it seems that supervisees had nondisclosures related to avoidance when they believed their thoughts or experiences were not relevant. This fits with other studies that listed lack of relevance as a reason for nondisclosures (Ladany et al., 1996; Mehr et al., 2010; Spence et al., 2014; Sweeney & Creaner, 2014).

#### 4.1 | Implications for clinical supervision

Based on our findings, we propose several recommendations for clinical supervision in the context of videorecording review. There may be benefits to supervisees sharing their positive experiences such as pride and confidence as it may promote more strengths-based conversations. According to Fredrickson's (2004) broaden-and-build theory of emotions, experiencing positive emotions such as pride has the potential to create an 'upward spiral' (p. 1373) in which further positive emotions may occur. Applied to the supervision context, expanding on strengths-based conversations might offset negative experiences in supervision and promote a stronger supervisory alliance.

Supervisors might support the disclosure of supervisees' reflective processes by encouraging supervisees to engage in reflective journaling about their clinical experiences. Journaling might facilitate more self-awareness and identification of issues that supervisees believe are worthy of disclosing. Furthermore, it might be helpful to allow extra time for supervisees' reflections. This may be particularly important with level 1 supervisees, who are developing new skills in reflective practice (McNeill & Stoltenberg, 2016).

Supervisors might facilitate conversations that encourage more supervisee disclosure of negative or constructive feedback by routinely utilising various supervision measures within clinical supervision (see Wheeler and Barkham's [2014] review article on supervision measures).

We recommend that supervisors explicitly discuss how mistakes are a normal and inevitable part of learning (McNeill & Stoltenberg, 2016; Sweeney & Creaner, 2014; Yourman & Farber, 1996). Supervisors might also normalise the tendency to feel pressured by the perceived expectations of the supervisor. This might alleviate anxiety and encourage supervisees to feel more comfortable in disclosing self-conscious material.

Supervisors might provide examples of difficult topics to discuss or inquire into what topics might be most uncomfortable for supervisees to discuss. This might facilitate supervisee disclosures with more ease. In addition, given how some supervisees in our



study experienced intense self-consciousness in response to positive feedback, it might be helpful for supervisors to explore potential self-conscious reactions by asking questions such as 'What was it like to receive that positive feedback?'

Another recommendation is for supervisors to discuss their own self-disclosures and clinical work (McNeill & Stoltenberg, 2016; Sweeney & Creaner, 2014) and show examples of their own video-recordings. This might promote safety for more disclosures from supervisees.

The decision for supervisees to disclose information in supervision is embedded within their professional and personal boundaries. Thus, both supervisees and supervisors should be aware of what uncomfortable topics might be important to discuss (e.g. issues related to prevention of harm to the client) versus what discussions might lead to a boundary violation that creates dual roles or leaves the supervisee feeling too emotionally vulnerable within the supervision relationship.

Supervisors might encourage supervisees to watch their videos before bringing them into supervision. Such preparation could serve as a form of exposure, which might reduce anxiety associated with watching the video in supervision (Huhra et al., 2008). Supervisors might also explore supervisee's preferences for how to structure videorecording review time in supervision (e.g. inviting them to direct or change the pacing of their videorecording review). Similarly, supervisees might be encouraged to cue the video to the most relevant segments, which might also help prevent boredom or frustration, and would enable supervisees to still receive targeted feedback. As part of this process, supervisees could be asked to show video segments that reflect supervisee strengths as well as areas for further growth. Having collaboratively determined goals and mutually agreed-upon tasks for how to reach those goals is a crucial aspect to maintaining and enhancing a strong supervisory relationship (Bordin, 1983), which in turn may promote the necessary safety to support supervisees' more negative nondisclosures. At the same time, in the interests of providing accurate feedback and evaluation, it would also be important for supervisors to view full videorecordings of the supervisee's clinical work. Clear expectations for videorecording review would ideally be set at the start of the supervisory relationship, as part of a supervision contract.

