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Checking In On "Check-Ins": A Phenomenological Look at Personal Disclosures in Quasi-Supervision Groups

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Checking In On “Check-Ins”: A Phenomenological Look at Personal Disclosures in Quasi-Supervision Groups

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Checking In On “Check-Ins”: A Phenomenological Look at Personal Disclosures in Quasi-Supervision Groups

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Abstract

The purpose of this phenomenological study was to understand how clinical psychologist trainees experience personal disclosures within an academic, clinical supervision-style groups (labeled quasi-supervision). Centering around an initial call-for-disclosure present in supervision environments colloquially called a check-in, this two-phase qualitative study utilized interviews and a member-checking survey with sixteen 1st-, 2nd-, 3rd-, and 4th-year doctoral psychology students attending quasi-supervision groups. These groups, structured like group clinical supervision settings but differing in primary focus (practitioner versus client) and lack of access to client records, offered valuable insight into the purpose of personal disclosure within supervisory settings. Questioning centered around obtaining phenomenological descriptions of a single check-in experience from each participant. Findings of the study show the essence of the experience was in five semi-sequential phases of the personal disclosure experience (Catalyst, Encouragement, Discouragement, Discomfort, and Consequence). Experiences from trainees complemented goals of contemporary supervision modalities; trainees' conceptualizations around personal disclosures match their defined purpose according to psychoanalytic, Rogerian, relational-cultural therapy, narrative, rational emotive behavior therapy, group therapy, and competency-based supervision orientations, and trainees' described fear of adverse academic or professional ramification matches existing research. Critical new findings elaborate on the experience of personally disclosing in quasi-supervision environments, leading to important supervision implications including the importance of purposing disclosures within a modality, explaining this purpose to trainees, recognition of the risks and fears associated with vulnerable disclosure, and optimizing the quasi-supervision environment for safe and valuable disclosure.

*Keywords: professional supervision, phenomenology, self-disclosure, clinical psychology
graduate training, vulnerability*

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Chapter 1

Clinical supervision is a core, fundamental training component considered the “signature pedagogy of the mental health professions,” (Bernard & Goodyear, 2009, p. 1). While psychologists interact with different types of supervision throughout their careers, clinical supervision focuses on growing the professional abilities of a less experienced clinician through a relationship with a more senior, qualified psychologist (Bernard & Goodyear, 2009). The requirement for “personal supervision” of students learning psychology was documented early in the creation of the American Psychological Association (APA) training guidelines (American Psychological Association, 1947, p. 6). Today, clinical supervision continues to focus on instruction that prepares psychotherapeutic practitioners for their work with clients.

To practice psychology as an unlicensed graduate student or post-doctoral practitioner, oversight by a trained psychologist is required, making supervision a mandatory component of clinical training and licensure (American Psychological Association, 2011). Broadly defined by the APA, clinical supervision focuses on enhancing a practitioner’s clinical practice through focusing on client cases, protecting the general public, and delivering gatekeeping functions related to clinical psychology (American Psychological Association, 2015; Bernard & Goodyear, 2009). Critical to clinical supervision, supervisors must also prioritize the health and well-being of the client, to whom their supervisee is treating, above all other supervisory responsibilities (American Psychological Association, 2015).

Supervision, Quasi-Supervision, and Non-Supervision

While the supervisory relationship is often defined as dyadic, group-formatted supervision is another style commonly leveraged in both academic and practicum training settings. While many trainees will experience practicum/internship training *group supervision*, as it is traditionally labeled (Hayes et al., 2001), this space is often used for didactic training and administrative/operation conversation instead of supervision. Within academic training settings, the group supervision experience is more homogeneous between programs; often termed clinical teams, consultation teams, process groups, or their most common colloquial term of group supervision, students, led by a licensed faculty member or practicing psychologist, present de-identified clinical cases to a group of fellow students for feedback, in an experience similar to and modeled after supervision (Holloway & Johnston, 1985; Thomas, 2010). These shared similarities between this group, dyadic supervision, and practicum/internship training group supervision include an evaluative component, utilization of direct and institution-focused, practitioner-centered feedback (American Psychological Association, 2015), and the offering of remedial processes when required (APA Commission on Accreditation, 2015; Behnke, 2005). Differing from clinical supervision due to the leader’s lack of access to file records and client oversight responsibilities, this fundamental difference changes the primary goal of academic training group supervision away from a client-focus and toward a practitioner-development-focus. A more appropriate term for these academic groups, which we will use in this study, is *quasi-supervision* or *group quasi-supervision*, given the groups’ shared techniques, componentry, and theory, but starkly different primary focus on the practitioner, not the client.

Besides *supervision*, a potentially appropriate term to describe these quasi-supervisory groups may be *consultation* (Thomas, 2010). Clinical consultation, either dyadic between a

single consultant and practitioner or within a group setting, also leverages de-identified case presentations to grow the practitioner’s clinical capabilities (Caplan et al., 1995). Unlike supervision’s mandatory, unlicensed practitioner focus, consultation is optional and obtained by psychologists of any experience level, including already licensed practitioners (Bernard & Goodyear, 2009). While clinical supervision requires the trainer to be of the same profession, consultation allows trainers to be practitioners of other tangential health fields (Caplan, 1970). The credential ambiguity and optional nature of consulting differs drastically from the psychologist-only led, required (when incorporated into the academic curriculum) quasi-supervision, further supporting the supervision-style modeling of these quasi-supervision teams described by Thomas (2010). Given the academic location of these teams, it may be assumed that the term *teaching* may better describe the location of these groups. However, the resemblance stops there; teaching requires a set curriculum which, while sometimes utilized within these groups, is not a core component to them (Bernard & Goodyear, 2009). *Mentorship* may be another more appropriate term for these quasi-supervision groups, given the presence of a more experienced leader and experientially different students within these groups. Focusing on improving the professional goals of a more junior professional, mentorship can occur in dyadic and group-styled settings, similarly to clinical supervision (Mullen et al., 2020). Both supervision and mentorship use similar techniques, such as incorporating role-modeling, education, feedback on performance, and emotional support to grow the student (Falender & Shafranske, 2021; Gafni Lachter & Ruland, 2018). However, instead of focusing on the client and case conceptualization, mentorship focuses heavily on advancing career development through a continuing, long-term, personal relationship centered around role modeling (Johnson et al., 2014). While both group quasi-supervision and dyadic clinical supervision leverage aspects of mentorship to grow the

trainee (Johnson et al., 2014), the case-led approach, as well as the short-term element of these quasi-supervision groups (often limited to a single academic year), further support the titling of them as supervisory, not mentor-like.

Quasi-supervision groups incorporate various aspects of consulting, teaching, and mentorship. Although not genuinely clinical supervision due to their lack of a client focus, these education and training quasi-supervision groups are often modeled after clinical supervision. Differing only in principle focus (client-focused dyadic supervision and practitioner-focused group quasi-supervision), the supervision techniques utilized in each are often similar; they incorporate case conceptualizations, focus on the therapeutic skill of the practitioner, are mandatory by programs, involve some form of gatekeeping with remedial components, and can only be facilitated by licensed psychologists (Thomas, 2010).

Personal Disclosure and Supervision Theory

One essential supervisory tool leveraged in both supervision and quasi-supervision is personal disclosure. Unlike client-related disclosure, which broadly focuses on trainee-shared information deemed critical to ensuring client safety and therapeutic success, personal disclosure relates to information about the trainee’s personal life that impacts professional success. Examples of personal disclosure can include clinical stress and anxiety (Goldberg, 2016), struggles with work-life imbalance (Protivnak & Foss, 2009), family conflicts (Rønnestad & Skovholt, 2003), or private mental/physical health struggles (Schroeder et al., 2015); all of which can impact professional development through doctoral degree attrition and adverse clinical development.

