Predictors of Supervisee Self-Disclosure within the Supervisory Relationship

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Abstract

The present study investigates how the supervisory working alliance, supervisor's style, and the supervisee's level of self-efficacy are able to predict the supervisee's level of self-disclosure to the supervisor. Forty-two supervisees completed the Working Alliance Inventory – Trainee (Bahrick, 1990), Trainee Disclosure Scale (Walker, Ladany, & Pate-Carolan, 2007), Supervisory Style Inventory (Friedlander & Ward, 1984), and Counseling Activity Self-Efficacy Scales (Lent, Hill, & Hoffman, 2003). The supervisee's level of self-disclosure was statistically significantly predicted by the supervisory working alliance, supervisor's style, and the supervisee's counseling self-efficacy. Counseling self-efficacy was found to be a statistically significant predictor of supervisee self-disclosure.

Predictors of Supervisee Disclosure

The supervisory relationship plays a vital role in the training and accountability of mental health professionals (Armoutliev, 2013; Bernard & Goodyear, 2014; Guest & Dooley, 1999; Knox, 2015; Ladany, Mori, & Mehr, 2013). This process is vital to the success of both counselors-in-training who are moving from classroom training into clinical experiences in practicum and internship settings, as well as recent graduates as they transition into full-time professional practice and pursue licensure. The level of self-disclosure of the supervisee is an important and influential component of the success of the supervisory process within the counseling professions (Farber, 2006; Ladany, Hill, Corbett, & Nutt, 1996; Ladany et al., 2013; Knox, 2015). Self-disclosure in supervision is defined as "supervisors or supervisees revealing information about themselves, or revealing their reactions or responses to others as they arise in supervision" (Knox, 2015, p. 152). Because supervisors are generally privy to their supervisee's inner experiences only if the supervisee chooses to disclose this information, low levels of self-disclosure in supervision has great potential to interfere with supervisor efficiency, supervisee learning, and client outcomes (Farber, 2006; Knox, 2015; Krieder, 2014; Ladany et al., 1996; Sweeney & Creaner, 2014).

The supervisor and the supervisee must both accept the responsibility to create open and honest dialogue that will facilitate clinician growth and client success (Sweeney & Creaner, 2014); however, much of this burden falls to the supervisor (Bernard & Goodyear, 2014). More research is needed to continue investigating how supervisors may be able to facilitate the disclosure process for the highest quality of service offered to clients and the efficacious training of clinicians (Gibson, 2012). To date, clinical supervisory literature has indicated that the supervisory working alliance, supervisor's style of supervision, and the supervisee's level of counselor self-efficacy may be factors influential of supervisee self-disclosure to the supervisor

(Ladany et al., 1996; Ladany et al., 2013; Mehr, Ladany, & Caskie, 2010; Sweeney & Creaner, 2014; Yourman & Farber, 1996). Although there has been research into each of the three constructs, they have not yet been explored together. The purpose of this research is to explore whether these three constructs together can predict the level of supervisee disclosure.

Supervisee Self-Disclosure

Limits to supervisee self-disclosure have been documented as a common occurrence in supervision (Farber, 2006; Ladany et al., 1996; Ladany et al., 2013; Hess, 2008; Mehr et al., 2010). Reichelt et al. (2009) found that 74% of their trainee sample reported specific information that they chose not to disclose to their supervisors. Mehr et al. (2010) found that 84.3% of trainees reporting on a single supervision session stated that they chose not to disclose certain information to their supervisor. Ladany et al. (1996) concluded that over 97% of supervisees reported having information they choose not to disclose to their supervisors. Hess et al. (2008) found within their sample of doctoral trainees that all withheld information from their supervisors. Because consistently high numbers of supervisees have been found not to disclose information to their supervisors, it is important to understand what information is not being disclosed, what methods of limiting self-disclosure are most commonly used, and what purpose this limited self-disclosure may be serving for the supervisee.