## 4.2 | Limitations

There are a number of limitations to the present study. First, given the small sample size, the findings may not have implications for all level 1 supervisees. We also recognise that other factors may contribute to the developmental level of a supervisee, such as previous counselling-related experience, that the study did not capture. Second, participant self-selection likely shaped the sample's characteristics. For example, because supervisees needed to obtain the consent of their supervisors to participate, it is likely that

the supervisory dyads already had a high level of safety and trust. In addition, although the focus of the study was from supervisees' experiences and perspectives, two supervisees had the same supervisor, which limited the sample's diversity. Third, supervisees had their choice of which client to invite to participate. It is likely that both the supervisee and client experienced a good working alliance and thus agreed to participate. This, in turn, might have been one reason why more positive nondisclosures (as opposed to mainly negative) were evident. Fourth, participants did not have the option to choose which supervision session and respective video they brought into the IPR interview. It is unclear what types of nondisclosure experiences would have been revealed if supervisees had several recorded supervision sessions to choose from. A fifth limitation is that supervisee nondisclosures may have been influenced by social desirability or impression management. A sixth limitation is that due to the small sample size, a breadth of cultural diversity could not be captured. Finally, the supervisors had <5 years of experience as registered psychologists. It is possible that the findings would have been shaped differently with more seasoned supervisors.

## 4.3 | Future research

In the present study, it is unclear whether all the supervisees experienced positive nondisclosures in the context of having a strong supervisory relationship, or whether supervisees who perceived their supervisory relationships as problematic would still have positive nondisclosures. Inclusion of data on the strength of the supervisory relationship could be particularly important given research showing an association between the alliance and the nature of supervisee nondisclosures (Hess et al., 2008). It might also be fruitful to conduct an interview on supervisees' previous experiences of their current supervisor, supervisees' reasons for participating in the study, their past experiences of nondisclosures and videorecording review, and reasons for choosing their particular client. Researchers might explore what happens when supervisees watch their counselling video before bringing it into supervision. One might find less nondisclosures related to self-consciousness, increased awareness and accountability around their weaknesses, and more initiative taken around which video segments to review in supervision. Another consideration is to choose specific times during supervisees' practica to conduct nondisclosure research. Time periods of interest might include formative or summative evaluations, the first month of practica or the first supervision session that incorporated videorecording review. Another suggestion might be to further examine nondisclosures within the context of various types of nondisclosures such as intentional versus unintentional. This research study might also be conducted with more homogenous ethnic groups as well. Understanding the role that gender, as well as gender matching, plays in nondisclosures would also be helpful.

## 5 | CONCLUSION

This study contributes to the clinical supervision literature through the utilisation of IPR and case study methodology to examine supervisees' experiences of nondisclosures as they emerged in supervision with videorecording review. The findings revealed a broad range of supervisee nondisclosures, with several implications and considerations for clinical supervision with novice supervisees. Researchers are encouraged to expand upon our line of inquiry through exploring in-the-moment nondisclosures in a wider range of settings and diverse populations.