While deemed valuable across any supervisory relationships (Falender & Shafranske, 2017), the need and attendance to personal disclosures within supervision are conceptualized

differently across supervision modalities. From the perspective of strengthening the supervisory working alliance between supervisor and supervisee, enhancing the individual clinical strengths of the supervisee is considered key to growing the alliance (Falender & Shafranske, 2004). From the perspective of growing this alliance, which is deemed a foundation of a trainee’s professional development (Bordin, 1983, as cited in Skjerve et al., 2009), the need for personal disclosure in supervision settings is further supported. Developmental approaches to supervision, which present supervision activities as sequential based on supervisee development (Falender & Shafranske, 2004), recognize the importance of personal disclosures in building insight into the supervisee’s strengths and weaknesses, countertransference, personal self-discoveries, the use of the therapeutic self, and professional identity (Stoltenberg et al., 1998, as cited in Falender & Shafranske, 2004). Process-based approaches, which attempt to describe teacher, counselor, and consultant roles commonly occurring in supervisory settings, recommend incorporating personal disclosures within the counselor role (Falender & Shafranske, 2004). Developed by J. M. Bernard (1997), this approach instructs that the supervisor, acting in the counselor role, focuses on improving the personalization skills of the trainee, or skills that incorporate the personal features of the trainee (Falender & Shafranske, 2004). Competency-based approaches, which focus on incrementally building upon processes and outcomes of clinical psychotherapy, consider personal disclosures “inevitable” when practicing the central function of supervisee self-reflection (Falender & Shafranske, 2004).

Psychotherapy-based approaches develop from therapeutic orientations. Given these approaches’ proximity to therapy, the supervisory techniques are drawn from the therapeutic methods of each orientation (Falender & Shafranske, 2004). Psychoanalytic supervision engages deeply in learning about a trainee’s interpersonal problems, developing into the presentation of a

more fully expressed practitioner (Tse, 2014). Supervision of the psychoanalytic style also incorporates the concept of the parallel process. Assumed to be an extension of other unconscious psychoanalytic themes (Ekstein & Wallerstein, 1972; M. V. Ellis & Douce, 1994), the frustrated trainee may come in expecting the supervisor to solve their (personal albeit client-related) problems similarly to their frustrated client (O’Donovan et al., 2011). This state of parallel process requires vulnerable exploration into the unconscious. Slavin (1998) believes vulnerability is vital in supervision, that the psychoanalytic trainee is expected to be influenced by the supervisor similarly to a patient. Personal anecdotes or struggles by the trainee are “not just personal but are expected and useful aspects of this work,” (Slavin, 1998, p. 240). Person-centered supervision focuses on creating a threat-free, supportive, and contemplative supervisory environment (Merry, 2002). In matching the therapeutic modality, Rogerian supervisors allow the trainee to choose the material, including personal material, to present in supervision (Patterson, 2000). Rogers himself considered supervision “a modified version of the therapeutic interview,” and sometimes becoming “straight therapy,” (Hackney & Goodyear, 1984, p. 283), complicating the boundary between personal-focused therapy and professional-focused supervision. Rogerian supervision, like Rogerian therapy, also incorporates some sort of psychological contact focused on positive personal change (Bryant-Jefferies, 2005). Cognitive behavioral approaches to supervision focus heavily on technique training, homework, tape-recording reviews, and standardized supervision instruments (Liese & Beck, 1997, as cited in Falender & Shafranske, 2004). In relating to personal trainee disclosure, Liese and Beck (1997, as cited in Phelps, 2013) would go as far as to consider the “How Do You Feel” supervisor (who asks and/or attends to a trainee’s personal disclosures) problematic to the therapeutic process. Inviting trainee personal problems, however, are utilized in the CBT-related Relational Emotive

Behavioral Therapy supervision, in which supervisors may directly treat the trainee’s problems if related to therapist responsibilities (Wessler & Ellis, 1983, as cited in Holloway & Johnston, 1985). Feminist supervisory approaches distinctly facilitate self-examination and personal disclosure in the trainee, striving for individual and systemic change (Porter & Vasquez, 1997). Authenticity and vulnerability, both aspects of personal disclosure, are vital for trainees to practice and demonstrate in Relational Cultural Theory supervision (Heinrich, 2019). In recognizing a trainee’s family of origin dynamics and their impact in session, systems-based supervisors may provide therapeutic opportunities for personal self-differentiation requiring personal disclosures (Montgomery et al., 2001). Narrative approaches to supervision model the story-based therapies utilized by clinicians, requesting trainees to modify and develop their own professional story, incorporating personal details in this process (Bernard & Goodyear, 2009). Group supervision approaches, often modeled after group therapy, recognize the benefits of personal disclosure in promoting a sense of belonging, protection, and the normalization of personal experience within a group (Berman & Berger, 2007; Hayes et al., 2001; Smith et al., 2012).

These various justifications for requesting personal information from trainees encourage supervisors across many modalities to leverage disclosures as an essential supervision technique for trainee growth. Of note, these modalities view the purpose of personal disclosure as focused on the development of a practitioner, not on the client's therapeutic needs, unlike many other elements of supervision.

Barriers to Personal Disclosure

While many supervision orientations consider personal disclosure valuable for supervisory purposes, barriers limit personal disclosure in both supervision and quasi-

supervision settings. One barrier relates to ethical boundaries, where a supervisor may feel constrained in their ability to inquire about a trainee’s personal information. The APA Ethics code ensures psychologists cannot require students or supervisees to disclose personal information unless necessary for evaluation or assistance purposes (American Psychological Association, 2017). Hawkins and Shohet (2006) maintain that personal disclosure should only be incorporated into supervision if directly related to clients or the supervisory relationship. For supervisors, determining applicability may be difficult; Kozlowski et al. (2014) warned that in situations where a personal, ethical disclosure deviates from centering around a strict supervisor/supervisee relationship, boundary crossings can still occur, leading to potentially unethical treatment of a supervisee. Prieto (1996) even warns about how group supervision utilizing interpersonal processes (such as personal disclosure) can become an unethical “captive therapy” for trainees. Tepper (2007) goes as far as considering any disruptions of trainee privacy by a supervisor abusive.

Current Research on Personal Disclosure

Considering the critical functionality and ethical precariousness of personal disclosures within supervision modalities, personal disclosure within supervision is shockingly understudied. Related studies on vulnerability, trainee disclosure, and supervision often inquire about client-related disclosures, not personal disclosure. Environments of these studies are also, unsurprisingly, dyadic; in terms of trainee disclosures, client-related disclosure is more eminent and likely than purely personal disclosure in these client-focused supervision environments. Secondly, while nearly all psychotherapists experience group supervision during their training (Bernard & Goodyear, 2009), this type of supervision, along with quasi-supervision, remain critically understudied in general (Mastoras & Andrews, 2011; Prieto, 1996; Smith et al., 2012).

Given the distinct differences between client-related disclosure and personal disclosure, extrapolating findings from the literature on dyadic supervisory client-related disclosures is inappropriate in understanding personal disclosures.

Existing literature centered specifically around personal disclosure focuses on the feelings of resistance and perceived benefits of personal disclosure. Trainees, nervous about the evaluative characteristics of supervisory relationships, are unlikely to disclose information that can be used negatively (Herlihy & Corey, 1992, as cited in Pearson & Piazza, 1997). Specific to group quasi-supervision, Reichelt et al. (2009) found that trainees often believed personal disclosure was unrelated to supervision and instead wanted to concentrate on casework. Trainee-centered research supporting personal disclosure in group supervision focuses on the benefits of normalizing shared academic and professional experiences (Berman & Berger, 2007). While valuable, these studies do little in comparing the perceptions of personal disclosure between the trainee experiences and the supervision modalities. Comparing supervision modalities to trainees' essential experience disclosing personal information in supervision would strengthen and/or challenge their theoretical perspectives on practitioner-centered personal disclosure. However, no research or consensus exists on the essential phenomenon of trainee personal disclosure within supervision.

