11-21-2019

Supervisory Working Alliance as a Predictor for Counselor Burnout: The Potential Mediating Role of Supervisee Nondisclosure

Amanda Bohnenstiehl
University of Missouri-St. Louis, akb7x9@mail.umsl.edu

Supervisory Working Alliance as a Predictor for Counselor Burnout:
The Potential Mediating Role of Supervisee Nondisclosure

Amanda K. Bohnenstiehl

M.A. Community Counseling, Loyola University Chicago, 2009
B.S. Psychology, University of Illinois at Urbana-Champaign, 2007

A Dissertation Submitted to The Graduate School at the University of Missouri-St. Louis
in partial fulfillment of the requirements for the degree
Doctor of Philosophy in Education with an emphasis in Counseling

December 2019

Advisory Committee

Susan Kashubeck-West, PhD
Chairperson

Mary Lee Nelson, PhD

Elizabeth Holloway, PhD

Rocco Cottone, PhD

Acknowledgements

I would like to thank several people who supported me and the production of this dissertation. First, my advisor, Dr. Susan Kashubeck-West. Thank you for contributing your skills in research, writing, statistics, and for your emotional support throughout this time. Thank you to Dr. Mary Lee Nelson, another professor, mentor, and committee member, for your never-ending wisdom on supervision and support both professionally and personally. Thank you to committee member Dr. Elizabeth Holloway for your expertise in supervision and willingness to participate long distance. To committee member Dr. Rocco Cottone, thank you for your keen contributions to this project and support of my writing.

Thank you to the supervisors, supervisees, colleagues, and clients I have worked with thus far in my career for inspiring this study. To the participants, thank you for bringing it to life.

Finally, thank you to my personal support system. Dr. Sara Carpenter, thank you for your friendship and positivity throughout this doctoral experience; I would not have wanted to do it any other way than with you by my side. To my partner, Dr. Jack Bittner, thank you for the love and support you show me every day; I love our life together. And to my parents, Richard and Theresa Bohnenstiehl, you have been my consistent cheerleaders, counselors, and friends. Thank you for supporting my education and training all of these years; it has meant everything to me.

Abstract

Clinical supervision sometimes lacks the elements necessary for a rigorous, helpful, and meaningful experience for the supervisee. The purpose of this study was to examine the relationships between the supervisory working alliance, supervisee nondisclosure (i.e., when a supervisee does not communicate information that would otherwise be shared with the supervisor), and counselor burnout, specifically in a sample of counselors, social workers, and psychologists pursuing their original state licenses. Nondisclosure was examined to determine if it was a mediator of the relationship between the supervisory working alliance and burnout. Participants ($n = 288$) completed a demographic questionnaire, the supervisee form of the Working Alliance Inventory (Bahrick, 1989), the Disclosure in Supervision Scale (Gunn & Pistole, 2012), and the Maslach Burnout Inventory-Human Services Survey (Maslach, Jackson, & Leiter, 1997). Final analyses showed that supervisee nondisclosure did not mediate the relationship between the supervisory working alliance and burnout. However, the supervisory working alliance predicted nondisclosure ($\beta = -.73$, $p < .001$) and burnout ($\beta = -.41$, $p < .001$). Other major findings involving the various subscales of working alliance and burnout are reported and discussed; these have implications for future research, clinical supervision, and training. Limitations are also discussed. The supervisory working alliance seemed to be of utmost importance to developing counselors' experiences as they pursued their state licenses.

TABLE OF CONTENTS

CHAPTER ONE: INTRODUCTION

The supervision experience in counseling is meant to be an intentional, dynamic, and helpful service for the clinician in training. It is designed to be more than a formality, more than an item on a checklist to complete in order to one day practice counseling independently. Unfortunately, in my experience, too many supervisors and those seeking supervision seem to conceptualize it in this way. Perhaps either person in any supervision dyad has deeper intentions at any point in their work together, but because of different factors, things can go awry. For example, the supervisory relationship may suffer if one is not putting in effort, or the supervisee may not disclose needed information. Both of these factors have the potential to lessen what the experience could have been otherwise. This can lead to potentially detrimental outcomes, such as counselor burnout. This combination of a poor supervisory alliance, nondisclosure of important information, and burnout would not make for a meaningful, helpful supervisory experience for the counselor in training.

Studies on various clinical supervision variables and related factors have been established as highly relevant to the field of counseling (Falender, 2014; Falender, Shafranske, & Ofek, 2014; Watkins, 2014). Bordin transformed his concept of the working alliance between counselor and client (1979) into the supervisory working alliance (1983), which is now the most studied construct in supervision literature, to date. It has been examined in relation to counselor self-efficacy (Efstation, Patton, & Kardash, 1990), supervisee satisfaction with supervision (Ladany, Ellis, & Friedlander, 1999), client outcomes (Bell, Hagedorn, & Robinson, 2016), and much more. Two supervisee-related variables of interest, supervisee nondisclosure in supervision and counselor

burnout, have been moderately explored in relation to the supervisory working alliance. Relationships among supervision and counselor variables have meaningful implications for supervisors aiming to provide quality supervision and new counselors aiming to receive the same. This study addressed the problem of ineffective or unhelpful supervision by highlighting the importance of the relationships among the supervisory working alliance, supervisee nondisclosure, and counselor burnout for the developing counselor.