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### REFERENCES

- Atlas.ti Scientific Software Development (2015). *Atlas.ti* (v.7.0). Berlin, Germany: Author.
- Aveline, M. (1992). The use of audio and videotape recordings of therapy sessions in the supervision and practice of dynamic psychotherapy. *British Journal of Psychotherapy*, 8, 347–358. <https://doi.org/10.1111/j.1752-0118.1992.tb01198.x>
- Baxter, L. A., & Sahlstein, E. M. (2000). Some possible directions for future research. In S. Petronio (Ed.), *Balancing the secrets of private disclosures* (pp. 289–300). Mahwah, NJ: Lawrence, Erlbaum.
- Bordin, E. S. (1983). A working alliance based model of supervision. *The Counseling Psychologist*, 7, 35–42. <https://doi.org/10.1177/001100083111007>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association.
- Farber, B. A. (2006). *Self-disclosure in psychotherapy*. New York, NY: The Guilford Press.
- Fredrickson, B. L. (2004). The broaden-and-build theory of positive emotions. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 359, 1367–1378. <https://doi.org/10.1098/rstb.2004.1512>
- Gibson, A. S., Ellis, M. V., & Friedlander, M. L. (2019). Toward a nuanced understanding of nondisclosure in psychotherapy supervision. *Journal of Counseling Psychology*, 66, 114–121. <https://doi.org/10.1037/cou0000295>
- Hess, S. A., Knox, S., Schultz, J. M., Hill, C. E., Sloan, L., Brandt, S., ... Hoffman, M. A. (2008). Predoctoral interns' nondisclosure in supervision. *Psychotherapy Research*, 18, 400–411. <https://doi.org/10.1080/10503300701697505>
- Huhra, R. L., Yamokoski-Maynhart, C. A., & Prieto, L. R. (2008). Reviewing videotape in supervision: A developmental approach. *Journal of Counseling and Development*, 86, 412–418. <https://doi.org/10.1002/j.1556-6678.2008.tb00529.x>
- Jourard, S. M. (1971). *The transparent self*. New York, NY: Van Nostrand.
- Kagan, N. (1980). Influencing human interaction – Eighteen years with IPR. In A. K. Hess (Ed.), *Psychotherapy supervision: Theory, research and practice* (pp. 262–283). New York, NY: Wiley.
- Knox, S. (2015). Disclosure—and lack thereof—in individual supervision. *The Clinical Supervisor*, 34, 151–163. <https://doi.org/10.1080/07325223.2015.1086462>
- Ladany, N., Hill, C. E., Corbett, M. M., & Nutt, E. A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology*, 43, 10–24. <https://doi.org/10.1037/0022-0167.43.1.10>
- Larsen, D., Flesaker, K., & Stege, R. (2008). Qualitative interviewing using interpersonal process recall: Investigating internal experiences during professional-client conversations. *International Journal of Qualitative Methods*, 7, 18–37. <https://doi.org/10.1177/160940690800700102>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- McNeill, B. W., & Stoltenberg, C. D. (2016). *Supervision essentials for the integrative developmental model*. Washington, DC: American Psychological Association.
- Mehr, K. E., Ladany, N., & Caskie, G. I. L. (2010). Trainee nondisclosure in supervision: What are they not telling you? *Counselling and Psychotherapy Research*, 10, 103–113. <https://doi.org/10.1080/14733141003712301>
- Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.
- Patton, M. J., & Kivlighan, D. M. (1997). Relevance of the supervisory alliance to the counselling alliance and to treatment adherence in counselor training. *Journal of Counselling Psychology*, 44, 108–115. <https://doi.org/10.1037//0022-0167.44.1.108>
- Pisani, A. (2005). Talk to me: Supervisee disclosure in supervision. *Smith College Studies in Social Work*, 75, 29–47. [https://doi.org/10.1300/J497v75n01\\_03](https://doi.org/10.1300/J497v75n01_03)
- Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, 30, 5–44. <https://doi.org/10.1177/089484530303000102>
- Spence, N., Fox, J. R. E., Golding, L., & Daiches, A. (2014). Supervisee self-disclosure: A clinical psychology perspective. *Clinical Psychology and Psychotherapy*, 21, 178–192. <https://doi.org/10.1002/cpp.1829>
- Stoltenberg, C. D., & McNeill, B. W. (2010). *IDM Supervision: An integrative developmental model for supervising counselors and therapists*. New York, NY: Routledge.
- Stromme, H. (2014). A bad and a better supervision process; actualized relational scenarios in trainees: A longitudinal study of nondisclosure in psychodynamic supervision. *Psychoanalytic Inquiry*, 34, 584–605. <https://doi.org/10.1080/07351690.2014.924372>
- Sweeney, J., & Creaner, M. (2014). What's not being said? Recollections of nondisclosure in clinical supervision while in training. *British Journal of Guidance and Counselling*, 42, 211–224. <https://doi.org/10.1080/03069885.2013.872223>
- Wheeler, S., & Barkham, M. (2014). A core evaluation battery for supervision. In C. E. Watkins & D. L. Milne (Eds.), *The Wiley international handbook of clinical supervision* (pp. 367–385). Oxford, UK: John Wiley & Sons. <https://doi.org/10.1002/9781118846360.ch16>
- Yourman, D. B., & Farber, B. A. (1996). Nondisclosure and distortion in psychotherapy supervision. *Psychotherapy*, 33, 567–575. <https://doi.org/10.1037/0033-3204.33.4.567>

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