

# Incidence of Intentional Nondisclosure in Clinical Supervision by Prelicensed Counselors



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This study examined the incidence of intentional nondisclosure by postgraduate, prelicensed counselors receiving supervision as they pursue licensure, which has not been previously examined. Examining the responses of 107 prelicensed counselors, we found that 95.3% reported withholding some degree of information from their supervisors, and 53.3% completely withheld a concern from their supervisors. Participants completely withheld supervision-related incidents (e.g., negative reactions to supervisor, questioning supervisor's competency) more frequently than they withheld client-related incidents (e.g., clinical mistakes, personal issues). We offer strategies for prelicensed counselors, supervisors, counselor educators, and counselor credentialing bodies to reduce intentional nondisclosure. These strategies include creating a collaborative environment, developing supervision contracts, and attending to power differentials in supervision.

**Keywords:** intentional nondisclosure, clinical supervision, prelicensed counselors, supervisors, counselor educators

Counselors who desire licensure as full, independent professional counselors must complete a postgraduate supervised field experience (Henriksen et al., 2019). The primary purpose of postgraduate supervision is to ensure that prelicensed counselors provide counseling services that are in accordance with legal, ethical, and professional standards as they begin their professional careers (Borders et al., 2011; Magnuson et al., 2000). Unlike university-based supervision, to which prelicensed counselors are more accustomed (Magnuson et al., 2000), postgraduate supervision requires prelicensed counselors to regularly self-direct their supervision experience. That is, in postgraduate supervision, prelicensed counselors are called to more autonomously self-identify their clinical concerns and developmental needs, and to convey this information to their supervisors (Cook & Sackett, 2018).

Although supervisees' self-reports can enrich the supervision process (Noelle, 2002), relying on prelicensed counselors to self-select information to share with their supervisor may be problematic (Ladany et al., 1996). While supervision is intended to facilitate supervisees' professional development, there also is an evaluative component inherent in the supervisory relationship (Borders et al., 2011). The supervisor's evaluations of the supervisee's clinical performance are tied to their professional progress (i.e., obtaining full, independent licensure; Magnuson et al., 2000). As such, it benefits supervisees to present themselves in a manner that will yield positive evaluations from their supervisors and to withhold information that could result in their supervisors developing a negative perception of their clinical competencies (Cook, Welfare, & Romero, 2018; Ladany et al., 1996).

Supervisees withholding information from their supervisors is a well-established phenomenon in supervision literature (Cook, Welfare, & Romero, 2018; Gibson, et al., 2019; Hess et al., 2008; Ladany et al., 1996). Termed *supervisee nondisclosure*, researchers have shown that the frequency of supervisee nondisclosure in clinical supervision is high—ranging from 60% to 97.2% (Cook, Welfare, & Romero, 2018; Ladany et al., 1996; Mehr et al., 2010). But these studies were based on samples of counselors-in-

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training (CITs) or trainees in allied professions such as psychology. To date, only one qualitative study has examined the phenomenon of nondisclosure in a sample of postgraduate supervisees. Sweeney and Creaner (2014) found that counseling psychology graduates in Ireland ( $N = 6$ ), like supervisees in mental health training programs (Cook, Welfare, & Romero, 2018; Ladany et al., 1996), commonly withhold information from their supervisors.

What seems most problematic are the instances in which a supervisee identifies a concern or perceives an issue and decides to withhold it from their supervisors anyway (Cook & Welfare, 2018; Yourman & Farber, 1996). These instances are known as *supervisee intentional nondisclosure*. Ladany and colleagues (1996) suggested that the information being intentionally withheld by supervisees is likely to be the most important information to their clinical and professional development. As such, supervisees who withhold information may inadvertently undermine their own professional growth.

Supervision scholars (Cook, Welfare, & Romero, 2018; Gibson et al., 2019; Hess et al., 2008; Ladany et al., 1996) have found that the types of information withheld by supervisees can be broadly categorized into supervision-related incidents (e.g., negative reactions to a supervisor, evaluation concerns, fears of correcting a supervisor, concerns about the process of supervision) and client-related incidents (e.g., clinical mistakes, general reactions to clients, concerns about lack of professional competencies). The reasons for these intentional nondisclosures most often point to issues in the supervisory relationship (e.g., supervisory working alliance; Cook & Welfare, 2018; Hess et al., 2008), supervisee personality traits (e.g., attachment styles; Cook & Welfare, 2018), and supervisor–supervisee power differentials (e.g., fear of negative evaluation concerns, desire to present oneself favorably to the supervisor; Hess et al., 2008; Ladany et al., 1996). In total, the types of information being intentionally withheld by supervisees, as well as the reasons for their nondisclosures, reflect issues that are inherent in a hierarchical and evaluative relationship such as the supervisory relationship (Hess et al., 2008; Mehr et al., 2010; Sweeney & Creaner, 2014).

