

# Counselor-in-Training Intentional Nondisclosure in Onsite Supervision: A Content Analysis



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Studies from allied professions suggest that intentional nondisclosure in clinical supervision is common; however, the types of intentional nondisclosure and reasons for nondisclosure have yet to be examined in an adequate sample of counselors-in-training (CITs). The current study examined intentional nondisclosure by CITs during their onsite supervision experience. We utilized content analysis to examine examples of intentional nondisclosure. Sixty-six participants provided examples of intentionally withholding information from their supervisors they perceived as significant. The most common types of information withheld were negative reactions to supervisors, general client observations, and clinical mistakes. The most common reasons cited were impression management, perceived unimportance, negative feelings, and supervisor incompetence. We offer implications for both supervisees and supervisors on how they might mitigate intentional nondisclosure; for example, we present strategies to address ineffective or harmful supervision, discuss techniques to openly address intentional nondisclosure, and explore ways to integrate training on best practices in clinical supervision.

**Keywords:** intentional nondisclosure, counselors-in-training, supervision, content analysis, best practices in clinical supervision

Counselors-in-training (CITs) in programs accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP) are required to complete two supervised onsite field experiences (i.e., practicum and internship) in their area of interest (e.g., clinical mental health, school, rehabilitation; CACREP, 2015). The purpose of this onsite field experience is for CITs to learn the roles and responsibilities of being a professional counselor by applying what they learn in their training programs to their work in a counseling setting (CACREP, 2015). Given CITs' limited clinical experience, onsite supervisors provide weekly supervision to aid CITs in their professional development (Borders et al., 2011; Borders et al., 2014). Although supervision is a unique opportunity, CITs receive problematic mixed messages about the expectations of the supervisory process (Borders, 2009). CITs are encouraged to discuss the topics and concerns that are the most important to their professional growth (Bordin, 1983), but the information shared is then used by their supervisors to evaluate their clinical performance (Bernard & Goodyear, 2014). These evaluations have a definitive impact on CITs' ability to pass a practicum or internship course or graduate (CACREP, 2015) and subsequently secure employment in the counseling field. Thus, it is not surprising that studies in allied professions (e.g., clinical psychology, counseling psychology, social work) have shown that trainees commonly withhold potentially unflattering information from their supervisors (Hess et al., 2008; Ladany, Hill, Corbett, & Nutt, 1996; Mehr, Ladany, & Caskie, 2010, 2015; Pisani, 2005). While CITs' concern to maintain a favorable image in the eyes of their supervisor is understandable, withholding information can result in missed learning opportunities for CITs and negatively impact their clients (Hess et al., 2008).

To date, only two studies have examined supervisee intentional nondisclosure in a sample of counselor education students (Cook & Welfare, 2018; Lonn & Juhnke, 2017). However, neither study examined specific examples of the types and reasons of CIT nondisclosure during onsite supervision.

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Counselors submit to a unique training model, with specific requirements and goals for master's-level counselors (e.g., CACREP, 2015). CITs enrolled in CACREP-accredited programs can specialize in one of seven tracks: (a) addictions counseling; (b) career counseling; (c) clinical mental health counseling; (d) clinical rehabilitation counseling; (e) college counseling and student affairs; (f) marriage, couple, and family counseling; (g) school counseling; and (h) rehabilitation counseling. As a result, CITs work in diverse settings with a wide variety of responsibilities that are unique to the counseling profession (CACREP, 2015; Lawson, 2016). Without a study focused on CITs' experiences in onsite supervision, CITs and supervisors must rely on findings from allied professions that may or may not reflect the counseling training model. Thus, in the current study we aimed to examine the types of intentional nondisclosure and the reasons for the nondisclosure during CITs' supervised onsite field experience.

### **Supervised Onsite Field Experience in CACREP-Accredited Programs**

Given the growing importance of attending a CACREP-accredited program as an educational requirement for professional counselors (Lawson, 2016), we chose to specifically target intentional nondisclosure by CITs enrolled in CACREP-accredited training programs. State licensure boards are encouraging or mandating that those pursuing professional licensure as counselors must have a degree from a CACREP-accredited program (Lawson, 2016). Additionally, as of January 1, 2022, those applying to be National Certified Counselors (NCCs) will need to graduate from a CACREP-accredited program (National Board for Certified Counselors, 2014). Thus, the standards for onsite field experiences outlined in the 2016 CACREP Standards provide clear guidelines for counselor training. Furthermore, the activities during the onsite field experience are designed to mimic those of a professional counselor in the field (CACREP, 2015). Exploring CIT intentional nondisclosure within the CACREP educational structure can help to inform best practices in counselor training.

### **Intentional Nondisclosure in Clinical Supervision**

The supervision process is reliant on CITs to self-identify important information to share with their supervisors (Ladany et al., 1996); however, identifying this important information is not always clear to CITs given the intricacies of the client–counselor relationship (Farber, 2006; Knox, 2015). Farber (2006) suggested that some nondisclosure “is normative and unavoidable in supervision” (p. 181). Yet, there are instances in which CITs purposefully withhold information they know is relevant because of concerns for what could happen if they shared the information with their supervisor (Hess et al., 2008; Yourman & Farber, 1996).