Information not disclosed. Several general categories of information supervisees do not self-disclose to supervisors have been identified. Ladany et al. (1996) found that the most common information not disclosed in supervision pertained to negative reactions to the supervisor, personal issues unrelated to supervision, mistakes in clinical work, concerns of negative evaluation, and general observations about clients. Yourman and Farber (1996) also found that supervisees admitted to the routine exclusion of information about what they perceive to be clinical error when disclosing to their supervisors. Some trainees reported that their nondisclosures were related to the process of what was happening in supervision or in their clinical work rather than the content (Hess et al., 2008; Jakob, Week, Höfling, Richtberg, & Bohus, 2014; Reichelt et al., 2009). Mehr et al. (2010) found that undisclosed information was more about supervision itself than about clinical concerns, with the most common self-disclosures withheld related to negative perceptions of the supervisor and supervision, as well as the supervisee's concerns in his or her personal life. Additionally, 14% of supervisees in the study reported nondisclosures surrounding concerns about professional inadequacy (Mehr et al., 2010).

Reasons for not disclosing. Although individual factors may vary, several common themes have emerged from research investigating the reasoning and justification used by supervisees limiting self-disclosure to their supervisors. Ladany et al. (1996) found the most common reasons for nondisclosure were perceived irrelevance of the information, information being too personal to reveal, negative feelings about the information, poor alliance with supervisor, deferring to the supervisor, and wanting to be perceived positively by the supervisor. Reichelt et al. (2009) found that supervisees reported nondisclosures for many reasons including fear of hurting the

supervisor, fear of criticism, and feeling professionally insecure. Hess et al. (2008) found that a prominent reason for nondisclosure was fear of negative evaluation. This finding was consistent with previous research from Walsh et al. (2002), which found that 57% of counseling trainee participants reported their level of worry over having made a mistake or of being judged for their actions played an instrumental role in their readiness to disclose to their supervisors. Mehr et al. (2010) found that the most common reasons for nondisclosure to one's supervisor included impression management (defined as "concerns about being perceived in a negative manner" [p. 109]), deferring to the supervisor, and perceiving that there would be negative consequences if information were to be self-disclosed.

Methods of not disclosing. The majority of the time, supervisees do not intentionally change or misrepresent the information reported to their supervisor; previous research has suggested that the most common way that supervisees avoid self-disclosure is through passivity (Ladany et al., 1996; Yourman & Faber, 1996). That is, rather than volunteering disclosure, the student may simply choose not to bring up information the supervisor did not directly address. This passivity indicates the tendency for supervisees to use nondisclosure as an impression management technique rather than to intentionally deceive their supervisors (Ladany et al., 1996). Because of this passivity, it is imperative for supervisors to be intentional about attending to their supervisees and being willing to ask questions about things left unsaid (Hess et al., 2008). Considering that much information appears to be passively withheld because of impression management, evaluative concerns, and fear

of negative repercussions (Hess et al., 2008; Ladany et al., 1996; Reichelt et al., 2009; Yourman & Faber, 1996), the relationship dynamics that may contribute to this supervisory insecurity should be acknowledged.

Supervision dynamics. Supervision represents a power differential that can present difficulties for both the supervisor to be successful and for the supervisee to receive appropriate training (Bernard & Goodyear, 2014; Reichelt et al., 2009; Yourman & Farber, 1996). Supervisees are particularly exposed for potential vulnerability in their training because of being asked to honestly disclose their clinical work and their personal issues impacting this work to their supervisor. At the same time, the trainee is being evaluated for competence and efficiency, which adds another level of stress that supervisors must consider as systemically influential of supervisee self-disclosure levels (Alonso & Rutan, 1988; Holloway, 1995; Ladany & Friedlander, 1995). Supervisees generally are considerably less experienced in clinical practice than their supervisors are. Accordingly, trainees may not always know what issues are appropriate to bring up in discussion with their supervisor and which ones they are responsible to take care of without their supervisor's guidance. It can be difficult for supervisees to determine the information and concerns that are most influential and salient to the supervision process (Ladany & Friendlander, 1995; Mehr et al., 2010). Although self-disclosure is often part of a counseling relationship and the supervisory relationship (Gibson, 2012), it is the role of the supervisor to teach trainees about self-disclosure and model appropriate levels of self-disclosure (Knight, 2012, 2014). Clinical supervision is a vital part of how clinicians learn what it looks

like to appropriately engage in therapeutic use of self in their work with clients and how to create a safe, collaborative environment in which clients can grow (Armoutliev, 2013; Bernard & Goodyear, 2014; Knox, 2015).