Prelicensed counselors, like CITs and supervisees from allied professions, experience similarly high stakes in clinical supervision. However, as described in detail below, postgraduate supervision differs from university-based supervision (Magnuson et al., 2000), and prelicensed counselors are more advanced in their professional development as compared to CITs (Rønnestad & Skovholt, 2003). For these reasons, the salient issues that prelicensed counselors are hesitant or unwilling to discuss with their supervisors might differ from those of CITs. Relatedly, the degree to which they fail to disclose information might also differ. Thus, in our investigation we examined the types of information being withheld in postgraduate supervision by 107 prelicensed counselors and the degree to which they were unwilling to discuss their concerns with their supervisors.

## Postgraduate Supervision for Licensure

Postgraduate supervision is required for counselors who desire licensure as full and independent professional counselors in all 50 states in the United States as well as Guam, Puerto Rico, and the District of Columbia. The specific requirements of postgraduate supervision differ in each licensing jurisdiction (e.g., frequency of supervision, hours of required supervision; Henriksen et al., 2019). Although prelicensed counselors often are more self-aware of their client needs and developmental concerns than CITs (Loganbill et al., 1982; Rønnestad & Skovholt, 2003; Stoltenberg & McNeill, 2010), prelicensed counselors also are facing new challenges as counselors such as managing more complex caseloads (Freadling & Foss-Kelly, 2014) and possibly questioning their own clinical competencies

(Rønnestad & Skovholt, 2003). Thus, a supervised field experience is critical to helping prelicensed counselors transition from CITs to professional counselors (Henriksen et al., 2019).

As compared to university-based supervision, there are unique features of postgraduate supervision for prelicensed counselors (Magnuson et al., 2000). Namely, prelicensed counselors engaged in postgraduate supervision are tasked to self-direct their supervision experience (Cook & Sackett, 2018) more than they were during university-based supervision. For example, prelicensed counselors may have less access to their supervisors than they did during their graduate training. Henriksen et al. (2019) conducted a content analysis of supervision requirements for postgraduate supervision. Based on their findings, no jurisdiction required supervisors and supervisees engaging in postgraduate supervision to meet at a frequency that equaled the Council for Accreditation of Counseling and Related Educational Programs' (CACREP) required averages of an hour of individual supervision or 1.5 hours of group supervision per week. It is important to note that it is certainly possible for prelicensed counselors to meet with their supervisors more than is required, but these standards provide a useful benchmark. Prelicensed counselors also may have fewer opportunities than CITs for their clinical work to be directly observed by their supervisors (Magnuson et al., 2000), which could perpetuate the supervisors' reliance on supervisees' self-report in supervision (Cook & Sackett, 2018) and unintentionally encourage supervisee nondisclosure (Ladany et al., 1996). For example, Fall and Sutton (2004) found that prelicensed counselors used self-report in their supervision sessions 80% of the time. Comparatively, other methods to monitor supervisees' work, such as direct observation of a counseling session, audio and video recording, or live supervision, were used far less often (each used 10% of the time).

In addition, the interpersonal dynamics between supervisor and supervisee in postgraduate supervision may differ from those experienced during university-based supervision. Unlike the development-oriented process of university-based supervision, Magnuson et al. (2000) poignantly described postgraduate supervision as a "business relationship" (p. 177). Some prelicensed counselors pay for supervision from someone who does not work at their place of employment, while other prelicensed counselors work with a supervisor at their place of employment (Magnuson et al., 2000). In the latter situation, the supervisors providing clinical supervision also can be evaluating the prelicensed counselor as an administrative supervisor. Although the dual roles may be logistically advantageous for agencies, having combined clinical and administrative supervision could be problematic (Borders et al., 2011; Magnuson et al., 2000). In sum, as compared to university-based supervision, the businesslike nature of postgraduate supervision as well as the heavy reliance on prelicensed counselors to self-direct their supervision experience can change how these counselors utilize intentional nondisclosure in postgraduate supervision.

The degree to which prelicensed counselors are willing to disclose information to their supervisors has implications for clinical supervisors as well. Clinical supervisors assume legal responsibility for the quality of services rendered to their supervisees' clients (Magnuson et al. 2000). With the dependence on prelicensed counselors to self-report information in clinical supervision (Fall & Sutton, 2004) and the potential absence of regular direct observation (Gray & Erickson, 2013; Magnuson et al., 2000), supervisors are reliant on prelicensed counselors to accurately recall details of their counseling work and to honestly discuss their developmental needs. If prelicensed counselors, like CITs, were to feel unsure about presenting themselves honestly to their supervisors, their decision could unintentionally undermine the work of their clinical supervisors, who have a legal duty to their supervisees and the supervisees' clients (Magnuson et al., 2000).