So why would CITs, who are held to the same ethical standards as practicing counselors (American Counseling Association [ACA], 2014), knowingly choose to withhold information that could be harmful to their professional development or their clients' treatment? During an onsite field experience, CITs learn the day-to-day tasks of being a professional counselor (e.g., establishing rapport, planning treatment, managing paperwork), but they also must meet the demands of their graduate training programs. Most CITs want to perform counselor functions at a high level, if not perfectly (Rønnestad & Skovholt, 2003). Avoiding clinical mistakes is a dubious belief that CITs hold for themselves (Knox, 2015). These high expectations create a reasonable desire to present oneself favorably to their supervisors, even though supervisors know that perfection is impossible (Farber, 2006). Moreover, CITs are told to share information that is most salient to their personal and professional development with their supervisors, but disclosing information that may be potentially unflattering or embarrassing can then be used by supervisors to evaluate performance (Borders, 2009).

### **Types and Reasons for Intentional Nondisclosure**

In a seminal study on intentional nondisclosure, Ladany et al. (1996) investigated the types and

reasons for nondisclosure in a sample of clinical and counseling psychology trainees. Participants were asked to identify instances in which they withheld information from their supervisors and then provide a rationale for why they failed to share that information. The authors found that 97.2% of the participants withheld information from their supervisors.

Through categorizing the content of the nondisclosures, Ladany et al. identified 13 types of nondisclosure, providing definitions and examples of each type: (a) negative reactions to supervisor (e.g., unfavorable thoughts or feelings about supervisors or their actions); (b) personal issues (e.g., information about an individual's personal life that may not be relevant); (c) clinical mistakes (e.g., an error made by a counselor); (d) evaluation concerns (e.g., worry about the supervisor's evaluation); (e) general client observations (e.g., reactions about the client or client treatment); (f) negative reactions to client (e.g., unfavorable thoughts or feelings about clients or clients' actions); (g) countertransference (e.g., seeing oneself as similar to the client); (h) client–counselor attraction issues (e.g., sexual attraction between client and counselor); (i) positive reactions to supervisor (e.g., favorable thoughts or feelings about supervisors or their actions); (j) supervision setting concerns (e.g., concerns about the placement or tasks required at placement); (k) supervisor appearance (e.g., reactions to supervisor's outward appearance); (l) supervisee–supervisor attraction issues (e.g., sexual attraction between supervisee and supervisor); and (m) positive reactions to client (e.g., favorable thoughts or feelings about clients or their actions).

They also identified 11 reasons for intentional nondisclosure: (a) perceived unimportance (e.g., information not worth discussing with supervisor); (b) too personal (e.g., information about one's personal life that is private); (c) negative feelings (e.g., embarrassment, shame, anxiety); (d) poor alliance with supervisor (e.g., poor working relationship with supervisor); (e) deference (e.g., inappropriate for a counselor to bring up because of their role as intern or supervisee); (f) impression management (e.g., desire to be perceived favorably by supervisor); (g) supervisor agenda (e.g., supervisor's views, roles, and beliefs that guide supervisor's actions or reactions to supervisee); (h) political suicide (e.g., fear that the disclosure will be disruptive in the workplace and lead to the supervisee being unwelcome or unsupported); (i) pointlessness (e.g., addressing the issue would not influence change); (j) supervisor not competent (e.g., supervisor is inaccessible or unfit for supervisory role); and (k) unclear (e.g., researchers unable to read participants' statements). The most common types of intentional nondisclosure in the study by Ladany et al. (1996) were negative reactions to supervisor, CITs' personal issues, clinical mistakes, and evaluation concerns, while the most common reasons for the nondisclosures were perceived unimportance, too personal, negative feelings, and a poor alliance with the supervisor.

Subsequent studies, also from allied professions (e.g., social work, clinical psychology), have found similar results in regard to the types and reasons for intentional nondisclosure (Hess et al., 2008; Mehr et al., 2010; Pisani, 2005). Mehr and colleagues (2010) found 84.2% of psychology trainees reported withholding information from their supervisors, and the most common types of nondisclosures were negative perception of supervision, personal life concerns, and negative perception of the supervisor, while the most common reasons for nondisclosure were impression management, deference, and fear of negative consequences. Additionally, Pisani (2005) found the most commonly withheld information for social work trainees included supervisor–supervisee attraction issues, negative reactions to supervisor, and supervision setting concerns. Finally, in a qualitative study, Hess et al. (2008) explored the differences in a single example of intentional nondisclosure based on psychology trainees' perceptions of the quality of the supervisory relationship—for example, good (i.e., only one instance of a problem in the supervisory relationship) versus problematic supervisory relationships (i.e., ongoing issues in the supervisory relationship). They found that supervisees in both good and

problematic supervisory relationships withheld information about client-related issues. However, supervisees in problematic relationships more commonly withheld supervision-related concerns (e.g., negative reactions to supervisor) compared to supervisees in good relationships. The findings described above provide empirical evidence that nondisclosure in allied professions is common.

### **The Current Study**

Although there is evidence that supervisees from allied professions withhold information, there is currently a dearth of literature regarding intentional nondisclosure by CITs in the field of counseling. Cook and Welfare (2018) found that the quality of the supervisory working alliance and supervisee avoidant attachment style predicted supervisee nondisclosure. In a qualitative study, Lonn and Juhnke (2017) examined supervisee nondisclosure in triadic supervision. They found that the supervisee's perception of their relationships, the presence of a peer, and opportunity to share were important to whether supervisees withheld information. However, these studies failed to examine the types of information being withheld by CITs as well as their reason for withholding information. Considering that professional counselors have a unique training model (CACREP, 2015), professional identity (Lawson, 2016), and code of ethics (ACA, 2014), the purpose of the current study was to examine the types and reasons of intentional nondisclosure by CITs during their supervised onsite internship experience.