Supervisory Working Alliance

The supervisory working alliance is the collaborative relationship between the supervisor
and supervisee that helps to establish mutual understanding of the goals of the supervisory process, the tasks and role of each party, and the emotional bond between the supervisor and supervisee (Bordin, 1983). The supervisory working alliance has been found to be directly influential of the supervisee's level of disclosure (Bernard & Goodyear, 2014; Ladany et al., 2013; Mehr, Ladany, & Caskie, 2015). Walsh et al. (2002) found the quality of the bond created between the supervisor and the supervisee was the most salient factor influencing the supervisee's willingness to disclose sensitive information to their supervisors. Ladany and Friedlander (1995) suggested that the working alliance could be just as important within the supervisory relationship as it is within the therapeutic relationship. More recently, several studies from Siembor (2012), Gunn and Pistole (2012), Hutman (2015), and Mehr et al. (2015) each found that a stronger supervisory working alliance was related to higher willingness of the supervisee to self-disclose within the supervisory relationship.

Supervisors should facilitate a bond that contributes to their supervisees being comfortable with the necessity of discussing personal issues as they pertain to the supervisee's clinical work (Gnilka, Chang, & Dew, 2012). Supervisors who do not

intentionally develop this bond may create a supervisory environment that discourages supervisee disclosure (Gunn & Pistole, 2012). Notably, a stronger alliance and emotional bond is related to lower levels of ambiguity and conflict experienced by the trainee (Ladany & Friedlander, 1995). Along with role ambiguity, supervisee feelings of powerlessness and lack of control within the supervisory relationship may contribute to less self-disclosure. Supervisors who are willing to have a discussion with their supervisees about supervisee feelings of control of the supervision process may facilitate the supervisory working alliance, empower the trainee to voice his or her concerns, and encourage trainee self-disclosure within the supervisory relationship (Gnilka et al., 2012).

Supervisor Style

Supervisory style is the method and manner in which a supervisor approaches the supervisory relationship, how training is facilitated, and how the supervisor interacts with his or her supervisee (Friedlander & Ward, 1984; Holloway & Wolleat, 1981). Supervisor style is an aspect of supervision that may be important when considering the therapeutic alliance and supervisee's level of disclosure (Armoutliev, 2013; Ladany et al., 2013). In a study investigating what constitutes effective supervision, Ladany et al. (2013) found that effective supervisors utilized a supervisory style with a balance of attractive interactions, task-oriented structure, and feedback to the supervisor that was both interpersonally warm and challenging. This balance was recognized as encouraging and empowering for supervisees at all developmental levels and facilitative of higher levels of self-disclosure by supervisees. Interpersonal approaches to supervision that encourage trainees to

process their experiences as both a therapist and a supervisee may help to facilitate more complete disclosure from the supervisee (Friedlander, 2012, 2015; Hutman, 2015). Additionally, the task-oriented style of supervision has been found to be predictive of levels of supervisee self-efficacy (Fernando & Hulse-Killacky, 2005), which – as discussed later – may hold implications for supervisee disclosure. Ladany, Marotta, and Muse-Burke (2001) found that generally, supervisees prefer for their supervisors to demonstrate moderate levels of all three supervisory styles, thus engaging in a flexible balance of style throughout the supervisory process.

Supervisors who utilize a supervision style that allows for well-timed supervisor self-disclosure may facilitate greater supervisee disclosure. Alonso and Rutan (1988) suggested that the extent to which supervisors choose to expose their own work, including strengths and weaknesses, is the extent to which their supervisees will open up within supervision. Higher levels of meaningful, appropriate supervisor self-disclosure have been found to be related to a more efficacious supervisory style (Ladany, Walker, & Melincoff, 2001; Ladany & Walker, 2003). Supervisors who are able to self-disclose about their own supervision experiences can reasonably expect for this disclosure to foster the supervisory working alliance and thus help supervisees to be more comfortable with disclosure (Krieder, 2014; Ladany & Walker, 2003). Supervisor self-disclosure and supervisor style are most likely to have an indirect impact on supervision outcomes through their contribution to the supervisory working alliance and supervisee self-disclosure (Knox et al., 2008; Knox et al., 2011). Supervisors may be able to enhance supervision outcomes by adapting

their style of supervision to best suit what they perceive would best match their supervisee's training needs (Holloway & Wolleat, 1981).