No study has examined what prelicensed counselors perceive as salient in their clinical supervision experience and the degree to which they are willing to discuss concerns with their supervisors. Postgraduate supervision is critically important to a counselor's developmental growth (Henriksen et al., 2019). Prelicensed counselors are mandated to receive clinical supervision (Henriksen et al., 2019), which means that supervisee intentional nondisclosure is a relevant issue. As such, an investigation of supervisee intentional nondisclosure in a sample of postgraduate, prelicensed counselors is needed. Therefore, the aim of our study was to examine prelicensed counselors' self-reported incidents of intentional nondisclosure in clinical supervision. Specifically, our investigation was guided by two research questions: (a) What is the frequency of intentional nondisclosure in clinical supervision as reported by prelicensed counselors, and (b) Which concerns do prelicensed counselors find most difficult to discuss with clinical supervisors?

## Method

### Participants and Procedures

Participants in the current study were prelicensed counselors pursuing full, independent licensure as professional counselors. We aimed to recruit a nationally representative sample, so we obtained mailing addresses for persons pursuing licensure in two states in each of the five Association for Counselor Education and Supervision (ACES) regions. Specifically, we solicited participation from prelicensed counselors in Arkansas, Colorado, Idaho, Iowa, Oklahoma, Oregon, Rhode Island, Texas, Vermont, and Washington. We randomly selected up to 150 names from each state. After eliminating and replacing unverifiable mailing addresses, we identified 1,347 potential participants. We first received IRB approval and then solicited participation by mailing paper-and-pencil survey packets to the potential participants. We asked participants to anonymously respond about their current, licensed clinical supervisor. Participants returned the surveys to the authors using a prepaid envelope. Of the 1,347 mailed packets, 330 packets (24.5%) were "returned to sender" and never received by the potential participants. Of the remaining 1,017 packets distributed to potential participants, 109 survey packets were returned. However, two participants' responses were incomplete and subsequently removed. The number of usable packets was 107, resulting in a response rate of 10.5%. This response rate, although low, is consistent with previous survey research employing a mailing recruitment strategy (Barden et al., 2017). Because data collection was anonymous, we are unable to identify the state of origin for participants included in our sample.

The age of participants ranged from 24 to 67 ( $M = 38.79$ ,  $SD = 11.20$ ). The majority of participants identified as White (83.2%), while eight participants identified as Hispanic (7.5%), five participants identified as African American/Black (4.7%), two participants identified as Asian (1.9%), two participants identified as Multiracial (1.9%), and one participant did not respond to this item (0.9%). Eighty-five participants identified as female (79.4%), 21 participants identified as male (19.6%), and one participant identified as non-binary (0.9%). The demographic characteristics of the participants in the current study are comparable to counseling professionals in general (CACREP, 2018). On average, the participants received 64.73 ( $SD = 29.79$ ) minutes of clinical supervision per week. Finally, 56 participants were assigned a supervisor at their job (51.4%), 28 paid for supervision from someone who did not work at their employment site (26.4%), 17 chose a supervisor at their place of employment (15.9%), and six participants indicated other (5.6%; e.g., free supervision from someone outside their job).

## Measures

### *Supervisee Nondisclosure Scale (SNDS)*

The SNDS is an instrument designed to capture the degree to which participants disclosed or withheld information to their supervisors (Ellis & Colvin, 2016; Siembor, 2012). Siembor (2012) developed a pool of 30 items, informed by prior research on nondisclosure (Hess et al., 2008; Ladany et al., 1996). Participants indicate their level of disclosure using a 7-point Likert scale with three defined levels: (1 = *fully disclosed*, 4 = *sometimes disclosed*, 7 = *decided not to disclose*). Higher scores indicate higher levels of nondisclosure. Participants are given the option to select *not applicable* for items describing incidents that have not occurred during their supervision experiences. The items include information related to the supervision experience (e.g., “Negative reactions that I had about my supervisor’s behavior or attitudes”) and items related to the supervisee’s clinical work (e.g., “Clinical mistakes that I did make”). Abbreviated item stems for all 30 SNDS items are presented in Table 1. The internal reliability of all 30 items was strong ( $\alpha = .88$ ,  $n = 107$ ) and consistent with prior research ( $\alpha = .84$ ; McKibben et al., 2018).

### *Demographic Survey*

We created a survey to collect self-report demographic data for both the supervisee and supervisor (e.g., gender, race). We also asked participants to share about the details of their supervision experience (e.g., time in supervision, administrative versus clinical supervision, selecting a supervisor).

## Results

Across all 30 SNDS items, 95.3% of the participants reported some degree of intentional nondisclosure (i.e., partially or fully withheld) for at least one item. The number of incidents of intentional nondisclosure endorsed by participants ranged from 0 to 26 ( $M = 10.68$ ;  $SD = 6.62$ ). Also, 53.3% indicated that they fully withheld information from their clinical supervisor for at least one item. The range of incidents completely withheld by participants was 0 to 14 ( $M = 1.73$ ,  $SD = 2.6$ ). This finding suggests that intentional nondisclosure by prelicensed counselors in clinical supervision is quite common.