### **Method**

We utilized content analysis (Hsieh & Shannon, 2005) to examine the examples of intentional nondisclosures provided by CITs that occurred in supervision with their onsite internship supervisors. Hsieh and Shannon (2005) defined qualitative content analysis as "a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (p. 1278). Our analysis was guided by the findings from Ladany et al. (1996), which allowed us to compare the findings from the current study with those from allied professions while also examining how the phenomenon of intentional nondisclosure might present uniquely in the counseling profession (Hsieh & Shannon, 2005). The current study was designed to answer two research questions: (a) What are the types of information that CITs intentionally withhold from their supervisors during their internship's onsite supervision? and (b) What are the reasons for their nondisclosure?

### **Research Team**

Our research team included three members. The first and third authors served as coders while the second author served as a peer reviewer. The first and second authors are counselor educators at different universities in the Southeast United States, and the third author was a doctoral student at the same institution as the first author. We all have experience as professional counselors, supervisees, supervisors, and researchers; consequently, we have experienced all parts of the nondisclosure cycle. Prior to the analysis process, we discussed how our previous experiences might impact the analysis. Likewise, we intentionally discussed and bracketed potential influences of bias throughout the project. We also employed triangulation (e.g., multiple coders), utilized frequent peer debriefs, and employed a peer reviewer (Creswell, 2013). Our items also were reviewed by four consultants with counseling, supervision, and research experience to minimize bias and maximize clarity.

### **Recruitment Procedure and Participants**

After securing IRB approval, we recruited participants currently enrolled in internship for the current study through the assistance of counselor education faculty at CACREP-accredited institutions. Fifteen counselor educators at 14 institutions offered paper-and-pencil instrument packets to CITs during one

of their class periods. As indicated by the key informants, 152 of the 173 CITs present in class on the day the packets were offered agreed to participate in the study. This resulted in an in-class response rate of 87.86%.

Participants were CITs currently enrolled in internship in a CACREP-accredited program and receiving supervision at their internship sites. The age of the participants ranged from 22 to 60 years old ( $M = 28.13$ ,  $SD = 7.43$ ,  $n = 107$ ). Eighty-eight participants identified as female (80%), 17 participants identified as male (15.5%), three participants identified as nonbinary (gender identity not male and not female, 2.7%), and two participants indicated that they did not want to disclose their gender (1.8%). Regarding race, the majority of participants identified as White (non-Hispanic;  $n = 71$ , 64.5%), while 23 participants identified as African American (20.9%), four participants identified as Asian/Pacific Islander (3.6%), three participants identified as Hispanic/Latinx (2.7%), three participants identified as multiracial (2.7%), one participant identified as Native American (0.9%), one participant responded “none of the above categories” (0.9%), and four participants responded that they preferred not to disclose (3.6%). Regarding CACREP track, 64 participants were enrolled in a clinical mental health counseling track (58.2%), 32 participants were enrolled in a school counseling track (29.1%), nine were enrolled in a college counseling and students affairs track (8.2%), and five were enrolled in a marriage, couples, and family track (4.5%).

### **Instrument**

The instrument was designed to gather information about participants’ experiences with their current onsite internship supervisors. Two items were the focus of this study: (a) “Describe a time when you decided not to share something you thought was significant with your current onsite internship supervisor” and (b) “What brought you to that decision to not share it with your current onsite internship supervisor?” In addition, the questionnaire included 15 items to collect demographic information about the participants and their current onsite internship supervisors. Of the 152 participants who began participation, 42 participants (27.6%) were removed from the analysis as they did not complete the open-ended questions, resulting in a final sample of 110 participants. We utilized the demographic variables to check for evidence of nonresponse bias using Chi-square tests of independence and independent  $t$ -tests. We did not find evidence of response bias when comparing those who answered the open-ended questions and those who did not.

### **Data Analysis**

We analyzed participants’ responses to the open-ended questions utilizing content analysis. We categorized the types of intentional nondisclosure and the reasons for nondisclosure into categories as recommended by Hsieh and Shannon (2005). For our analysis, we utilized the types of nondisclosure and the reasons for nondisclosure originally identified by Ladany et al. (1996). To reiterate, Ladany et al. identified 13 types of intentional nondisclosure and 11 reasons for nondisclosure (1996). Also, as recommended by Hsieh and Shannon (2005), we allowed for new categories to emerge that did not fit within the categories from Ladany et al. The rationale for this approach was two-fold. First, we could best understand the phenomenon of intentional nondisclosure by comparing our findings to that of previous research from allied professions, while also generating new knowledge of how nondisclosure might uniquely manifest in the counseling profession (Lawson, 2016). Second, utilizing previous research provided structure to our coding procedures and informed the researchers’ interpretation of participant responses (Hsieh & Shannon, 2005).