Current Study

To isolate personal disclosure as the object of research, this study only investigated a quasi-supervision environment, of which academic group quasi-supervision remains the most well-known and familiar experience by trainees. Since quasi-supervision is distinctly practitioner-centered compared to other dyadic and group supervisions, it exists as the optimal environment for investigating the experience of practitioner-centered personal disclosures

without client-related disclosure. With academic group quasi-supervision, a commonly experienced format across clinical psychology education and training programs, quasi-supervision may present the greatest understanding of the experience and meaning behind personal disclosure in supervision (Thomas, 2010).

One standard method of asking for personal disclosures in supervision environments is through a prompted, casual, and voluntary inquiry into the personal status of each group member at the onset of a supervision meeting. Colloquially called a *check-in* (e.g., “Before we begin supervision, I want to check in on how everyone is doing”), this prompt allows a chance to speak for those who want to disclose information about their employment, practicum, academic, or personal life. While these check-ins occur in dyadic and practicum group supervision settings, the purpose of this query and the resulting answer may differ in these environments due to a supervisor’s client-centered pressures. Within the quasi-supervision setting, this check-in query often leads specifically to personal disclosure.

The research question of this study focused on how trainees experienced their personal disclosures, delivered during a check-in within an academic, quasi-supervision group setting. This study explored phenomenologically the perceptions, experiences, and opinions of trainees to investigate whether, from trainees’ perspectives, the defined supervision orientation purposes of personal disclosure are experienced.

Chapter 2: Methods

Researcher Description

The principal investigator is presently a 3rd-year doctoral clinical psychology student at George Fox University, interested in psychotherapy, supervision, and critical psychology. The researcher previously worked as a project supervisor and has served as a mentee protégé within

the consumer goods and marketing agency sectors. While performing this role, he attended and facilitated group meetings involving employment supervision and task consultation. While attending clinical psychology graduate school, he recognized how clinical psychology meetings encouraged personal disclosures through check-ins, which differ from professional meetings in industrial environments. The investigator also noticed the variance in responses by leaders and group members within each domain. To date, the principal investigator attended 2 years of clinical supervision and quasi-supervision led by advanced students, faculty, and licensed psychologist, each of various psychotherapeutic orientations and alma mater. The principal investigator’s experience with mentorship and supervision experience within both clinical and non-clinical environments allowed for a critical look at the experience of personal disclosure check-ins within academic clinical psychology programs.

Participants

Recruited participants included 1st-, 2nd-, 3rd-, and 4th-year graduate students who have attended at least 1 academic year of quasi-supervision at George Fox University. Participants were selected based on rapport with the principal investigator and diversity across various temperaments, recent quasi-supervision leaders, psychological orientations, and gender, sexuality, ethnicity, and spirituality identity markers. Given the small population and risk of potential identification of participants, certain demographic information will not be presented. Sixteen participants (four from each cohort year) were gathered through a non-probabilistic experience-based sampling method by the principal investigator. The number of participants follows phenomenology research best practices and allows for even distribution of all class years (P. Ellis, 2016). Participants were doctoral clinical psychology students from the George Fox University Graduate School of Clinical Psychology. Students from this program were selected as

members who shared standard definitions of the following words with little variance: *check-in*, a typical introduction to a group quasi-supervision meeting, and *clinical team*, the academic, quasi-supervision environment all students must attend during clinical training.

Table 1

Participant Demographic Information

Category	Participants ($n = 16$)	
	n	%
Gender		
Female	8	50
Male	7	44
Non-binary	1	6
Sexuality		
Heterosexual	13	81
Non-heterosexual	3	19
Religious/Spiritual		
Christian	11	69
Agnostic	3	19
Atheist	1	6
Other	1	6
Ethnicity		
White	13	81
BIPOC	3	19

Note. Participants were between 22 and 51 years old.

As an incentive, each Phase I participant received a \$10 Starbucks Gift Card, and one random Phase II participant received a \$25 Visa Gift Card. Of the sixteen Phase I interview participants, fifteen participants completed the Phase II member check form. Concerns related to familiarity with participants will be limited through semi-structured interview questions. The Internal Review Board approved this study at George Fox University.

Data Collection

Colaizzi’s qualitative phenomenological method, which focuses on forming a phenomenon’s essence from descriptions and meaning, was the selected research method for this project due to its common usage, instruction clarity, and integrated addition of critical member-checking verification. By leveraging this method, the essence of personally disclosing within quasi-supervision by the trainee could be created to compare directly with existing supervision theories surrounding personal disclosure.

The two-phase study was described to participants as an exploration into how they, as clinical psychology students, experience personal disclosures during a check-in within clinical teams (the term used in their program for group quasi-supervision). The Colaizzi phenomenological method was utilized explicitly in developing the hour-long, semi-structure interview of Phase I, which inquired about the individual’s living world (how they came into psychology as a career, their orientations, and their previous experience within intimate groups), a description of a single check-in experience where they disclosed information, physical and chronological details about their check-in, and further thoughts, and motivations, feelings, and desires experienced during their check-in. Interviews were conducted and recorded both over Zoom and in-person. Audio recordings were transcribed using the speech-to-text transcription tool Otter.ai, with a final transcription review being completed manually by the principal investigator. Phase II consisted of a voluntary, long-form member-checking questionnaire developed to accomplish the last step of Colaizzi’s phenomenological model. The questionnaire shared a descriptive identification (a summarized description of the personal disclosure experience generated from the collected findings) with Phase I participants, who were asked how

they agreed or disagreed with the results. The Phase I interview structure and Phase II questionnaire can be found in Appendix A and Appendix B, respectively.

Analysis

Coding was completed by the principal investigator only, following the Colaizzi method. The entire transcripts were coded and analyzed using ATLAS.ti qualitative analysis software. Analysis of Phase I followed the Colaizzi method; this includes reading all participants' descriptions, extracting significant statements, developing meaning of significant statements, organizing meanings into clusters, validating the clusters fit with the original protocols, noting discrepancies, and generating an exhaustive description of the phenomenon under study (Beck, 2013). Feedback from Phase II was reviewed for discrepancies from results and new information critical to understanding the phenomenon, with all key findings included in the results and discussion sections.

Methodological Integrity

Phenomenological studies have various methods of confirming validity and reliability to ensure methodological integrity. Adequate self-reflection through the form of individual phenomenological reflection (Colaizzi, 1978), on behalf of the principal investigator related to the experience under study, reduces chances for bias and presuppositions during data analysis (Valle & Halling, 1989). Munhall (1994) also believes it is critical to allow participants to confirm their findings are present within the phenomenon description through member-checking. These member checks allowed for improvement in the conceptualization of the check-in experience. Colaizzi (1978) also insists that no theories be assigned to the coding and analysis, to ensure the details of the subjective experience are not manipulated. Direct quotes and excerpts

from interviews were used to describe the experience, with contradictions both included in the analysis and explained in terms of the phenomenon.

Chapter 3: Results

All references to participants' names have been replaced with pseudonyms to protect confidentiality. The research question of this study was: how do trainees experience personal disclosures within an academic, quasi-supervision group setting? To answer this question, participants were asked about a single experience in which they disclosed to their clinical team (a specific quasi-supervision group). Participants described five semi-sequential clusters of themes related to the experience, termed the following: Catalyst, Encouragement, Discouragement, Discomfort, and finally Consequence.