### **The Frequency of Intentional Nondisclosure in Clinical Supervision**

To address the first research question, we examined the frequency of participants who responded that they utilized intentional nondisclosure on each item (i.e., what percent withheld information?). To do so, we analyzed the self-reported responses on each item using the four groups: *not applicable*, *fully disclosed*, *sometimes disclosed*, and *decided not to disclose* (see Table 1). For each item, participant responses of *not applicable* were categorized in the *not applicable* group, responses of 1 were categorized in the *fully disclosed* group, responses of 2 to 6 were categorized in the *sometimes disclosed* group, and responses of 7 were categorized in the *decided not to disclose* group. The incidence of partial or complete nondisclosure per item ranged from 69.2% (“disagreement with one’s supervisor”) to 1.9% (“supervisor attraction issue”), and the average incidence across the items was 35.6% ( $SD = 15.8\%$ ). After “disagreement with one’s supervisor,” the items with the highest incidence rates were “negative reaction to supervisors’ behavior or attitudes” (66.3%), “perceived that my supervisor is wrong” (60.7%), “personal issue” (49.6%), and “personally identifying with a client” (e.g., countertransference; 48.6%). In addition to revealing what supervisees chose to withhold, the results indicated issues that did not emerge in supervision and those that emerged but were fully disclosed. For example, items frequently marked *not applicable* were “supervisor attraction issue” (97.2%), “client attraction issue” (86.9%), “unsafe in supervision” (86.0%), and “supervisors’ attire and/or appearance” (84.1%). In contrast, “client information” and “clinical mistake” came up often and were fully disclosed.

**Table 1**

*Incidence of Intentional Nondisclosure by Prelicensed Counselors in Clinical Supervision for State Licensure as Professional Counselors*

<b>Incident of Potential Intentional Nondisclosure</b>	<b>N</b>	<b>M (SD)</b>	<b>Not Applicable n (%)</b>	<b>Fully Disclosed n (%)</b>	<b>Sometimes Disclosed n (%)</b>	<b>Decided Not to Disclose n (%)<sup>a</sup></b>
1. Negative reaction to supervisors' behavior or attitudes <sup>SRI</sup>	106	3.49 (2.71)	29 (27.1%)	6 (5.6%)	47 (43.9%)	24 (22.4%)
2. Supervisors' competence <sup>SRI</sup>	107	2.16 (2.87)	63 (58.9%)	2 (1.9%)	24 (22.4%)	18 (16.8%)
3. Needs not being met in supervision <sup>SRI</sup>	107	2.22 (2.83)	60 (56.1%)	4 (3.7%)	27 (25.2%)	16 (15.0%)
4. Supervisors' display of stereotypes or bias <sup>SRI</sup>	106	1.85 (2.54)	63 (58.0%)	2 (1.9%)	30 (28.0%)	11 (10.3%)
5. Supervisors' attire and/or appearance <sup>SRI</sup>	106	0.99 (2.37)	90 (84.1%)	0 (0.0%)	6 (5.6%)	10 (9.3%)
6. Consult with peer and/or another supervisor <sup>SRI</sup>	105	1.62 (2.19)	45 (42.1%)	26 (24.3%)	24 (22.4%)	10 (9.3%)
7. Supervision process concerns <sup>SRI</sup>	107	1.85 (2.42)	56 (52.3%)	9 (8.4%)	33 (30.8%)	9 (8.4%)
8. Power differentials <sup>SRI</sup>	106	1.25 (2.35)	76 (71.0%)	6 (5.6%)	15 (14.0%)	9 (8.4%)
9. Focus of supervision <sup>SRI</sup>	107	1.86 (2.50)	58 (54.2%)	9 (8.4%)	32 (29.9%)	8 (7.5%)
10. Unsafe in supervision <sup>SRI</sup>	106	0.78 (2.09)	92 (86.0%)	0 (0.0%)	6 (5.6%)	8 (7.5%)
11. Perceived that my supervisor is wrong <sup>SRI</sup>	106	2.78 (2.42)	30 (28.0%)	11 (10.3%)	58 (54.2%)	7 (6.5%)
12. Disagreement with one's supervisor <sup>SRI</sup>	106	2.92 (2.01)	13 (12.1%)	19 (17.8%)	68 (63.6%)	6 (5.6%)
13. Supervision format issues <sup>SRI</sup>	106	1.79 (2.36)	56 (52.3%)	10 (9.3%)	34 (31.8%)	6 (5.6%)
14. Personal issue <sup>CRI</sup>	107	2.22 (1.82)	9 (8.4%)	45 (42.1%)	48 (44.9%)	5 (4.7%)
15. Personally identify with client (e.g., countertransference) <sup>CRI</sup>	106	2.08 (1.74)	9 (8.4%)	45 (42.1%)	47 (43.9%)	5 (4.7%)
16. Evaluation concern <sup>SRI</sup>	106	1.75 (2.03)	38 (35.5%)	29 (27.1%)	35 (32.7%)	4 (3.7%)
17. Client attraction issue <sup>CRI</sup>	106	0.43 (1.48)	93 (86.9%)	5 (4.7%)	4 (3.7%)	4 (3.7%)
18. Client attracted to counselor <sup>CRI</sup>	107	0.70 (1.49)	74 (69.2%)	17 (15.9%)	13 (12.1%)	3 (2.8%)
19. Positive reaction to supervisor <sup>SRI</sup>	107	1.87 (1.50)	3 (2.8%)	63 (58.9%)	38 (35.5%)	3 (2.8%)
20. Issues with colleague <sup>SRI</sup>	107	1.68 (1.75)	27 (25.2%)	40 (37.4%)	37 (34.6%)	3 (2.8%)
21. Positive reaction to client <sup>CRI</sup>	106	1.62 (1.47)	11 (10.3%)	59 (55.1%)	33 (30.8%)	3 (2.8%)
22. Feeling inadequate <sup>CRI</sup>	105	2.09 (1.59)	6 (5.6%)	50 (46.7%)	47 (43.9%)	2 (1.9%)
23. Clinic setting concerns <sup>CRI</sup>	107	1.88 (1.62)	12 (11.2%)	51 (47.7%)	42 (39.3%)	2 (1.9%)
24. Supervisor attraction issue <sup>SRI</sup>	106	0.13 (0.96)	104 (97.2%)	0 (0.0%)	0 (0.0%)	2 (1.9%)
25. Unprofessional behavior with client <sup>CRI</sup>	107	1.13 (1.75)	62 (57.9%)	15 (14.0%)	27 (25.2%)	2 (1.9%)
26. Future clinical mistake <sup>CRI</sup>	107	1.89 (1.37)	63 (58.9%)	20 (18.7%)	43 (40.2%)	1 (0.9%)
27. Clinical mistake <sup>CRI</sup>	106	1.65 (1.31)	3 (2.8%)	71 (66.4%)	31 (29.0%)	1 (0.9%)