**Coding process.** The first and third authors coded the responses of 110 participants for (a) whether or not the participant identified an incident of intentional nondisclosure and (b) to categorize the

participant responses that indicated intentional nondisclosure by the type and reasons for the nondisclosure. Each response was coded into one category of type of nondisclosure and one category of reason for the nondisclosure. First, the two coders selected 10 participant responses and coded them as a team. Next, the two coders selected an additional 10 participant responses and coded them independently of each other. They then came together to reach a consensus on the categorization of participant responses. The remaining 90 participant responses were coded independently, and the two coders regularly engaged in peer debriefings throughout the process to ensure consistency (Creswell, 2013). After all 110 participant responses were analyzed, the first and third authors met to finalize the categorization of participant responses and to generate names for the new categories that emerged during the analysis (Hsieh & Shannon, 2005). Regarding the categorization of participant responses in terms of the participant-identified incident of intentional nondisclosure, the coders' agreement was 100%. Regarding the types and reasons for the nondisclosure, the coders initially disagreed on 15 types of intentional nondisclosure and 23 reasons for the nondisclosure. The two coders established consensus through discussion, resulting in an agreement of 100% (Creswell, 2013). Finally, the second author, serving as a peer reviewer, evaluated the entire coding process. She was chosen based on her expertise with supervision delivery (e.g., protocol, practice) and the topic of intentional nondisclosure. She did not recommend any changes to the categorization of participant responses; however, she recommended renaming two of the new categories for the types of nondisclosures that emerged from the data to better reflect the content of participant responses. Eleven types of intentional nondisclosure and 13 reasons emerged from our analysis.

## Results

Forty-four (40%) participants reported that they had never withheld something significant from their current onsite internship supervisors, while 66 (60%) reported that they had. Examples of responses coded as never having withheld something significant from their onsite supervisors include "N/A," "At this time, I have not withheld any information that I felt was significant with my supervisor," and "I don't think there has been one." For the responses that included an example of intentional nondisclosure ( $n = 66$ ), 11 types of intentional nondisclosure and 13 reasons for withholding information emerged from the data. The types of intentional nondisclosure included eight types of nondisclosure that were from Ladany et al.'s (1996) research on nondisclosure and three new types of intentional nondisclosure that emerged in this data set: (a) CIT professional developmental needs, (b) a peer's significant issue, and (c) experiencing sexual harassment. Regarding the reasons for the intentional nondisclosures, 10 reasons mirrored the findings from Ladany et al. and three reasons were unique to the current study: (a) did not want to harm client or confidentiality concerns, (b) consulted with another supervisor, and (c) issue with other professional in supervision setting.

### The Types and Reasons for Intentional Nondisclosures

The most common type of intentional nondisclosures identified by the researchers in the current study were negative reactions to supervisor ( $n = 18, 27.3%$ ), general client observations ( $n = 16, 24.2%$ ), and clinical mistakes ( $n = 15, 22.7%$ ). The most common reasons for intentional nondisclosures were impression management ( $n = 12, 18.2%$ ), perceived unimportant ( $n = 8, 12.1%$ ), negative feelings, ( $n = 8, 12.1%$ ), and supervisor not competent ( $n = 8, 12.1%$ ). Complete results of the coding and category frequencies of the types of nondisclosures are presented in Table 1, and the final coding and category frequencies of the reasons for nondisclosure are presented in Table 2.

**Table 1***Types of Intentional Nondisclosure*

Type of Intentional Nondisclosure	<i>n</i> (%)	Examples
1. Negative Reactions to Supervisor	18 (27.3%)	When my supervisor asked if there is anything that is hindering our relationship, I lied and said that there wasn't anything and the relationship is fine. I feel that I am not getting feedback about my counseling from my supervisor in the supervision meetings. Instead I am only getting suggestions of how the supervisor would have handled the client. Made a comment behind my back. My onsite supervisor is new and so I don't share too much because he's easily overwhelmed.
2. General Client Observations	16 (24.2%)	I gave [clients] more chances to skip/miss an appointment than [my supervisor] would allow so sometimes don't let her know when people cancel or no show. When a client disclosed personal family issues; client's past trauma.
3. Clinical Mistakes	15 (22.7%)	I put a client in danger by a lack of knowledge and being new in a position. Too much self-disclosure in a session; getting behind on case notes/paperwork. Having a chronically suicidal client and . . . not assessing for SI in a session and feeling as if when assessed it was not done so well.
4. Client–Counselor Attraction Issues	4 (6.1%)	I felt attracted to an assessment client. During a session, a client told me that he liked how I looked in my pants. He then told me that he got excited at the sound of my voice.
5. Countertransference	3 (4.5%)	A client reminded me of my late mother. Early in internship, I had strong countertransference with a client.
6. Supervision Setting Concerns	3 (4.5%)	I was concerned if I was going to have to find another site to finish hours. Frustration with internship duties.
7. Personal Issues	2 (3.0%)	I did not tell my supervisor that I chose to cut it off with a potential romantic partner.
8. CIT Developmental Need	2 (3.0%)	When I was first starting out I had a hard time letting my supervisor know when I needed something extra from them whether it be time or information.
9. Negative Reactions to Client	1 (1.5%)	Anger toward a student.
10. A Peer's Significant Issue	1 (1.5%)	A client wrote a letter to my co-intern about his sexual desires and love for her.
11. Experiencing Sexual Harassment	1 (1.5%)	When I felt sexually harassed by a colleague.

*Note.* Not all types of intentional nondisclosure from Ladany et al. (1996) were present in this sample, and three new types emerged: (a) CIT developmental need, (b) a peer's significant issue, and (c) experiencing sexual harassment.