Counselor Self-Efficacy

Self-efficacy is an effective way to monitor the advancement of novice clinicians and is relevant to both clinical work and to the supervisory relationship (Kozina et al., 2010). According to Mehr, Ladany, & Caskie (2015), little research is available to provide information about the relationship between counseling self-efficacy and supervisee self-disclosure. Mehr and associates (2015) did not find a direct significant relationship between counseling self-efficacy and level of self-disclosure in supervision; however, they did find that supervisees who showed higher counseling self-efficacy experienced less anxiety associated with their supervisory relationship. Their results indicate that supervisors may be able to use the supervision hour to facilitate activities that will promote the growth of supervisee self-efficacy in order to help decrease supervisee anxiety, indirectly fostering the supervisee self-disclosure (Mehr et al., 2015).

Also, training is a significant factor in the growth of counselor self-efficacy. Kozina et al. (2010) suggested that an increase in counseling self-efficacy can occur quickly while in training. Their research found that the counseling self-efficacy of master's-level trainees increased significantly over an eight-week measurement period while in a supervisory relationship. Therefore, measuring and processing the levels of counselor self-efficacy of their supervisees may be an effective means for supervisors to facilitate

the growth of their trainees, which in turn may have implications for supervisee self-disclosure (Kozina et al., 2010; Motley, Reese, & Campos, 2014). With little empirical evidence informing this relationship, more research is needed to better understand how self-efficacy may influence level of self-disclosure for supervisees (Mehr et al., 2015).

Current Study

Supervision is a complex process with many influential variables, and supervisee self-disclosure is important to the supervisory process for supervisee clinical training (Armoutliev, 2013; Ladany et al., 2013; Knox, 2015). It is up to the supervisor to create a supervisory environment that is conducive to supervisee self-disclosure (Bernard & Goodyear, 2014; Reichelt et al., 2009; Skjerve et al., 2009; Sweeney & Creaner, 2014). The supervisory working alliance and supervisor style are noted as influential components of supervisee self-disclosure (Gnilka et al., 2012; Gunn & Pistole, 2012; Hutman, 2015; Krieder, 2014; Ladany et al., 2013; Mehr et al., 2015); however, more research is needed to understand the relationship between the counselor self-efficacy of the supervisee and levels of self-disclosure in supervision (Mehr et al., 2015). To date, no research has investigated these three factors in unison as potentially systemic influences of supervisee self-disclosure levels. The present study is a further investigation of the level of self-disclosure of supervisees in their supervision relationship and how this level of self-disclosure may be predicted by the supervisory working alliance, the supervisor's style, and the supervisee's level of counseling self-efficacy. The research question guiding this study is: how well do the supervisee's counseling self-efficacy, the supervisory working alliance, and the supervisor's style of supervision predict the supervisee's level of self-disclosure in the supervisory relationship? Additionally, this study seeks to answer a second question: how well does supervisee counseling self-efficacy predict the supervisee's level of self-disclosure?

Method

Participants

Forty-two students and graduates currently in a supervisory relationship completed the study questionnaire. Although 46 total participants responded, four did not provide complete data and were not included in the analysis. Of the 42 included participants, 19 (45%) were trained or being trained in a Clinical Mental Health Counseling Master's Program, 2 (4.5%) in a Marriage, Couple, and Family Counseling Master's Program, 7 (17%) in a Marriage and Family Therapy Master's Program, 7 (17%) in a Counselor Education and Supervision Doctoral Program, and 5 (12%) in a Marriage and Family Therapy Doctoral Program. Two (4.5%) were trained in other types of clinical programs. Nine (22%) of participants identified as male, and 32 (76%) identified as female. The ages of participants ranged from 23 to 53, with the median age at 28 and the average age at 30.5. Twenty-eight (67%) participants identified as Caucasian, eight (19%) as African American, and six (14%) as Other. The median amount of time spent in the supervisory relationship reported upon in the study was 12 months, with the average amount of time being 14 months. Fourteen (33%) reported on their current supervisor, and 28 (67%) reported on a previous supervisor.

Procedure

This research was completed as part of a doctoral research project in an advanced supervision course at a university in the southeastern region of the United States. Participants were recruited from The Counsel for Accreditation of Counseling & Related Educational Programs (CACREP) accredited and The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) accredited Master's and Doctoral programs primarily in the southeastern region of the United States. One region of the country was selected in order to streamline and expedite the research project. Program directors or department chairs at 30 universities within the states of Alabama, Mississippi, Florida, and Georgia were sent emails asking them to forward invitations to participate in an online questionnaire to their students enrolled in the accredited clinical programs at their university. Invitations were sent out on the American Counseling Association's COUNSGRAD Listserv for graduate students. Invitations were also posted on the American Association for Family Therapy's research forum discussion board and Member Research Projects Directory.