Catalyst

This category of themes describes the internal and external catalysts which urged the sharing of personal information in quasi-supervision. These catalysts deemed internalized thoughts and emotions related to recent and personal events as important, applicable, and appropriate to be communicated within a quasi-supervision setting.

Noteworthy Emotion

All trainees reported noteworthy levels of pleasant or unpleasant emotions at the onset of quasi-supervision. Induced by recent academic, professional, and personal events, these emotions were often experienced for days or hours before attending the group; however, certain trainees described their onset only moments prior to disclosing based on proceedings within their quasi-supervision group. Intense feelings of excitement and pride were described by one participant related to a recent personal experience, stirring his disclosure. However, of all 16 trainees interviewed, 15 described experiencing profoundly distracting, negative emotions characterized

as chaos, stress, and grief. Clarissa, a 4th-year trainee, described feeling this distracting, negative emotion related to fearing for a client’s wellbeing the evening before quasi-supervision:

And so like, all day, in my head, and all night, all I was thinking of is ‘what happened to this patient? Is this patient okay?... Was it a suicide attempt? Was it a health thing? Was it like a drug overdose? Am I gonna get investigated before I get my license?’ And so, I mean, just like totally catastrophizing and spiraling, and just really nervous.

From this noteworthiness, trainees unconsciously assigned salience to the recent event. This salience, unrecognized by the quasi-supervision group, created incongruence and, subsequently, an internalized impetus to disclose; as Angela, a 2nd-year trainee, noted how “People don't know how bad it is. People don't know how bad I'm really struggling.”

External Insistence to Disclose

Trainees also reported strong, external pressure to personal disclosure while in quasi-supervision groups. This pressure, which can be experienced as indirect pressure from academic and professional demands or direct questioning by group members, catalyzed disclosing personal information within the quasi-supervision group.

Indirect Pressure. Since quasi-supervision is a component of academic psychologist training, various educational and professional expectations created an insistence to personally disclose during group check-in. Shane, a 1st-year trainee, described how psychologists-in-training recognize certain professional assumptions within supervisory settings, with personal disclosure being “part of the expectation. It’s part of the job.” Trainees also felt this expectation initiated from general, academic institutional norms expecting witnessable personal reflection. Expectations within academic coursework of noticeable reflection, with subsequent negative recourse if ignored, were transmitted to obligations of quasi-supervision group involvement.

Russell, a 2nd-year student, described his impetus to disclose in quasi-supervision due to fear of scholastic retaliation:

The potential, sort of, academic reprisal so I can't imagine a case in which you don't check in. If you're asked to check-in and you're like, 'No, I'm not going to do that,' that's going to create waves, right?

Trainees also noted pressure based on the hierarchical nature of the quasi-supervision group, in which a leader maintains a position of power and expects professional etiquette. For Angela, a 2nd-year trainee, this pressure to disclose relates to maintaining respect: “If a person in authority is like, ‘Okay, I'm opening up the room (for you) to say something’, I feel like it's disrespectful to not.”

Attempts by the leader to include all group members indirectly created pressure for disclosure. Group leaders' use of silence, to encourage free, voluntary participation, was described as gently pressuring by Joan, a 4th-year trainee: “He kind of starts just with a, ‘Hi, we're all here.’ And then it was just like, let's do some check-ins. And then we'd sit in silence until somebody started.” Trainees also noted that interaction methods which require each trainee in the group to speak, such as round-robin or popcorn-style member involvement strategies, generated a strong impetus for disclosure.

Direct Questioning. Trainees reported how direct questioning by the group leader served as a principal catalyst toward disclosure, with questions relating to health issues, professional practicum experience, and updates on previously disclosed personal events. When Russell's group leader asked about his recent medical treatment status, Russell recalled how he was only willing to disclose this information because of their leader's direct question. “I would say, on a

basic level, if there were not a professor asking for check-ins, I would never have any of these conversations to begin with.”

Disclosure's Purpose

Trainees described conceptualizations around the functions of personal disclosures being instrumental in prompting disclosures. These conceptualizations, framed around a general, overarching goal of quasi-supervision itself, were maintained in multiplicity by many trainees.

Purpose Conceptualized as Related to Group Support. Check-ins' purpose conceptualized as for delivering or receiving professional, academic, social, or emotional support was one fundamental conceptualization initiating motivation toward disclosure. The trainees considered their disclosures applicable to share if professional or academic lessons were present. Joan conceptualized the purpose of her disclosure on applying for doctoral internships around reframing the notoriously stressful academic experience.

I didn't want to put this fear of 'it's something to dread'. It's an exciting next step and opportunity to apply. So I think I was just trying to make sure people had heard other perspectives because I know there's plenty of perspective out there saying 'this is really hard and it sucks'. So just trying to give another voice to the internship process.

Trainees also wished for professional support from their group, conceptualizing disclosures around obtaining support from others, not giving it. Percival, a 2nd-year student about to submit his first child protective services report related to a client, desired feedback from his group:

I wanted to share with somebody because we're told that we can't share the details of what we hear about, or when we do, it has to be in a certain way. And I've also been told this case could go to court. So I was thinking about those kinds of things. I really want to

share as much as I can to get as much support as I can, and maybe even from like the older students, they can share with me what they did the first time they had to report, what it was like for them.

Trainees also conceptualized group social support as a significant reason for disclosing personal information in quasi-supervision. For trainees, growing group camaraderie through personal disclosures led to deepened social relationships and support networks. Abbott, a 4th-year trainee, elaborates on this connection between disclosure and developed community: “I value living in community. And when I have friendships and relationships where we never go below the surface, it's meaningless to me. You know, it's polite, it's nice, but it's not community. So that's something that I was going for [through personal disclosure] as well.” Harley, a 1st-year student, hoped for greater belonging and camaraderie by disclosing previously concealed spiritual aspects of herself: “... I wanted to start slowly opening up and letting people see me. I was done with feeling insecure about my place here and wanted to let people know what I believe in.” Shane, a fellow 1st-year student, motivated by a desire for group belonging, described quasi-supervision as a proving ground for demonstrated personal vulnerability: “I want to fit into the group [by disclosing]. I want to be a part of the group. I want to be a valued member of the group.”

Conceptualizations also focused on the healing of oneself or others. Desiring emotional recovery after an interpersonal conflict with his 1st-year cohort mates, Mortimer described his impetus for disclosing as wanting “... to not feel lonely or insecure. And hoping that sharing would reduce those uncomfortable feelings and/or give me a sense of solidarity from people.”

Trainees also described disclosure intent centered around the healing of others; after a group

member disclosed a painful event, 1st-year trainee Sloane described sharing her analogous experience because she “just basically wanted the person not to feel isolated.”

Purpose Conceptualized as Related to Therapeutic Characteristic

Practice/Modeling. Trainees reported conceptualizing disclosure within quasi-supervision as an opportunity to practice and model key therapeutic characteristics. Describing a need to practice an authenticity similar to Rogerian congruence (Rogers, 1992), trainees considered quasi-supervision groups an appropriate arena for this. Percival explained how a need to practice authenticity generates intent to disclose:

... when I'm coming into the room, to clinical team, I'm bringing in a part of the person who I meet with in my practicum. And so for me to be genuine in that therapeutic relationship, I have to be genuine and show myself clearly, and be open about who I am and where I am emotionally [and] mentally...

Modeling vulnerability was considered another significant reason for personal disclosing in quasi-supervision. Trainees conceptualized modeling vulnerability to encourage vulnerability in other group members, thus leading to better dialog around cases. Percival described this conceptualization further:

... I'm bringing my identity in every transparent way, I'm bringing a transparent version of myself, which if people receive it, and people also reciprocate, will lead to greater better group dynamics, which will lead to better conversation, which will lead to more belonging, which will also lead to, you know, future sharing and better conversation, better case conceptualizations.