**Table 2***Reasons for Intentional Nondisclosure*

Reasons	<i>n</i> (%)	Examples
1. Impression Management	13 (19.7%)	Concerned about evaluations by those who supervise my supervisors. Fear of looking bad or being perceived as not being a good counselor. [Supervisor] might pass judgment because I can't possibly know what I'm talking about being only an intern. I worried she will think I'm unprofessional or not trust me with future clients.
2. Negative Feelings	8 (12.1%)	Poor self-confidence. Fear of rejection. Embarrassment, inferiority felt with supervisor.
3. Supervisor Not Competent	8 (12.1%)	I see the way she counsels clients and I know she thinks taking time to establish rapport and positive therapeutic relationships is not always necessary. Everyone in the office says she is burnt-out and I want to be more compassionate.
4. Perceived Unimportant	8 (12.1%)	I did not feel it was necessary. I was running late to class and I didn't consult with her because she was in a session with a client so I figured I'd tell her the next day.
5. Deference	6 (9.1%)	I did not feel like it would be taken well, and that I am only an intern and should not correct her. Didn't want to hurt/upset her or burn a professional relationship.
6. Poor Alliance with Supervisor	5 (7.6%)	The power differential. She berated me in supervision to the point of tears. I feel unsafe with her and our clinical styles contrast. I knew she would make me feel inferior.
7. Supervisor Agenda	4 (6.1%)	I thought he would immediately notify people in charge. Knowing my supervisor would want to tell [client's] mother.
8. Political Suicide	4 (6.1%)	I want to get hired where I'm working and I don't feel . . . safe during supervision. It's a small practice and I have to share a wall with this offender every day.
9. Did Not Want to Harm Client or Confidentiality Concerns	4 (6.1%)	I didn't want to put client in a bad situation. That student was not positive of her status and was not in any danger. Revealing her secret at that point would have damaged the relationship. Confidentiality issues.
10. Too Personal	3 (4.5%)	It was too personal. I didn't want to talk about my grief.
11. Pointlessness	1 (1.5%)	Thought that was between student and personal physician.
12. Consulted with Another Supervisor	1 (1.5%)	Other supervisor suggestions.
13. Issues with Other Professionals in Supervision Setting	1 (1.5%)	The teacher expressed frustration. Hopes to prevent future conflict.

*Note.* Not all categories and reasons from Ladany et al. (1996) were present in this sample, and three new reasons emerged: (a) did not want to harm client or confidentiality concerns, (b) consulted with another supervisor, and (c) issues with other professionals in supervision setting.

### Specific Examples of the Types and Reasons for Intentional Nondisclosure

To provide a more complete picture of the phenomenon of intentional nondisclosure (Hsieh & Shannon, 2005), this section is presented to highlight specific examples provided by participants for each type of nondisclosure and the reasons they withheld the information. Our coded reason for the type of intentional nondisclosure is included in parentheses below (e.g., deference, impression management, political suicide).

**Negative reactions to supervisor.** One participant stated that she did not disclose that her supervisor “was not helpful during a time that I needed her to be” because the participant “did not want to . . . upset her or burn a professional relationship” (deference). Another participant did not tell her supervisor at her school internship that she disapproved of the way the supervisor addressed a student: “I felt she was being too harsh on a student and not considering other factors.” This participant did not want her supervisor to perceive her as “being wrong” (impression management). A participant stated that even though her supervisor sits in on all of her sessions at her internship site, she still withheld that she is not satisfied with the quality of their relationship and did not share how she felt “in the relationship with her.” She added that she did not disclose this information because “I am afraid she’ll be angry and it will damage the relationship we do have” (negative feelings). Finally, for a clinical mental health CIT, even her supervisor directly asking if she had concerns about the supervisory relationship was not enough to encourage her disclosure: “When my supervisor asked if there is anything that is hindering our relationships I lied and said that there wasn’t anything and the relationship is fine.” The CIT stated she lied because “the power differential, being videotaped, and concerns with confidentiality . . . stopped me from being completely honest about my comfort with our relationship” (poor alliance with supervisor).

**General client observations.** General client observations differed from clinical mistakes because participants did not self-identify that they perceived the specific examples they provided to be mistakes. Rather, participants indicated that the examples they provided were relevant; however, they failed to disclose this significant information to their supervisors. One school counseling CIT stated that she did not share with her supervisor that she was having trouble “breaking the ice with a client” because she “knew my [supervisor] would make me feel inferior” (poor alliance with supervisor). Another school counseling CIT shared that she failed to disclose that one of her clients was “drinking alcohol on campus” because she thought her supervisor would “immediately notify people in charge of discipline rather than talking to the student first” (supervisor agenda). Finally, another school counseling CIT stated that a client told her she was pregnant, but she failed to notify her supervisor because “that student was not positive of her status and was not in any danger. Revealing her secret at that point would have damaged the relationship” (did not want to harm client; confidentiality concerns).

**Clinical mistakes.** Participants reported a range of clinical mistakes, from minor clerical errors to potentially more problematic mistakes such as failure to assess for client risk. One clinical mental health CIT did not share that she was “behind on my case notes” because she “did not feel it was necessary” and she “caught up quickly” (perceived unimportant). A student affairs CIT stated that he did not let his supervisor know that he “lacked confidence in theories” because he felt “inadequate” and “embarrassed” (negative feelings). A clinical mental health CIT shared that she failed to disclose something in supervision that her supervisor had previously told her not to do: “My supervisor had previously verbalized that she would be upset.” She withheld this information because “I didn’t want to seem . . . incompetent and I respected her and want her to think I’m doing my best” (impression management). Multiple participants provided specific examples of intentional nondisclosures related to failing to adequately assess for client risk or failing to notify their supervisors that a client was

engaging in risk-related behavior. A school counseling CIT shared that she did not discuss with her supervisor that “a client (minor on a school campus) was engaging in [non-suicidal self-injury] again” because “we discussed before how she is obligated to pass that info to school principal who tells parents” (supervisor agenda). This participant added that she decided not to share this information with her supervisor because she perceived the self-injury to be non-life threatening and she wanted to “save rapport” with the client (did not want to harm client; confidentiality concerns). Finally, a school counseling CIT stated that she withheld from her supervisor that she “put a client in danger by my lack of knowledge and being new in my position.” This CIT did not discuss this with her supervisor because “my supervisor wasn’t available” (supervisor not competent).