Participants were asked to think about their most influential supervisory relationship, or if they had only been in one supervisory relationship, to report upon that supervisory relationship. The most influential relationship was specified in an effort to provide information about a supervisory relationship that held significance to the supervisee. Participants were asked to complete all questions within the study according to their experiences with this supervisor and to keep in mind several aspects of supervision, including: positive and negative thoughts and feelings toward this supervisor, what supervision sessions were like, how open they were with this supervisor, how well their supervisor's style fit their needs, how close they felt to this supervisor, and how well they felt equipped to work with clients after being supervised. Participants were then asked to answer the questions according to their beliefs about and behaviors in this supervisory relationship. Participants anonymously completed the entire questionnaire online.

Instruments

Demographic questions were used to obtain information about the participants' age, gender, ethnic background, length of supervision with supervisor reported on in this questionnaire, when this supervisory relationship ended, participants' total amount of supervision and total amount of therapy experience, total number of supervisors the participants have worked under, and what type of training program participants attended or were attending.

Working Alliance Inventory – Trainee Version (WAI-T). The WAI-T (Bahrick, 1990) is a 36-item self-report instrument designed to assess the supervisee's perspective of three factors of the working alliance within the supervisory relationship, including goals, tasks, and bond. Each of these three factors represent a subscale of 12 items. Participants rank their answers on a 7-point Likert scale (1 = *Never* to 7 = *Always*). Scores are calculated by adding the totals of all three subscales together, each ranging from 12 to 84, with higher scales indicating a more satisfactory working alliance. Bahrick (1990) reported alpha coefficients for each scale as .92 for the goals subscale, .93 for the tasks subscale, and .91 for the bond subscale.

Trainee Disclosure Scale (TDS).
The TDS (Walker, Ladany, & Pate-Carolan, 2007) is a 13-item self-report questionnaire designed to measure the level of supervisee willingness to disclose to their supervisor. This instrument was created based on Ladany et al.'s (1996) qualitative study where supervisees indicated topics or issues that were often not disclosed within supervision. Thirteen general categories were created through this study, and with this data, the TDS was created. Participants are asked how likely they would be to discuss an issue (e.g., clinical mistakes, personal issues, countertransference) with their supervisor and directed to rate their answer on a Likert-type scale ranging from 1 (not at all likely) to 5 (very likely). Scores on all questions are added together with total scores ranging from 13 to 65; higher scores are indicative of higher willingness to disclose in supervision. Internal consistency for this scale has been reported at .89 (Walker et al., 2007), .85 (Mehr et al., 2010), and .80 (Ladany, et al., 2013).

Supervisory Style Inventory (SSI).
The SSI (Friedlander & Ward, 1984) is a 33 item self-report scale used for supervisors to rate their own supervisory style or for supervisees to rate what they believe is the best reflection of their supervisor's style. The SSI subscales include Attractiveness (seven items with scores ranging from 0 to 49), Interpersonally Sensitive (eight items with scores ranging from 0 to 56), and Task-Oriented (10 items with scores ranging from 0 to 70). Higher scores reflect stronger identification with the style; items are rated on a Likert-type scale ranging from 1 (Not very) to 7 (Very). Internal consistency estimates for the subscales ranged from .84 to .93; test-retest reliability of the SSI subscales range from .78 to .94, with a total

inventory test-retest reliability at .92 (Friedlander and Ward, 1984).

Counseling Activity Self-Efficacy Scales (CASES). The CASES (Lent, Hill, & Hoffman, 2003) is a 36 item self-report questionnaire designed to assess clinically relevant facets of counseling self-efficacy. The CASES contains three domains, including (1) executing basic helping skills [15 items], (2) organizing and managing a counseling session [10 items], and (3) handling difficult clinical situations and client-presenting issues [16 items]. These items are rated on a Likert-type scale ranging from 0 (no confidence at all) to 10 (complete confidence), with participants rating their own efficacy to complete certain tasks or manage certain situations. Higher scores reflect higher counseling self-efficacy. The CASES shows a total scale alpha coefficient of .97, with internal reliability ratings ranging from .79 to .94 (Lent et al., 2003).