(continued)

(continued)

28. Unfavorable client–counselor interaction <sup>CRI</sup>	107	1.78 (1.88)	41 (38.2%)	17 (15.9%)	48 (44.9%)	1 (0.9%)
29. Client information <sup>CRI</sup>	106	1.36 (1.15)	8 (7.5%)	77 (72.0%)	20 (18.7%)	1 (0.9%)
30. Negative reaction to client <sup>CRI</sup>	107	1.79 (1.35)	6 (5.6%)	58 (54.2%)	42 (39.3%)	1 (0.9%)

Note. Percentages may not equal 100% for each item because of rounding.

<sup>SRI</sup> = Supervision-Related Incident

<sup>CRI</sup> = Client-Related Incident

<sup>a</sup> = Items are ranked based on incidence of total nondisclosure (i.e., score of 7).

### The Most Difficult to Discuss Items

In addition to the per-item incidence rates, we also calculated which concerns were most often totally withheld from supervisors. We hoped to understand what items participants might be completely unwilling to discuss in supervision. Interestingly, we ranked all 30 SNDS items by the number of participants who reported using total nondisclosure, and this revealed that the 13 items with the highest endorsement were all supervision-related incidents. There were 24 participants (22.4%) who reported completely withholding their negative reaction to their supervisors' behavior or attitudes. Relatedly, 18 participants (16.8%) did not discuss their concerns about their supervisors' competence, and 16 participants (15.0%) did not tell their supervisors that they believed they were not getting enough out of supervision. Regarding client-related incidents, the highest-rated total nondisclosure was personal issues related to work with clients, which was reported by five participants (4.7%). The full results regarding the most difficult to discuss items are presented in Table 1.

### Discussion

Our study examined the incidence of intentional nondisclosure by prelicensed counselors receiving postgraduate supervision for licensure as professional counselors. We found that 95.3% of prelicensed counselors in this study reported they withheld some degree of information from their clinical supervisors. This was comparable to the rates of intentional nondisclosure by trainees from allied professions (Ladany et al., 1996; Mehr et al., 2010). On average, participants reported 10.68 of 30 ( $SD = 6.62$ ) intentional nondisclosures in clinical supervision, which also is comparable to the 8.06 nondisclosures reported by psychology trainees in the study by Ladany et al. (1996), although we should acknowledge that Ladany et al. used a different measure to capture incidents of nondisclosure in their study. Like allied professions, intentional nondisclosure by postgraduate, prelicensed counselors appears to be routine in clinical supervision. Further, we surmise that even though postgraduate, prelicensed counselors are more developmentally advanced than CITs (e.g., self-aware, motivated; Stoltenberg & McNeill, 2010), in a hierarchical and evaluative relationship such as clinical supervision, they too will withhold information. This suggests that prelicensed counselors, who are empowered to self-direct their postgraduate supervision experience, are doing just that—they are self-directing their supervision experience, including editing or concealing concerns about their clients and supervision experience from their supervisors. As such, supervisors who are reliant on supervisee self-report may not be getting a full picture of supervisee concerns or needs. This finding reveals implications for prelicensed counselors and supervisors alike. Delving further into the types of incidents being withheld in postgraduate supervision, as well as the frequency of these incidents, can help tell a more complete story of supervisee intentional nondisclosure by prelicensed counselors.