Purpose Conceptualized as Related to Distraction. While describing instances of personal disclosures, trainees noted how distracting their intense emotionality was in terms of

their involvement and presence within the quasi-supervision group. For trainees who felt distracted, the purpose for personal disclosure was conceptualized around setting group expectations on their limited involvement and explaining their temporary lack of presence. Jesse, a 4th-year student, explained their impetus to disclose was to negate an incorrect belief of their indifference toward the group:

I felt like there was a good chance that I would not be as like attuned as I normally am in clinical team. So if I was seeming less connected, less on it with insights or questions or things, then I wanted there to be sort of an awareness of why that is. It's not that I don't care. It's not that like, all of a sudden, I've decided like, 'Fuck all of you guys, this doesn't matter'. It's that there was a very bizarre emergency situation that I had to deal with. And I'm still kind of dealing with.

Some trainees' distractibility was compounded by being kept bottled up; through personal disclosure, distractibility was reduced. Joan described this conceptualization further: “Okay, the reality is, I'm not present, and I want to share and at least voice this so I can somewhat move into a place of listening, rather than just being in my own head.”

Encouragement

Before disclosing to the group, trainees experience encouragement toward deeper, richer, and more vulnerable disclosure. Developed throughout the quasi-supervision experience, these encouragers were defined as characteristics of the leader, fellow students, the quasi-supervision space, or the participant themselves.

Interpersonal Camaraderie/Friendship

Trainees described how camaraderie, closeness, respect, and friendship with group members encouraged richer disclosure of personal details. Third-year Valda confirmed how

willing she was to share intimate personal information given her being assigned to “a really good group of people,” and 4th-year Sanjay noted how his “sense of belonging” from knowing he was “connected with the people in my group” supported his disclosure. This group closeness directly encouraged deeper disclosure; as Sloane confirmed, “it was a very, very safe place, and I had no problem sharing.”

Trainees also noted how feelings of camaraderie with group leaders encouraged vulnerable sharing. For Sanjay, this camaraderie was paramount for disclosure:

I have really good relationship with my clinical team leaders, I think that really makes all the difference for me, because I'm usually pretty quiet anyways, especially in group settings. So really, the amount I disclose and how much I talk in clinical team is really very closely related to how close I feel to the clinical team leader. And I have a good relationship with my clinical team leader this year. So I talk more, I'm willing to disclose more.

While describing their fondness for the quasi-supervision leader after attending an academic course she taught, Irene, a 2nd-year trainee, also correlated said fondness with her willingness to disclose. Valda further explained how her leader’s flexibility with her medical needs developed camaraderie, deepening her subsequent disclosures.

Environmental Comfort

For some trainees, environmental warmth and peacefulness were key encouragers of deeper disclosure. Trainees noted how these leader-initiated physical modifications to the group space spurred feelings of comfort and safety; for Valda, it was her leader’s use of “dim lighting and... warm tea”. Harley commented on how the restriction of group size, an institutional environmental decision, encouraged deeper sharing: “I think it felt a little bit more safe than if I

were to do it in a bigger space because it was such a small group”. Trainees also described feeling more comfortable disclosing within more flexible, voluntary atmospheres; Irene’s leader “didn’t... pressured us to overshare,” nor did Valda’s leader uphold a time-driven, “regimented... set agenda.”

The Presence of Others’ Vulnerability

Trainees also noted how demonstrations of vulnerable, profound disclosures by others deepened their own disclosure. Trainees attempted to match certain levels of vulnerability, matching disclosures that day or a level patterned by the group over time. Shane described this encouragement to mirror the vulnerability of others: “I always tried to follow what the other students were doing... So during this particular time, it seemed to me like people were being a bit more vulnerable. So I shared [more].” Sloane explained how resistive she was to be vulnerable until a desire to respond to a group member’s vulnerable disclosure encouraged more honest disclosure:

And I’m already sitting here with a lot of emotion and a lot of discomfort. I don’t want to go there yet. And then someone shared something deep and I was like, “okay, we can... go there.”

Intrapersonal Comfort

Trainees noted how if their disclosure topic centered around overt, previously introduced, or shared knowledge, intrapersonal comfort developed, encouraging deeper disclosure. Irene, after a recent marriage engagement, noted the overt nature of this event (a new ring on her finger) created comfort to sharing this personal information: “There’s clear evidence of it on my body. You can just you can tell like by looking at me, so it didn’t feel that personal.” Russell described willingness to disclose to his quasi-supervision group about his recent, but sensitive

illness recovery, given “there was knowledge out there” on his illness already due to previously letting many other colleagues know. While talking about the shared academic stress commonly experienced by other program students, Angela stated that the disclosure “felt so trivial for me to say... I truly didn't feel like I was being super vulnerable.”

Discouragement

Experienced concurrently with and contrarily to encouragers, trainees also mentioned experiencing fears, social stressors, and risks of harm, discouraging deep personal disclosure within quasi-supervision. Trainees noted reducing shared details or hiding emotionality based on these discouragers.

Interpersonal Stressors

Interpersonal stressors related to sharing group time or ensuring the group remains a safe space restricted trainees' length and depth of disclosure.

Stress of Limiting Group Harm. Trainees' fear of negatively affecting group members was identified as a strong discourager away from deep disclosure. Joan noted a fear of upsetting, missing, or triggering group members by “bring(ing) up something that made someone uncomfortable,” with Percival fearing a situation where “the group gets kind of destabilized by the amount of emotional distress or the emotional complexity that's being presented.” Clarissa described how important limiting her disclosure was in ensuring group harm curtailment in quasi-supervision and also, relatedly, in her therapy groups.

I am a big proponent of ‘don't make people feel worse than when they started.’ It's actually a rule... in my group [therapy], we come here for therapy or we're coming here for healing and coping... we don't want to come in at a ‘three’ and leave at a ‘seven’.

And I feel like the same thing applies with like, clinical work and clinical practice of, I

don't want to say things that are going to make people feel triggered or upset. It's not a good feeling.

Trainees also described limiting disclosure depth to ensure other group members are appropriately heard. Trainees worried about creating a proactive or retroactive impact on another group member's disclosure. Joan feared sharing her disclosure “would lead to somebody else not feeling heard in their pain.” The back-to-back successive nature of disclosures also caused stress related to this impact; Dale, a 3rd-year student, questioned whether his disclosure, which was upbeat and celebratory, distracted from the painful recently disclosure of another group member:

I would get uncomfortable. I wouldn't know how to transition from, ‘you had a bad day. Now let me share my lows and highs.’ It just felt weird; do we want to spend more time on this? This is a pretty awful thing that happened this person's life.

Trainees also feared insulting group members or faculty through their disclosures. This fear caused trainees to subdue specific details of their disclosure that may be offensive or misconstrued. Mortimer explained this fear further while describing a disclosure about other schoolmates:

I think I was also afraid of how my experience would be received by people who, kind of, participate in it. Because I'm talking about my relationship to the program and the people in the program, and I'm sharing that with people in the program. And so there's a nervousness of, could people be... offended if I'm sitting here saying like, “yeah, I just like, feel lonely”? And then always, I'm surrounded by the people I'm with in the program, who are supposed to be the ones that make me not feel lonely. Will they hear that as, like, I'm indicting them of something? Or saying “you haven't done a good enough job as my community”?

Trainees also commented on limiting their disclosure to reduce burdening the group. Dale described his resistance to deep, vulnerable disclosures centered around trauma related to this: “I’ve had been trauma dumped on before, you know, it’s an awkward situation.... I don’t want to burden my coworkers or peers with things that that they don’t need.”