Statistical Analysis

A multiple regression was used to determine how well the combination of the supervisory working alliance, the supervisor's style of supervision, and the supervisee's counseling self-efficacy was able to predict the supervisee's level of self-disclosure. Linear regression analysis was used to determine how each independent variable – supervisory working alliance, supervisor style of supervision, supervisee counseling self-efficacy – was able to independently predict the supervisee's level of self-disclosure. The alpha level for this study was set at .05.

Results

The participants' descriptive statistics for each of the instruments are shown in Table 1. To answer the question of how well the supervisee's counseling self-efficacy, the supervisory working alliance, and the supervisor's style of supervision predict the supervisee's level of self-disclosure in the supervisory relationship, a multiple linear regression analysis was used. In the initial assumptions check, the Interpersonally Sensitive subscale of supervisor's style showed concerns of multicollinearity (VIF = 6.17). Due to this violation, which may have been influenced by the small sample size, this subscale of supervisor's style was excluded from the multiple regression analysis. Therefore, only working alliance total score, counselor self-efficacy total score, and the two supervisor styles of Attractiveness and Task-Oriented were included. One participant was determined to be highly influential in the data set according to Cook's distance (Cook & Weisberg, 1982) and was excluded from the data set, leaving 41 participants.

All other assumptions (i.e., linearity, normality, etc.) were met for the data set. The model was found to be statistically significant, $F (2, 38) = 7.716, p < .001$, explaining 45.5% of the variance in the data set (see Table 3). This is a large effect size according to Cohen (1988). In terms of unique contribution, working alliance contributed .128 to the model and was found to be statistically significant ($p = .043$). Counseling self-efficacy contributed .032, the Attractiveness subscale of supervisor's style contributed .257, and the Task-Oriented subscale of supervisor's style contributed -.062 to the model. However, none of these unique contributions were statistically significant; working alliance was the only predictor variable that was found to be a statistically significant predictor of trainee level of self-disclosure.

To answer the question of how well the supervisee's level of counseling self-efficacy predicts the level of self-disclosure to the supervisor, a simple linear regression was used. Again, one participant was determined to be highly influential in the data set according to Cook's distance (Cook & Weisberg, 1982) and was excluded from analysis. All other assumptions were met for the data set. This model was found to be statistically significant, $F (1, 39) = 17.05, p < .001$, explaining 30.4% of the variance in the data set (see Table 3). This is a medium effect size according to Cohen (1988). Counseling self-efficacy contributed .121 to the model and was found to be statistically significant ($p < .001$).

Discussion

The purpose of this study was to investigate how the level of self-disclosure in supervisory relationships may be predicted by the supervisee's perception of the supervisory working alliance, the supervisor's style, and the supervisee's level of counseling self-efficacy. Additionally, this study was designed to provide additional information about whether the supervisee's counseling self-efficacy would be able to predict the supervisee's level of self-disclosure. Results of these analysis revealed several statistically significant associations that hold important implications for clinical supervisors and counselor educators.

Multiple Regression Discussion

A multiple regression analysis found that working alliance, counselor self-efficacy, and the Attractiveness and Task-Oriented subscales of supervisor's style were able to statistically significantly predict level of supervisee self-disclosure and showed a large effect size. This model accounted for over 45% of the variance in supervisee's level of self-disclosure. The significant influence of working alliance on level of supervisee self-disclosure has been well documented in previous studies. Working alliance has been found to be influential of what level of comfort and freedom the supervisee felt to disclose information to their supervisor (Webb, 1998) and willingness to share sensitive information with the supervisor (Walsh et al., 2002; Hutman, 2015). A strong working alliance also serves to minimize the negative effects of power differentials (Gnilka et al., 2012), insecure attachment styles of supervisees (Gunn & Pistole, 2012), and minimize role conflict and role ambiguity in supervision (Ladany & Friedlander, 1995). Synonymous with previous research, this model suggests that supervisees who perceive they have a strong and emotionally safe collaborative relationship with their supervisors will be more likely to share observations about the client, clinical mistakes, evaluation concerns, ethical dilemmas, and personal reactions related to the counseling process with their supervisor.