**Client–counselor attraction issues.** One clinical mental health counseling CIT stated that her client “told me that he liked how I looked in my pants. He then told me that he got excited at the sound of my voice.” She stated that she did not disclose this information to her supervisor because “I told myself that I did not understand how he meant the comment and I thought he would stop the flirting if I ignored him” (perceived unimportant). Two participants indicated that they experienced sexual attraction to a client but failed to share it with their supervisor. One student affairs CIT stated that she felt “embarrassed” (negative feelings), while a clinical mental health counseling CIT shared that he “did not want anyone to find out and I felt like I handled it fine” (impression management).

**Countertransference.** One marriage, couples, and family CIT stated that she did not disclose to her supervisor that a client “reminded me of [my] late mother” because she “did not want to talk about [my] grief” (too personal). A clinical mental health counseling CIT echoed the previous participant’s thinking process. She stated she did not tell her supervisor she was experiencing “countertransference” with a client because “it was too personal” (too personal). Finally, another marriage, couples, and family CIT stated that early in her internship she had “strong countertransference with a client” as a result of a personal grieving process. She shared that she did not tell her supervisor because she wasn’t sure “how much I trusted her with this information as it was only several weeks into internship” (poor alliance with supervisor).

**Supervision setting concerns.** A clinical mental health counseling CIT stated that she did not express her “frustration with internship duties” to her supervisor because “he was unavailable” (supervisor not competent). Another clinical mental health counseling CIT was concerned that she “would need to find another site to finish [internship] hours,” but did not tell her supervisor because “I did not choose to add to stress [of my] site supervisor by posing my concern” (deference).

**Personal issues.** One participant enrolled in a clinical mental health counseling program withheld from the supervisor that “sad and depressed” feelings because of a “fear of rejection” (negative feelings) arose during supervision. A school counseling CIT did not disclose to her supervisor that she had recently ended a relationship “with a potential romantic partner” even though it was causing her to “feel drained and emotional during the day at her internship” because “I felt that it would be silly to and I thought I did a good enough job ignoring the feelings while with students” (too personal).

**CIT developmental need.** One clinical mental health counseling CIT shared that she had a difficult time “letting my supervisor know when I needed something extra from them whether it be time or information” because she “felt nervous about [her] position as ‘just an intern’” (negative feelings). Another clinical mental health counseling CIT stated that she failed to let her supervisor know that

she is “concerned about being in an individual session with a male client” because she is fearful that her supervisor would think she is “unprofessional or not trust me with future clients” (impression management).

**Negative reactions to client.** Only one participant indicated that she failed to disclose a negative reaction to a client with her supervisor. This student affairs CIT stated that she did not disclose her “anger towards a client” because she “did not think it was important enough to share” (perceived unimportant).

**A peer’s significant issue.** One clinical mental health counseling CIT noted that there was a failure to disclose to the supervisor that “a client wrote a letter to my co-intern about his sexual desires and love for her.” This CIT stated that the co-intern did not want this information shared and that the participant “did not think it was my place” (deference).

**Experiencing sexual harassment.** A clinical mental health counseling CIT stated that she was “sexually harassed by a colleague,” but failed to disclose to her supervisor because “it’s a small practice and I have to share space with this offender every day” (political suicide).

## Discussion

The current investigation was designed to examine the types of and reasons for intentional nondisclosure by CITs during their onsite supervision. Sixty percent of the participants provided an example of withholding something significant from their onsite internship supervisors, suggesting that, similar to allied professions, intentional nondisclosure by counseling CITs is common (Ladany et al., 1996; Pisani, 2005; Yourman & Farber, 1996). Participants also provided detailed examples of the types of intentional nondisclosures as well as the reasons they withheld the information. These findings provide insight into the experiences of CITs at their internship placement. In this section, we will connect our findings to those from previous research as well as offer implications for counselors, supervisors, and counselor training programs.

### The Types of Intentional Nondisclosure and Reasons for Nondisclosure

Overall, the types of intentional nondisclosure and the reasons for these nondisclosures are comparable to the findings of previous studies in allied professions. There were four categories of the types of intentional nondisclosure that emerged in the study by Ladany et al. (1996) that were not present in the current study: (a) positive reactions to supervisor, (b) supervisor appearance, (c) supervisee–supervisor attraction issues, and (d) positive reactions to client. The category of “unclear” in regard to the reasons for nondisclosure also was not found in the current study, as all participant responses in the current study were legible. Participants of differing CACREP tracks all provided examples of intentional nondisclosure to their supervisors in regard to their field placement. These findings suggest that despite the differences in training models (CACREP, 2015) and professional identities (Lawson, 2016), CITs experience many of the same situations that result in intentional nondisclosure as those from allied professions. The most commonly withheld information in the current study was negative reactions to supervisor, which also was true for psychology trainees in the study by Ladany et al. Supervisees appear most hesitant to discuss their concerns about their supervisor or supervision experience (Hess et al., 2008; Mehr et al., 2010; Pisani, 2005). In addition, CITs also commonly withheld general observations about clients and clinical mistakes similar to allied professions (Hess et al., 2008; Ladany et al., 1996; Mehr et al., 2010; Pisani, 2005).