Overall, we found that participants were more willing to discuss commonly occurring client-related incidents than they were to disclose supervision-related incidents. However, the participants still reported hesitancy in disclosing many of their client-related concerns. This is evidenced by participants identifying client-related issues as salient issues to their supervision experience, and although they withheld some degree of this information from their clinical supervisors, they did not completely withhold the information. Although prior research has found that supervisees are less apprehensive to discuss client-related issues with their clinical supervisors (Ladany et al., 1996; Mehr et al., 2010; Yourman & Farber, 1996), there may be unique differences for prelicensed counselors that help to explain the findings from the current study. Notably, it is possible that as theorized (Loganbill et al., 1982; Stoltenberg & McNeill, 2010), prelicensed counselors are better able to self-monitor their own needs. As prelicensed counselors gain more clinical experience, they are able to autonomously address their client-related concerns (Rønnestad & Skovholt, 2003) and do not need to fully elaborate on their client-related concerns to their supervisors. However, when prompted by a survey such as this one, they recognize that there is more information to share about the incident (i.e., some degree of nondisclosure). Also, given the limited time in supervision for licensure, prelicensed counselors appear to need to prioritize specific information about their clinical work and seek guidance about their most pressing clinical needs (Cook & Sackett, 2018). Thus, at times they are unable to fully discuss the intricacies of their client caseloads.

We also found that prelicensed counselors are most hesitant and sometimes unwilling to discuss supervision-related concerns with their clinical supervisors. In the current study, the most common nondisclosures included disagreements with one's supervisor, negative perceptions of one's supervisor, and believing one's supervisor was wrong, all directly pertaining to the supervisor. High levels of nondisclosure in relation to these types of incidents have been reported in prior research with psychology trainees (Mehr et al., 2010). Prelicensed counselors are likely to have started to develop their own counseling style (Rønnestad & Skovholt, 2003), which may or may not align with their supervisors' approach to counseling. As such, it is likely that supervisees sometimes disagree with their supervisors or believe that their supervisor handled a situation poorly (Magnuson et al., 2002). It is possible that supervisees' concerns about voicing dissent to their supervisors could reflect a weak or insecure supervisory relationship, which has been found to be a significant predictor of nondisclosure (Cook & Welfare, 2018; Mehr et al., 2010).

A little more than half of the participants (53.3%) reported that they completely withheld information from their supervisors. That is, these participants recognized something as being salient in their clinical supervision but refrained from disclosing any information about their concern with their supervisor. Perhaps most startling, the top 13 items (out of 30 items total) were all supervision-related incidents and some of these incidents occurred with staggering frequency. For example, a number of participants completely withheld their negative reactions to their supervisor's behavior or attitudes (22.4%), never disclosed that they questioned their supervisor's competence (16.8%), and declined to discuss that their needs were not being met in supervision (15.0%). These findings underscore the inherent power imbalance between supervisees and supervisors (Cook, McKibben, & Wind, 2018; De Stefano et al., 2017; Ladany et al., 1996). Although prelicensed counselors perceive concerns about their supervisor or their supervision experience, they are unwilling to broach these topics with their evaluative supervisors (Gibson et al., 2019).

It is difficult to say why the participants in the current study felt unfulfilled by their supervision experience or wondered about their supervisors' competencies. We must exercise judgment before assuming that the supervisors of the participants in the current study were providing substandard



supervision (Ellis et al., 2014). However, it also seems important that supervisees perceive their postgraduate supervision experience as a meaningful one, given the stakes associated with clinical supervision (Magnuson et al., 2000). For example, many prelicensed counselors pay for supervision, which can be a substantial financial investment for new prelicensed counselors. Relatedly, in situations in which prelicensed counselors' clinical supervisors also are their administrative supervisors, sustained employment may depend on the supervisor's favorable review. Regardless, these findings highlight the importance of outlining clear expectations of clinical supervision for supervisees (Magnuson et al., 2002) and developing a quality supervisory relationship in order to mitigate supervisee nondisclosure (Cook & Welfare, 2018; Mehr et al., 2010). In sum, these findings offer insight into the experiences of prelicensed counselors in postgraduate supervision, which can yield lessons for prelicensed counselors, supervisors, counselor educators, and counselor credentialing bodies in order to mitigate the occurrence of intentional nondisclosure in the future.

### **Implications for Prelicensed Counselors**

Prelicensed counselors need to take an active role in their postgraduate supervision experience. Learning to navigate the nuances of supervision in addition to learning to be a practicing counselor early in one's career is a daunting task (Freadling & Foss-Kelly, 2014). Prelicensed counselors who are contemplating withholding information from their clinical supervisors should consider their ethical and professional responsibilities to clients (American Counseling Association, 2014). Counselors who are starting postgraduate supervision may find it helpful to consult resources to help acculturate them to the specifics of postgraduate supervision and to explore strategies other than nondisclosure for addressing their concerns in supervision (Cook & Sackett, 2018; Magnuson et al., 2000; Pearson 2001, 2004).