Stress of Limiting Time/Space. Trainees described experiencing motivation to reduce their disclosure to ensure adequate time and space for others. As Clarissa put it, “I’m not here to monopolize the conversation.” When disclosures were overly dense, the available space for others was drastically reduced. Percival noted feeling drawn to limit his time after witnessing long-winded disclosures:

I know that everybody is bringing in stuff like that every week to an extent. And the value of the group time is lessened if we spend too much time on each individual person... There are other people who share too much and then it ends up getting in the way of the group dynamic.

Intrapersonal Stressors

Intrapersonal stressors, centered around obtaining a positive depiction of oneself by others in the group, were identified as common discouragers from deep personal disclosure. Trainees noted that hiding unattractive and inappropriate thoughts and emotions related to recent events was better than disclosing them during quasi-supervision.

Stress to Appear Emotionally Composed. Many trainees noted stress to remain emotionally composed during quasi-supervision. By limiting disclosure details and reducing the chances of emotional outbursts, trainees attempted to preserve a positive, composed image. Mortimer described “wanting to be perceived as someone who is just stoic and has it all together

all the time.” Russell recalled the feared response if he disclosed honestly and appeared overly emotional about his challenging illness recovery.

But I guess another way to say it is that I'm not going to go to a place, in a school event, like a clinical team, where I'm going to be blubbing and crying and expressing these really legit fears about what's going on in my body. I just, there's just no way I'm going to do that. It's not that safe.

Percival described weighing his choice between an emotion-laden personal disclosure or limiting it to reduce visible emotionality. “Am I honest and open? Or do I try to keep it together so I don't lose it and cry? Or show weakness or doubt?”

Stress to Appear Likeable. Trainees described a strong desire to be liked by their peers. This desire led to reducing the richness of disclosures, fearing disclosures may be off-putting, inappropriate for the space, or taken the wrong way. Notably, novice trainees described this stressor as more pronounced; Mortimer explained this stress simply: “how do I share this as honestly as I can, but not in a way that... harm(s) my image to people?”

Stress to Appear Appropriately Vulnerable. Trainees described the difficult task of observing the quasi-supervision room to determine how much information to share in their disclosure. Dale, like other trainees, described this confusion as restricting his honest disclosure: “I never know in those situations, how much to share. Do you want to hear that I'm depressed and, like, second-guessing all my life choices right now or is that something that I don't share in this setting?” Mortimer feared presenting an inappropriately high level of vulnerability related to a gloomy disclosure. “Does that set the mood of just like, ah, shit, it's a check-in, but we're not supposed to really feel things here? You know?”

Evaluation Stressors

Fear related to critical professional and academic evaluation motivated trainees to limit the depth of their disclosures. Trainees censored their disclosures, believing appearing overwhelmed, emotional, or incompetent would have damaging ramifications. To trainees, quasi-supervision leaders hold immense power and impact; Clarissa described her conscious recognition of the leader’s evaluative and ethical responsibilities:

Yeah. I mean, okay, look, it's no secret that the faculty talk about us all the time. They have a whole day where they just literally talk about every student in the program and their progress. And so they're talking about, “Are you equipped to be here? Should you move on to the next year?”... And I feel like if they think that you're not handling it well, ethically, should they let you continue to be in the program?... And so it's like, do you want the people or for example, your letters of recommendation for internship? ... I’m just very conscious that they are always talking about us and our potential to be in the field.

Russell described the fear of being deemed inept due to an expression of high emotion. This, in turn, convinced him to suppress a full expression of his despondent affect. For him, quasi-supervision was, in itself, an assessment of a trainee’s ability to demonstrate emotional control:

It's an assessment of you as a psychologist, and I think if you let yourself go to emotional blubbery places, that's going to be judged harshly... I think there's gonna be consequences to that. They may not be explicit and immediate, but people will be aware... So I need to be pretty careful about how I describe what's going on. Because otherwise, you run the risk of being seen as not as competent, perhaps.

Trainees also described a limitation of disclosure based on fear of negative professional evaluation by students within the group. Russell limited his health-related disclosure, afraid of being deemed by classmates as “unprofessional” and “incompetent.” Percival subdued his emotionality during his disclosure, fearing “my peers will not respect me or they will see me as less because I showed weakness.”

Harm Stressors

Of note, trainees with marginalized ethnic, spiritual, sexual, or gender identities described a pronounced risk of direct professional and personal harm in response to their disclosure. Jesse would not share their sexual orientation, fearing a potentially non-affirming group leader:

And I don't know if [leader] is affirming. Like he probably is, but I don't know for sure. ... I'm not sure if he is supportive of the LGBTQ community... At this point, he was writing like, you know, letters for internship and doing stuff for that. So I didn't want to take the risk of like jeopardizing my internship. If like, he is not affirming, and me sharing that, like, I don't know, struck a sour chord or something.

Clarissa describes how vulnerability has historically been weaponized against members of her ethnic minority, actively constricting what she shares about with her majority white quasi-supervision group:

... I'm African American. And so like, for the African American community, we've had a lot of trauma and a lot of distrust with certain individuals and certain ethnic groups. And, uh, for me, it's like, you know, being vulnerable is the thing that was kind of detrimental for... my culture... And you're telling these people things about you that are important to you, and you're teaching them how to attack you. And so we don't do that anymore.

Discomfort

Trainees noted that social-related nervousness and intense feelings of vulnerability grew before, during, and after disclosing to the group. Shane described this rush of internalized fear as his disclosure began: “I’m thinking, fuck, shit. Like, all those words in my mind. ...I just don’t love speaking in groups. So I’m like, uh, gosh, all right, here we go.” Mortimer felt nervous after his disclosure: “I don’t think nervous[ness] occurred until after I finished speaking. And then it was more of a nervous of like, okay, How was that received? Like, was that the right decision to share that?” Sanjay commented how nervousness related to others’ reception of his disclosure even impacted his attention capabilities:

There’s probably 30 to 60 seconds where I ruminate and reflect on ‘Okay, what did I just say? Did it make sense? Did I miss something? Did I disclose too much?’ Like that anxiety, rumination piece of like going through everything where I completely missed what the next person says because I’m in my head replaying everything that I just said and analyzing it...

Consequence

This category of themes focuses on the perceived changes occurring once a disclosure is complete. As a result of their personal disclosure and subsequent responses by the quasi-supervision group leader and members, trainees experienced notable and impactful changes to their intrapersonal thoughts, feelings, and desires.

Validation/Invalidation

After completing their disclosure and responses from group members, trainees experienced validation and invalidation to various extents. Validation in this context may be

experienced as the presence of supportive advice and feedback, affirmations, reflected affect, or comforting words, with invalidation experienced as the absence of such.

Validation. Many trainees described feelings of validation after their quasi-supervision disclosure, generated by group members’ non-verbal and verbal communication. Joan noted feelings of validation through non-verbal demonstration of therapeutic contact and supportive body language: “Yeah, that’s probably why I looked at [Student 1] and [Student 2] the most because they were probably the most empathetically engaged with nods and eye contact, and just sensing their body language of like, ‘wow, this sucks.’” Mortimer described how validating it was when another group member responded with a similar experience to his recent disclosure. “I think one person expressed an understanding of how I was feeling and validated those feelings and shared feeling similarly earlier when they were a first year.”

Feelings of validation also came from the quasi-supervision leader; Irene noted how her leader’s comments and subsequent administrative action felt incredibly validating after a disclosure related to potential ethical issues. “[Leader] was helpful with involving [administration] and just making me feel validated... And then also she was just extremely validating about the difficulty of the cases and the level of the trauma and being my first site.”

Dale describes when an instance where his leader’s response generated feelings of validation after feeling invalidated by fellow students:

I think it was the students that chuckled a little bit, and [quasi-supervision leader] was the one who... cued in on how important it was... I remember him looking kind of shocked. Not like shock-shocked but like just slight surprise of ‘oh this is important’... that was really impactful for me. That’s when [quasi-supervision leader] said, something like

‘wow, it sounds like, you know, this was a really important event for you’ or something along those lines.