However, working alliance is not the only factor influencing self-disclosure. In conjunction with working alliance, the supervisee's level of self-efficacy pertaining to his or her ability to execute tasks, handle clinical issues, and manage sessions with clients was found to be a significant predictor of level of self-disclosure. This

finding adds a significant contribution to an area of supervision research that has little empirical validation; previous research has not been able to confirm or deny a relationship between self-efficacy and self-disclosure (Mehr et al., 2015). This finding suggests a more direct relationship between these two constructs than what has been previously documented. Mehr et al. (2015) found that counseling self-efficacy may indirectly influence self-disclosure through helping to moderate the anxiety of the supervisee. However, the current results indicate that increased levels of counseling self-efficacy is predictive of higher levels of self-disclosure to one's supervisor. Therefore, supervisees who feel more confident and secure in their counseling abilities and counseling identity may feel more comfortable disclosing difficult topics such as clinical errors or ethical dilemmas with their supervisors. Additionally, it may be less threatening for a supervisee with higher self-efficacy to bring up personal concerns related to supervision, including personal reactions to clients and the supervisor and concerns about performance and evaluation.

Finally, in conjunction with working alliance and self-efficacy, the supervisee's perception of the supervisor's style does play a role in supervisee's level of self-disclosure. Within this model, higher levels of supervisor's perceived Attractiveness were found to predict higher levels of supervisee self-disclosure. Additionally, when supervisor's style was rated higher in Task-Oriented style, self-disclosure level was predicted to decrease. Unfortunately, the Interpersonally Sensitive subscale was not included in the analysis; this subscale has been found to be a statistically significant contributor to supervisee's level of satisfaction in the

supervisory relationship (Fernando & Hulse-Kilacky, 2005) and may have been a significant contributor to level of self-disclosure.

Overall, the current model suggests that a more highly rated supervisory working alliance, supervisors perceived to be higher in levels of Attractiveness style and lower in levels of Task-Oriented style, and higher supervisee self-efficacy work together to create a supervisory environment that encourages greater levels of supervisee self-disclosure to the supervisor. Results indicate that supervisors should intentionally work to build supervisee's self-efficacy surrounding their counseling and session management skills in a supervisory environment that provides support, collaboration, emotional safety, and warmth in order to maximize supervisee willingness to disclose information important to the supervision process. The current model supports the idea that supervisors have the challenging and important task of considering how multiple factors – working alliance, supervisor's style, and supervisee self-efficacy – interact with one another to help create a balanced environment that supervisees will perceive as a safe and appropriate place in which to disclose information related to their clinical experiences.

Simple Regression Discussion

Counseling self-efficacy was found to be a statistically significant predictor of level of supervisee self-disclosure in a simple linear regression and explained 30% of the variance in the data set. This individual variable analysis was included to provide needed information about this area of supervisee self-disclosure that has received very little empirical attention

(Mehr et al., 2010). Results of this model indicate that skill-building and confidence-building should be intentionally considered by the supervisor as methods to increase level of self-disclosure. Also, supervisors should consider how their responses to supervisee self-disclosures may build or lessen supervisee self-efficacy, and thus systemically influence how supervisees will disclose in future situations. This finding holds additional implications for upholding the core professional values of the counseling profession, including multicultural competence. Supervisors should consider that self-efficacy levels may influence supervisee's ability to embrace a clinical approach that honors diversity and supports the worth and dignity of all people (American Counseling Association, 2015). Counselor-in-training self-efficacy has been found to have a positive relationship with multicultural counseling effectiveness (Barden & Greene, 2015). In addition to creating a more open and honest supervisory relationship, attention paid to growing the supervisee's counseling self-efficacy may also serve to grow multicultural awareness and competence and thus uphold this foundational value of the counseling profession.

Limitations and Delimitations

Several limitations and delimitations to this study should be considered. First, the multicollinearity issue present in the first multiple regression prohibited this research from including the Interpersonally Sensitive supervisor's style in the analysis. Second, this study includes a small sample that was drawn largely from the Southeastern region of the United States – therefore, it is appropriate to use caution when generalizing these findings to the larger population of clinical trainees. Third, participants also

were asked to report upon the supervisory relationship that was most influential for them, and other supervisory relationships could have been quite different experiences. Fourth, this research included only the self-report of the supervisee and did not include the supervisor's perspective or experiences, creating the possibility that supervisee biases and judgements about their supervisor clouded the accuracy of the information provided. Additionally, participants represented a wide range of lengths of experience as a clinician, which may have had an influenced the length of time since being engaged in the supervisory relationship and the accuracy of the information reported.