Also, prelicensed counselors should consider which of the incidents described herein could be most relevant to their postgraduate supervision experience. Specifically, our prelicensed counselor participants were most apprehensive to discuss supervision-related concerns with their clinical supervisors. Unlike clients, who have the freedom to choose a different counselor if they are dissatisfied with their counseling services, supervisees likely have limited options when it comes to changing supervisors (De Stefano et al., 2017). Many of the concerns expressed by our participants reflect the inherent power differential between supervisors and supervisees. As such, prelicensed counselors who are dissatisfied with their supervision experience can find it helpful to broach some of these commonly reported issues with their clinical supervisors (Cook, McKibben, & Wind, 2018). The Power Dynamics in Supervision Scale was designed to operationalize supervisees' perceptions of power and to aid in the discussion of power dynamics in clinical supervision (Cook, McKibben, & Wind, 2018). Prelicensed counselors may find such an instrument a helpful way to invite these discussions in an objective and nonthreatening manner with their supervisors. Such discussion between supervisors and supervisees can make it easier for supervisees to disclose more honestly if that issue arises (Knox, 2015).

Finally, some participants perceived their supervision experience as substandard, while a few more participants reported feeling unsafe in supervision or recognized power differentials between themselves and their supervisors. Although uncommon, our study is not the first one in which supervisees in the counseling profession report substandard or harmful experiences (Cook, Welfare, & Romero, 2018). Furthermore, no one should endure supervision that they perceive to be inadequate or harmful (Ellis et al., 2014). Supervisees can find it helpful to consult with a trusted colleague or another supervisor. For more egregious issues, prelicensed counselors may seek help from a professional association ethics consultant or a representative from their state licensing board (Cook, Welfare, & Romero, 2018). For those supervisees who are paying for supervision (26.4% in the current study), finding another supervisor may be the most viable solution.

## Implications for Supervisors, Counselor Educators, and Counselor Credentialing Bodies

Addressing supervisee intentional nondisclosure must be a priority for clinical supervisors who are providing postgraduate supervision. If supervisors are to rely on supervisee self-report (Fall & Sutton, 2004), it will benefit supervisors to create a safe and open supervision environment that invites supervisee disclosure (Cook & Welfare, 2018; Gibson et al., 2019; Mehr et al., 2010). Encouragingly, prelicensed counselors appear more apt to discuss client-related incidents than supervision-related incidents; however, it also seems that clinical supervisors are not getting the full picture of their supervisees' clinical work because there is some degree of nondisclosure. Notably, prelicensed counselors reported hesitancy in fully discussing their personal issues related to their work with clients, clinical mistakes, and reactions to clients. As prelicensed counselors continue their professional development, they can desire to try new interventions in their counseling work or have novel insights into how their personal experiences are impacting their clinical work (Rønnestad & Skovholt, 2003). Understandably, they might be apprehensive about discussing these issues with their evaluative supervisors. Supervisors will find it helpful to facilitate a discussion with their supervisees about the lifelong journey of being a professional counselor (Rønnestad & Skovholt, 2003) and the normality of sometimes feeling stuck in one's clinical work with clients (Cook & Sackett, 2018) or going through stages of feeling stagnation, confusion, and integration, as discussed in the foundational model of Loganbill et al. (1982).

Prelicensed counselors' unwillingness to discuss their supervision-related concerns, particularly those incidents that are commonly occurring such as negative impressions of one's supervisor, negative reactions to a supervisor's competence, and the belief that one's needs are not being met in clinical supervision, seems to be most problematic. There are infrequently occurring issues that supervisees are completely unwilling to discuss (e.g., romantic attraction to one's supervisor) that can lead to ruptures in the supervisory relationship (Nelson et al., 2008). Prior research suggests that supervisees who possess a favorable impression of their supervisory relationship are less likely to withhold information from their supervisors (Cook & Welfare, 2018; Gibson et al., 2019; Mehr et al., 2010). As such, supervisors need to take steps during formation of the supervisory relationship and throughout the supervision experience to create a safe and open environment that invites supervisee disclosure. Supervisors will find it helpful to specifically attend to the issues identified in our study such as how to professionally address disagreements between supervisors and supervisees, and to discuss supervisees' personal expectations of clinical supervision.