Invalidation. Conversely, trainees also described feelings of invalidation after verbal and non-verbal group member responses. When fellow students discounted his disclosure and laughed at it, Dale remembered feeling extremely invalidated. Angela describes how a leader’s frustrated responses to her disclosure felt:

And she circled back to what I had said. And later in our one-on-one check-in, or like me and my fourth year and her were in a meeting. And she really laid into me about [my disclosure] ... That felt very invalidating.”

Change in Emotional Intensity

Once their disclosure is complete, the trainees also experienced a change in their earlier, event-related unpleasant/pleasant emotionality. They noted the directionality of this emotional change occurred either positively (increases) or negatively (decreases).

Decrease in Emotional Intensity. A decrease in emotionality after the disclosure was described as dullness, relief, neutrality, or calm. Multiple trainees described feelings of relief, with Valda describing feeling no longer “bottled up anymore.” Sloane described feeling “content” and “peace” with the disclosure, noting she “just felt heard.” Mortimer and Clarissa described simply feeling “better,” while Percival described feeling “a lot more emotionally stable” after his disclosure.

Increase in Emotional Intensity. An increase in emotional intensity may be experienced as an increase in (negative) sadness, annoyance, frustration, or (positive) excitement. Trainees who experienced an increase in emotionality related this change to the emergence of dormant emotions made active through disclosure. After disclosing a family member’s critical health

issue, Valda described how she “got more emotional; it's probably harder to stay emotionally distant at that point.” Mortimer reflected a similar sentiment, noting as he shared his interpersonal disclosure, “it was like the emotions I was communicating kind of came to the surface as I was communicating it.”

Desiring to Move On

Trainees also described simply wanting their disclosure ignored after sharing was complete. This was experienced as the desire for the group to not dwell on their disclosure by not bringing it up in future conversations or outside of the group, moving on to the next person, or transitioning to the next group activity. After disclosing his feeling of social rejection, Mortimer noted a firm refusal of any involvement by group members: “Don't go out with pitchforks and torches and like riot about what happened, but also don't rush to my aid... I don't want to make it seem like I need some triage right now.” Of note, Percival reflected during the member-checking that this experience is only felt by him when strong feelings of vulnerability and discomfort were also present.

Chapter 4: Discussion

This study developed a concise and essential experience of personally disclosing within quasi-supervision groups centering around the major themes of Catalyst, Encouragement, Discouragement, Discomfort, and Consequence. Comparing this phenomenological essence to existing theory and research surrounding the roles and impacts of personal disclosure within supervision, similarities become apparent. Discoverable within the trainees' descriptions of personal disclosure, certain perceived purposes of disclosure match the purposes of personal disclosure defined by certain supervision modalities. Documented conceptualization of groups centering around healing demonstrated a perception, by trainees, of a similar parallel between

supervision and therapy itself (reflected in the presence of psychotherapeutic supervision theories). While the concept of emotional support/healing of a more novice professional was evident in supervision-adjacent mentorship, the healing described by trainees was similar to that expressed within the psychoanalytic (Slavin, 1998, p. 240), Rogerian (Hackney & Goodyear, 1984, p. 283), Relational Cultural Theory (Heinrich, 2019) and narrative approaches to supervision (Bernard & Goodyear, 2009; Parry, 1994). Conceptualizations by many trainees of personal disclosure centered around delivering professional advice support the theoretical belief that supervision should support normalizing academic and professional experiences (Berman & Berger, 2007). Findings of trainees who considered personal disclosures an opportunity to model vulnerability and authenticity support both supervision’s role-modeling goals (Falender & Shafranske, 2021) and relational-cultural theory’s supervision goals of growing these characteristics (Heinrich, 2019). Conceptualizations of personal disclosure centered around growing feelings of group cohesion and belonging parallel group therapy-centered supervision approaches, which consider a trainee’s ability to generate cohesion and belonging within groups key to supervision success (Berman & Berger, 2007; Hayes et al., 2001; Smith et al., 2012). The conceptualizations around personal disclosures being related to growing camaraderie also support the competency-based supervision notion of personal disclosures being critical to rapport development (Falender & Shafranske, 2004). Trainees’ experiences of conceptualizing personal disclosures around reducing distraction from casework support findings by Reichelt et al., (2009) on the case-focused personal disclosure purpose of trainees. Research on supervisees’ resistance to personal disclosure was also supported through findings from this study; trainees’ fear of academic and professional ramifications due to negative evaluation discouraged disclosure similar to that described by Herlihy and Corey (1992, as cited in Pearson & Piazza, 1997). This

study also further validated group quasi-supervision’s resemblance to true supervision in how similarly trainees’ experiences compared to supervision theory’s personal disclosure goals. In addition, while depictions of trainees’ quasi-supervision experiences depict similarities with group-styled mentorship (feedback and emotional support) and consulting (voluntary disclosure, short-term structure, and peer support), these components are not exclusive, being applicable to quasi-supervision as well.

While elements of this study reflect findings from other literature, this study also describes new findings not accounted for within supervision theories. The catalyst of noteworthy emotionality triggering a disclosure and its corresponding change post-disclosure are two findings demonstrating a potential nuance difference between the truly practitioner-focused element of quasi-supervision and client-focused clinical supervision. While supervision literature discusses important considerations regarding supervision of individuals who belong to marginalized, the threat of personal harm related to disclosures was a new finding related to this population. Other stressors felt by the trainee, including striving for emotional composition, likeability, and appropriately vulnerability, are novel and may impact supervision theory development in the future. Consequences of disclosure related to validation or invalidation on behalf of the trainee were also not found in existing supervision literature, nor was the experience by trainees of desiring to simply move on after a disclosure.

Supervision Implications

Based on findings from this study, supervisors should consider the experience of the trainee regarding personal information disclosure. Supervisors who supervise from a modality that does find purpose in personal disclosures may wish to incorporate or augment them toward relief, distraction reduction, and validation purposes. Supervisors may also consider explaining

their defined purpose of personal disclosure to improve trainee understanding surrounding its inclusion. Supervisors should also note the described fears of personal, academic, social, and professional harm by trainees, and may choose to optimize their environment for safety through augmenting the group to reduce risk. Group quasi-supervision leaders may also consider the social discomfort related to disclosures and choose to improve group encouragers toward disclosure, including environmental and interpersonal comfort.

Limitations

Several limitations exist with this research study. First, the sample was only recruited from one graduate psychology program, resulting in a potential absence of experience and common values from other programs that incorporate quasi-supervision. Secondly, all interviews occurred during the summer, months after participants' most recent quasi-supervision experience, which may have limited memory recall of their experiences. Similarly, no administrative limits on recency of reported experience were given to participants; certain participants attempted to recall an experience 2 or 3 years prior and noted difficulty describing the event. Thirdly, while attempts were made to create a diverse sample, most participants identified as white, cisgender, heterosexual, and Christian; experiences of disclosures within quasi-supervision may be missing, given the homogeneity of this study's sample.

Future Research

Given the limitations of sampling, further study should be conducted looking into whether phenomenological findings from this study are shared with other mental health graduate degree programs that incorporate quasi-supervision as a part of their curriculum, including graduate psychology programs and masters-level counseling and therapy programs. Phenomenological investigation into dyadic quasi-supervision settings would also be valuable to

explore, to help isolate the impacts of group dynamic presence as it relates to understanding the experience of personally disclosing. Finally, similarly investigating personal disclosures within true supervision environments, both dyadic and group, would greatly increase our understanding of the differences between these environments from the perspective of the trainee, and can further validate the orientations and theories that guide requests for personal disclosure within supervision settings.