The CITs in the current study provided many reasons for their intentional nondisclosure, but some reasons were more commonly reported than others. Like the findings from Mehr et al. (2010), participants in the current study most commonly withheld information in order to make a favorable impression on their supervisors. Others reported they withheld because of negative feelings such as “shame” or “embarrassment.” Farber (2006) suggested that internalized negative feelings are often a reason for nondisclosure. Consistent with findings from allied professions (Hess et al., 2008; Ladany et al., 1996), CITs also withheld because (a) they believed a supervisor was not competent, (b) they believed information was not quite important enough to disclose, and (c) they wanted to perform perfectly in their new roles.

### **Novel Findings Regarding Types and Reasons for Intentional Nondisclosure**

An important aspect of content analysis is discussing findings that may extend existing knowledge of a given phenomenon (Hsieh & Shannon, 2005). The current study is the first to examine the types of intentional nondisclosure and reasons for nondisclosure in a sample of CITs. As such, there are several novel findings that warrant discussion. For example, two participants indicated that they did not discuss their professional development needs with their onsite supervisor. This is particularly interesting, given a central function of clinical supervision is to facilitate CIT professional development (Bernard & Goodyear, 2014). CITs who internalize their professional developmental needs as a flaw or who desire to hide these needs for fear of their supervisors’ reactions also may desire to perform perfectly (Rønnestad & Skovholt, 2003). Discussing opportunities for growth as a CIT can be difficult (Mehr et al., 2010); thus, supervisors may need to prompt their supervisees to discuss their needs more directly.

Another novel finding is that one participant indicated that she withheld from her supervisor about her peer’s ethical dilemma (the client letter revealing romantic interest). This participant explained that she did not feel it was her place to share her peer’s information, but all counselors and CITs share some responsibility to address ethical concerns. Ladany et al. (1996) found that 53% of those who withheld information from their supervisors told a peer in the field about their concern. Therefore, it seems likely that other CITs may be placed in a similar position as the participant in the current study. Knowing one’s ethical responsibility to disclose unethical behavior, as in the situation germane to this study, could be prudent (ACA, 2014). Finally, one participant indicated that she was being sexually harassed by a colleague. This report of intentional nondisclosure is particularly concerning given the increased attention to Title IX and attempts to mitigate sexual harassment and sexual assault in university and workplace settings (Welfare, Wagstaff, & Haynes, 2017). This participant’s willingness to share her trauma through the data collection process in this study presents an opportunity for counselor educators and supervisors to explore strategies to prevent these experiences for future CITs.

Regarding the reasons for intentional nondisclosure, there also were novel findings because three new reasons emerged in the current study. First, five participants did not disclose information to their supervisor because they did not want to harm their clients or violate a client’s confidentiality. However, the sharing of information with a supervisor would never violate client confidentiality (ACA, 2014). Perhaps the supervisees’ confusion about the parameters of confidentiality or misdirected efforts to protect clients from the actions of a supervisor they perceived as incompetent led to this decision. A second novel reason for intentional nondisclosure was evidenced by one participant who reported consulting with a supervisor who was not her site supervisor. Ladany et al. (1996) found that 15% of psychology trainees consulted with “another supervisor” outside their primary supervisor (p. 16). Ladany et al. did not ask their participants to clarify the role of *another supervisor*; however, this finding is relevant to the current study and the training of CITs. Throughout a CIT’s internship experience, they have two supervisors: one onsite supervisor and one university

supervisor (CACREP, 2015). It is unclear if the supervisor with whom the participant discussed their concern was another supervisor at the site or the university supervisor. However, this could be an inherent challenge for CITs to identify who to share information with, particularly if there are issues in one of the two relationships. Finally, one school counseling CIT indicated that she had an issue with a teacher and addressed this issue with the teacher directly. Counselors work in diverse settings (ACA, 2014; CACREP, 2015) and may often work with persons outside the counseling profession. Counseling programs and supervisors may need to better prepare students to work with other professionals in their specific setting.

### **Implications for CITs**

The findings from the current study provide empirical evidence that, when faced with the decision to share in clinical supervision, CITs sometimes chose to withhold information from their supervisors despite knowing its relevance. CITs of all CACREP tracks will likely be faced with this difficult decision. We hope that these findings, which offer insights into the experience of intentional nondisclosure, help to normalize the challenges that CITs face and identify strategies to prevent nondisclosure.

Some of the participants described harmful supervision experiences in which they were berated by their supervisors, feared fallout if they were to disclose illegal sexual harassment by another site employee, were concerned about a supervisor's clinical competence, or did not feel safe to share even blatantly inappropriate client behaviors. Harmful supervision such as this has also been described by Ellis et al. (2014) and is a major concern for counseling and related professions. CITs who find themselves in harmful supervision situations can consider seeking support from another professional, a peer, or a professional association ethics consultant who might help rectify these issues.