Counselor educators can play a critical role in helping CITs learn strategies to navigate postgraduate supervision and understand the concept of intentional nondisclosure. For example, counselor educators can better prepare CITs for some of the nuanced differences of postgraduate supervision (Magnuson et al., 2002) versus the supervision they receive in their training programs. Counselor education programs can share resources (Cook & Sackett, 2018; Magnuson et al., 2002; Pearson, 2001, 2004) with CITs before they graduate to teach them about postgraduate supervision and help them learn about the experiences of prelicensed counselors. Further, counselor educators can teach CITs to be their own advocates in postgraduate supervision because they will be expected to self-direct their supervision experience (Magnuson et al., 2000). Advocacy in this context can include teaching soon-to-be graduates the importance of utilizing supervision contracts and training them to prepare their own supervision contracts to use with their postgraduate supervisors. These supervision contracts should outline key information to conducting adequate supervision (Ellis et al., 2014), including but not limited to (a) the frequency of clinical supervision (e.g., weekly individual or triadic supervision sessions), (b) the modalities to be utilized in supervision (e.g., self-report, audio or video recording), (c) the relevant ethical and professional guidelines that will guide the supervision experience, and (d) the roles and responsibilities for both the supervisor and supervisee. Preparing these documents prior

to graduation can ensure that supervisees are well-informed of their rights as supervisees (Munson, 2002) and help easily identify signs of substandard postgraduate supervision (Ellis et al., 2014).

Counselor educators might also share the findings from this study with their CITs and facilitate a discussion about the concerns identified by the participants. Educating CITs on the concept of intentional nondisclosure is important, as it can aid CITs in identifying what influences their own intentional nondisclosure. With greater self-awareness, they may be able to identify the temptation if it ever presents itself. Counselor educators also can teach CITs about the potential harm to clients when supervisees choose to engage in intentional nondisclosure. For example, if supervisees purposefully withhold about the triggers they experience when working with a client, they run the risk of not providing effective counseling services and, even worse, harming the client (Hess et al., 2008; Ladany et al., 1996).

Finally, given that our study was the first study to examine supervisee intentional nondisclosure in a sample of prelicensed counselors, it is important to offer recommendations for state licensure boards and nationwide credentialing bodies that may improve the supervision experience for supervisees and supervisors. These prelicensed counselors withheld specific supervision-related concerns, including the belief that their expectations of clinical supervision were not being met and that they disapproved of their supervisors' behaviors. Unlike university-based supervision in which supervision requirements and supervisors' training and credentials (e.g., time in supervision, required supervision training, direct observation) are clearly outlined by accreditation bodies (CACREP, 2015), the supervision requirements for those pursuing state licensure vary from state to state (Field et al., 2019; Gray & Erickson, 2013; Henriksen et al., 2019). Some scholars have questioned if the supervision being provided is minimally adequate, or if supervisors are aware that they are providing inadequate or harmful supervision (Ellis et al., 2014). It is unclear how many supervisors in our study had received clinical supervision training or were providing supervision in accordance with professional standards (i.e., Borders et al., 2011). For example, only six of the 10 states that we sampled had licensure board requirements for clinical supervisors to have completed supervision training (Field et al., 2019), and none required a supervision credential such as the Approved Clinical Supervisor (issued by the National Board for Certified Counselors). It is important for all state licensure boards to require supervision training in order to best position supervisors to provide quality supervision. Relatedly, Field et al. (2019) found that only 47.1% of states require supervisors to complete a supervision contract or supervision philosophy prior to conducting postgraduate supervision. At a minimum, all licensure jurisdictions should require these documents as a part of the application packet for prelicensed counselors when they register their supervisor with their licensing board. By requiring these documents, state licensure boards and credentialing bodies can encourage a dialogue between supervisors and supervisees about some of the concerns identified in our study.

### **Limitations and Opportunities for Future Research**

Like in all studies, there are limitations that need discussion. We aimed to collect data from a nationally representative sample; however, our findings could have been impacted by the varying licensure regulations in each state. As such, future research could benefit from a retest of the incidence of nondisclosure by prelicensed counselors in other states. Relatedly, although our response rate was consistent with prior counseling research that collected data via mailings (Barden et al., 2017), future researchers could explore other data collection methods (e.g., electronic survey) to increase participants' responsiveness. Also, it is possible that the topic of nondisclosure was acutely salient to the persons who chose to participate in the current study, which could have influenced our findings. Future scholars are urged to examine more demonstrable factors of the supervisory relationship that may help to explain intentional nondisclosure by prelicensed counselors such as the

incidents of inadequate and harmful supervision, which appear to influence supervisees' willingness to disclose in supervision. Finally, future researchers should explore if nondisclosure occurs less frequently in supervision dyads that regularly use one of a number of supervisory relationship inventories (Tangen & Borders, 2016) to assess the perceived quality of their supervisory relationship.

## Conclusion

In sum, postgraduate supervision has important implications for prelicensed counselors and supervisors alike. Thus, it behooves both prelicensed counselors and clinical supervisors to mitigate supervisee intentional nondisclosure. The findings presented in this study provide insight into the type of information being withheld by supervisees and the degree to which they are hesitant to discuss certain concerns. Clinical supervisors who hope to create an environment that promotes supervisee disclosure will benefit from specifically targeting some of the issues identified herein.

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