Conclusion

Psychology trainees find value in disclosing personal information within academic group quasi-supervision environments, leading to feelings of validation and relief. These findings match up with common supervision theory, reflecting the values of personal disclosure across a variety of supervision modalities. Of note, trainees also experience ample stress, pressure, and discouragement related to personal disclosures that exist outside the expected outcomes of supervision and generate feelings of discomfort, invalidation, and fears of academic, personal, and professional risk. Care should be taken by supervisors when inviting personal disclosure into their settings to ensure protection of their trainee is maintained and supervision goals are met.

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Appendix A: Phase I Semi-Structured Interview Questions

Demographics

- Name, age, year in course, religious/spiritual identity, ethnicity, gender, sexual orientation

Deeper understanding of “living world”

- How did you find yourself studying psychology? What do you plan to do? Orientation concentration, primary professional focuses, etc ?
- What other experiences as a member in groups (employment, scholastic, etc) did you have before these clinical teams? Motivations? What about as a leader?

Experience of check-in

1. Recall a time when you were asked to check-in and disclosed personal information within an academic clinical team setting.
 - a. [DESCRIBE] Describe the check-in
 - i. Where were you during the check-in?
 - ii. Who were you with? Students? Faculty
 - iii. When did the personal disclosure occur?
 - iv. What do you remember about that check-in?
 - v. Did anything happen before that event worth noting? What about after?
 - vi. What did others say?
 - b. [WHAT] What did you experience during that check-in? (at each touch point)
 - i. How did you feel? (Intentionality)
 1. What emotions did you experience during that personal disclosure?
 2. What desires did you experience during that personal disclosure?

3. What motivating factors did you experience during that personal disclosure?
 4. What were you worried about?
 5. What do you do when you feel _____?
 6. Did you feel any body sensations during that personal disclosure?
 7. Did you do any bodily actions during that personal disclosure?
- ii. What was the experience like emotionally? Physically?
 - iii. What was the check-in experience like for you? How would you define it? (positively?)
 - iv. What do you feel now, reflecting on the check-in?
 - v. How did you experience disclosing to the leader?
 - vi. How did you experience disclosing to the audience of fellow students?
 - vii. Did you discuss this disclosure with anyone else outside of the team?
- c. What about you makes the check-in give you that experience?

FURTHER QUESTIONING

- d. You mentioned that you had [this feeling]. Can you describe what you mean by [this feeling]?
- e. [Imagination questions] What if _____?
- f. How are the two experiences different?

Appendix B: Phase II Member Checking Questionnaire

Title: Follow-up Survey on Personal Disclosure During Check-ins

Thank you for your continued involvement with this study on personal disclosures within clinical team supervision check-ins.

This final involvement by you should not take more than 10-15 minutes to complete. Please complete by Friday, August 26, 2022. By completing this survey, you will have the opportunity to win a \$25 Visa Gift card via raffle.

Part of this project's goal is to create a description of this *personal disclosure during a check-in* experience that accurately describes the essence of what a trainee (you) experiences. The difficulty of phenomenological study (which this dissertation is based on) is determining which described aspects of an experience are essential to the experience as a whole and which are individual, isolated aspects.

This is where you come in.

I will present to you a summarized description of the personal disclosure experience, created through interviews with sixteen students (including yourself). It includes emotions, motivations, and desires felt by you during a check-in disclosure. Please share your feedback on my description.

What is the experience of a student disclosing personal information within a clinical team check-in experience?

Please review the following description and answer the question below:

The trainee first experiences both internal and external catalysts which lead to personal disclosure in clinical teams. Noteworthy unpleasant or pleasant feelings of emotional intensity, often experienced as stress, distress, chaos, grief, and/or excitement, are initially felt by the trainee related to recent events. Insistence for personal disclosure, experienced by the trainee as personal questioning by others or indirect institutional/social pressure, serve as additional catalysts. Internalized conceptualizations of the purpose of personal disclosures in clinical teams further catalyze sharing by the trainee. Centered around general, overarching goals of clinical team, these conceptualizations focus the purpose of disclosure on professing/reducing event-related distractions, practicing/modeling the therapeutic characteristics of authenticity and vulnerability, or delivering professional, academic, social, or emotional support to themselves and others.

Once a trainee’s personal disclosure is imminent due to these catalysts, they are encouraged to deepen disclosure due to sensed environmental comfort, intrapersonal comfort, and interpersonal camaraderie and fondness with the group members or leader. Environmental comfort, orchestrated by the leader, can include atmospheric warmth, group size appropriateness, and a lack of pressure for the trainee to overshare or limit time spent disclosing. If the disclosure topic centers around common sense, shared, or previously introduced topics, intrapersonal comfort may develop which further leads to deeper disclosure.

Interpersonal, evaluative, intrapersonal, and harm stressors, experienced by the trainee concurrently limit disclosure depth. Interpersonal stressors around desiring group belonging, reducing harm/offense of group members, and sharing group time lead to restricted disclosure. Personal disclosure is further lessened by academic/professional evaluative fears, as well as intrapersonal stressors focused around appearing likeable, professional, respectful, emotionally

composed, and environmentally appropriate regarding vulnerability. Fear of harm related to gossip or marginalized social/ethnic factors further reduce level disclosure depth.

As the trainee begins to disclose to the group, they experience nervousness, social anxiety, and strong feelings of vulnerability. Once their disclosure is complete, the trainee experiences a change in their earlier described unpleasant or pleasant emotionality, either increasing or decreasing in intensity. The trainee will also experience feelings of validation and/or invalidation as a result of group response. Finally, the trainee desires a lack of lingering attention on their disclosure by group members.

Q1. Based on how you experience personal disclosures within clinical team check-ins, are there any aspects of the description that are not accurate to your experiences during any check-in in which you personally disclose?

[Long answer text]

Q2. Based on how you experience personal disclosures within clinical team check-ins, are there any aspects of the description that are missing from how you experience any check-in in which you personally disclose?

[Long answer text]

Q3. Is there anything else we should know related to how this description accurately describes the experience of personal disclosures within clinical team check-ins from your perspective?

[Long answer text]

Appendix C: Informed Consent for Participants

Thank you for participating in this study on personal disclosures through clinical team "check-in's". The purpose of this study is to understand how psychologists-in-training experience personal disclosures during academic clinical supervision groups.

I understand that my participation in this research project is voluntary and that I can withdraw from the project prior to the analysis of the data without penalty. I understand that participation will consist of an initial interview with a follow-up questionnaire, each of which could take up to one hour. Upon completion of the initial interview, participants will receive an optional \$10 Starbucks Gift Card, sent to the participant's email address. Participants who complete the follow-up questionnaire will optionally enter a raffle to win one \$25 VISA gift card, sent to the participant's email address after completion of all questionnaires.

I understand that audio from the interviews will be recorded for the purpose of transcribing and analyzing responses. If video conferencing services are used for the interview, I understand there may be limits to privacy and confidentiality.

I understand that this material will be used solely for Aaron Stusser’s (investigator) Doctoral Dissertation and may be published in a scholarly journal. I further understand all data will be kept confidential with only the investigator of this research, and a faculty advisor having access to the interview information. The only demographic information that may be published will be gender, ethnicity, religion, sexual orientation, academic year, and age. There will be no reference to my name on any of the research material or public indication that I participated in this project. I further understand that the investigator is required by state law to disclose any report of suicidality, homicidality, or abuse of a child or elder. I understand that I may contact

Dr. Kathleen Gathercoal (XXX-XXX-XXXX) or Aaron Stusser (XXX-XXX-XXXX) if I have questions or concerns about my participation in, or any part of, the research project.

I agree to participate in the research project, under the terms noted above.

Please type your name

[Type name]

To receive a \$10 Starbucks Gift Card, please share your email address

[Email Address]