Even for those CITs who are not enduring harmful supervision, there are costs to nondisclosure such as stalled development, safety concerns, and ethical or legal violations. Ultimately, the decision to withhold information from one's clinical supervisor rests with the CIT (Murphy & Wright, 2005). Advocating for a safe and productive supervisory experience may result in a change that serves as a catalyst for supervisee growth or prevents client harm. No supervisee needs to be concerned about burdening a supervisor with disclosures about training issues or ethics; it is the supervisor's responsibility to address supervisee needs, no matter how burdensome. Relatedly, supervisees who are reluctant to discuss their observations of clients or clinical mistakes for fear of being evaluated poorly or perceived as unqualified should consider ways to demonstrate quality work in order to balance the areas for growth. Making mistakes is expected for all CITs, but it is important to use supervision to learn from these mistakes (Pearson, 2001). In fact, reflecting on previous experiences—and learning from those experiences—is key to becoming a skilled and seasoned counselor (Rønnestad & Skovholt, 2003). CITs also might find it helpful to pursue their own personal counseling as another strategy to facilitate personal and professional growth (Oden, Miner-Holden, & Balkin, 2009).

Several CITs shared their hesitancy in disclosing information to their supervisor for fear of violating their clients' confidentiality or harming the therapeutic alliance. Although client confidentiality is critical, disclosing information to one's supervisor would not violate a client's confidentiality (ACA, 2014). In fact, some of the concerns expressed seemed to be more about the limits of confidentiality in the setting more broadly (e.g., high school rules), rather than with the supervisor specifically. Counselors are encouraged to not tell a client that the information shared during the counseling process will remain absolutely confidential. Rather, counselors are encouraged to include a passage in their informed consent about the boundaries of client confidentiality and

discuss this information with their clients (ACA, 2014). Finally, predicting when ethical or legal issues will occur may be impossible. Counselors should regularly consult with supervisors to discuss treatment options and legal and ethical issues (ACA, 2014).

### **Implications for Supervisors and Counselor Education Training Programs**

Supervisors and counselor educators play a central role in reducing CIT intentional nondisclosures. The findings from the current study suggest there is a wide range of topics that CITs are reluctant to discuss with their supervisors and a wide range of reasons for withholding. The varying nature of intentional nondisclosures highlights the necessity of individualized interventions. Broadly speaking, supervisors are encouraged to facilitate an open and safe environment that invites disclosure (Bordin, 1983). This might also mean supervisors must be willing to purposefully solicit feedback from their supervisees (Murphy & Wright, 2005). Additionally, supervisors must be proactive in utilizing the knowledge gained from studies like this one to normalize the experiences of their supervisees. Perhaps by discussing each of the types of nondisclosure described above with CITs, supervisors can reduce the pressures associated with performing perfectly (Rønnestad & Skovholt, 2003) or diminish the negative emotions (e.g., shame, embarrassment) associated with making mistakes (Farber, 2006; Knox, 2015).

Finally, some of the experiences described by the participants in the current study are deeply troubling, as they shared specific examples of ineffective and harmful supervision. The burden of providing evidence and reporting instances of harmful supervision is often placed on the CIT (Ellis, Taylor, Corp, Hutman, & Kangos, 2017). We outlined some strategies for CITs in case they were to experience harmful supervision; however, the findings from the current study suggest that CITs are withholding this information for any number of reasons. The participants in this study are not unlike those from other allied professions who have similar supervision experiences (for specific examples of harmful supervision, see Ellis, 2017). Thus, supervisors and counselor education programs must work to prevent CITs from experiencing the damaging effects of ineffective or harmful supervision. We encourage counselor education programs to be proactive by reviewing the signs of ineffective and harmful supervision practices with students before they begin their internships and to regularly check in with students about the supervision experience. Counselor education programs may find it beneficial to solicit student feedback about their practicum/internship site at the end of each term—specifically targeting concerns related to ineffective and harmful supervision.

Encouraging students to disclose their experiences with ineffective or harmful supervision while they are in the process of graded program work might not be possible because of the reasons described above; however, preventing similar experiences for future students may be. Finally, CACREP (2015) requires that all site supervisors receive supervision training prior to serving in this capacity. Accidental instances of ineffective or harmful supervision may be prevented by adding training for site supervisors in this content area (Ellis et al., 2017).

### **Limitations and Future Research**

The current study has limitations that create opportunities for future research. First, we utilized the categories originally identified in the study conducted by Ladany et al. (1996). Although we allowed for the creation of new categories, it is possible that selecting a different study to guide our investigation would have yielded different findings (Hsieh & Shannon, 2005). Also, prompting for a single example of significant intentional nondisclosure may have influenced the findings. Future studies should include the opportunity to provide multiple examples, which could result in different findings. Finally, participants were asked to provide examples of intentional nondisclosure with

their onsite supervisors during their internship. These participants were receiving supervision from a university supervisor (CACREP, 2015), meaning the information withheld from the onsite supervisor may have been discussed with the university supervisor. It is also plausible that supervisees withheld the information from both the onsite and university supervisors. Site supervisors and university supervisors might have conflicting agendas, presenting a burden on supervisees to decide what to disclose to whom. Future studies should examine how supervisees decide what to disclose when they have multiple supervisors at one time. Finally, participants in the current study reported they were most hesitant to disclose their negative reactions about their supervisors. Future research should explore how supervisors can better monitor their supervisees' reactions to them.

## Conclusion

Although previous research from allied professions provides evidence of how nondisclosure manifests within those professions, the findings from this study provide empirical evidence of how CIT intentional nondisclosure presents during onsite supervision. These findings provide valuable insights into the types of information that CITs withhold as well as the reasons for their nondisclosure during their onsite supervision. Given that the counseling profession has a unique training model (CACREP, 2015) and professional identity (Lawson, 2016), these findings can be used by CITs, onsite supervisors, and counselor educators to generate targeted solutions to address this critical issue.

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