Future Research

Future researchers interested in supervisee self-disclosure may consider including a larger sample of supervisees and also targeting a specific level of training (e.g., post-Master's professionals working toward licensure). Additionally, research studies that include both the supervisee and the supervisor's perspective of nondisclosure within the relationship would provide additional insight into the factors influential of self-disclosure. Given that counseling self-efficacy was found to be an influential predictor of level of self-disclosure, a longitudinal investigation of the relationship between self-efficacy and self-disclosure from students' first clinical practicum until attaining licensure may provide a helpful developmental lens through which supervisors can better conceptualize supervisee self-disclosure. Supervisors and counselor educators will be able to better meet the needs of supervisees and their clients as supervisee self-disclosure and nondisclosure is better conceptualized and understood.

Summary

Self-disclosure of the supervisee is not a new topic; however, there is still much to learn about its influence on the supervisory relationship and clinical practice. This research study was able to contribute another piece to the puzzle of understanding how self-disclosure is influenced by other factors within the supervisory relationship. Results of this study indicate that the supervisory working alliance, the supervisor's style, and the supervisee's level of counseling self-efficacy were able to predict the supervisee's level of self-disclosure. Specifically, a statistically significant regression model suggests that a more highly rated supervisory working alliance, supervisors perceived to be higher in levels of Attractiveness style and lower in levels of Task-Oriented style, and higher supervisee self-efficacy work together to create a supervisory environment that encourages greater levels of supervisee self-disclosure to the supervisor. Additionally, a statistically significant simple regression found that counseling self-efficacy was a significant predictor of level of supervisee self-disclosure, which is a new contribution to the literature on supervisee self-disclosure. These results indicate that supervisors should continue to recognize the influence of the supervisory working alliance and their supervisory style on their supervisee's willingness to disclose information within supervision and should also take into account the role that encouraging and building supervisee self-efficacy can have on facilitating a supervisory environment that encourages self-disclosure.

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Table 1

Descriptive Statistics

Variable	M	SD	Min.	Max.
Counseling Activity Self-Efficacy Scale	329.5	33.64	265	401
Supervisor's Style				
Attractiveness subscale	41.52	8.46	13	49
Interpersonally Sensitive subscale	47.33	10.39	12	56
Task-Oriented subscale	52.86	7.82	30	65
Trainee Disclosure Scale	52.86	7.82	30	65
Working Alliance Inventory - Trainee	189.21	26.96	98	226

Notes. $N= 42$. M = mean. SD = standard deviation. Min = minimum reported score. Max = maximum reported score. Totals of all subscales shown for Counseling Activity Self-Efficacy Scale and Working Alliance Inventory -Trainee.

Table 2

Correlations

	CASES	ATT	IS	TO	TDS	WAIT
CASES	1					
ATT	.201	1				
IS	.268	.882**	1			
TO	.334*	.615**	.719**	1		
TDS	.330*	.602**	.579**	.370*	1	
WAIT	.293	.801**	.789**	.605**	.642**	1

Notes. N= 42; CASES = Counseling Activity Self-Efficacy Scale. ATT = Attractiveness subscale of Supervisor's Style Inventory. IS = Interpersonally Sensitive scale of Supervisor's Style Inventory. TO = Task-Oriented subscale of Supervisor's Style Inventory. TDS = Trainee Disclosure Scale. WAIT = Working Alliance Inventory -Trainee version. * = correlation is significant at the .05 level (2-tailed). ** = correlation is significant at the .01 level (2-tailed).

Table 3

Beta Coefficients and Regression Analyses

Variable	Standardized β Coefficients		Multiple Regression Analysis			
	β	*p*	*R*	*R²*	*F*	Sig.
Multiple Linear Regression			.647	.455	7.716	.000
Counseling Activity Self-Efficacy Scale	.032	.288				
Working Alliance Inventory	.128	.043				
SSI - Attractiveness	.257	.195				
SSI - Task-Oriented	-.062	.521				
Simple Linear Regression			.552	.304	17.05	.000
Counseling Activity Self-Efficacy Scale	.121	.000				

Note. $N = 41$