Supervisory Working Alliance

One cannot study counseling supervision, particularly the supervisee's experiences in and as an outcome of supervision, without starting with the supervisory working alliance. The importance of the alliance's relationship to supervision outcomes is highly evident (Falender, 2014; Patton & Kivlighan, 1997). Its foundation, the working alliance in therapy between counselor and client, has become very important in psychotherapy research, shown to predict client outcomes and studied in relation to many other counseling-related variables (Bell et al., 2016; Falender, 2014; Horvath & Symonds, 1991). While theory, strategies, and techniques are important, little surpasses the therapeutic alliance when it comes to success in therapy. It has been defined in many different ways, always with Bordin's (1979) original components in the definition. Bordin developed the construct and described three necessary factors of the working alliance: (1) agreement on goals, (2) agreement on tasks required for goal attainment, and (3) a relational bond between partners. Sackett and Lawson (2015) further described these domains. Clients typically approach therapy to alleviate stressors and reach goals in their lives, rather than, say, pursue self-reflection. The task domain involves the direction

and focus therapy will take, the approach of the counselor, and what will be expected of each person. Bordin (1979) highlighted the importance of the counselor explicitly linking the tasks to the goals and gaining agreement on each. In order for these two domains to be achieved, the bond, or the relationship, must also be effectively established.

Bordin transformed the working alliance between client and therapist (1979) into the construct of the supervisory working alliance, applying the same rationale of the alliance between client and counselor to the relationship between counselor and supervisor (1983). It provided the field of counseling with an overall construct able to capture the sometimes complicated and nuanced relationship between supervisor and supervisee as well as a foundation for measuring the effectiveness of both counseling and supervision (Ladany, 2004). Bordin (1983) operationalized goals, tasks, and the bond in supervision. The eight goals for the supervisee include: 1) mastery of specific skills, 2) enlarging one's understanding of clients, 3) enlarging one's awareness of process issues, 4) increasing awareness of self and impact on process, 5) overcoming personal and intellectual obstacles toward learning and mastery, 6) deepening one's understanding of concepts and theory, 7) providing a stimulus to research, and 8) maintaining standards of service. In supervision, there are three overall tasks to achieve: 1) coaching the supervisee on their work with clients so as to expand their repertoire, via oral or written report of work with clients, 2) objective observation such as with audio or video recordings, and 3) supervisee selection of clinical problems or issues for presentation during supervision sessions. Completion of the three tasks are the means by which the eight goals are achieved. Lastly, Bordin likened the bond necessary in supervision to that between a player and a coach in terms of respect and modeling. He acknowledged that

the evaluative and gatekeeping component of supervision (as opposed to a lack thereof within the clinical relationship) can be a threat to the bond. He wrote, "All of this makes the trust necessary for confronting one's innermost experiences and its impact on therapy a not easily attained state" (p. 38). Given this added feature of the power differential, the supervisor must incorporate behaviors such as flexibility, transparency, and warmth in order to achieve a strong rapport (Ladany et al., 2013). Just as the counseling alliance is a complicated relationship with many features contributing to its effectiveness, the supervisory alliance is complex, leaving room for problems to arise.

Research on the supervisory working alliance has examined it explicitly in terms of problems, such as "harmful supervision." Other times, it has been examined more broadly in order to understand more about what contributes to a weak or strong alliance or what a weak or strong alliance may then produce. Patton and Kivlighan (1997) found that clients' perceptions of the working alliance in counseling were related to their counselors' (i.e. student trainees) perceptions of their working alliances with their supervisors. Ladany et al. (1999) surveyed counseling students, finding that the supervisory working alliance was not predictive of counselor self-efficacy but that the supervisory bond was associated with greater supervisee satisfaction with supervision. Lastly, Ramos-Sanchez et al. (2002) explored relationships among supervisee developmental level, the supervisory working alliance, attachment to supervisor, and negative events in supervision. Using student participants, the results indicated a positive relationship between their developmental levels and the strength of the supervisory working alliance. Each of these studies, among the majority of others on the supervisory working alliance, were conducted with graduate student trainees as participants.

Recently, Watkins (2014) reviewed the literature on the supervisory working alliance and called for improved methodological procedures, such as avoiding convenience samples of trainees or students actively in clinical programs during data collection. Of the 40 studies Watkins reviewed, the vast majority of them (34) used graduate students as participants, which Watkins said limits understanding of the supervisory working alliance to that group, rather than to clinicians in the workplace. The latter is something that is missing from the existing literature and should be investigated in order to increase understanding of the supervisory working alliance among a wider population of clinicians. Watkins (2014) wrote, "The evaluation of supervision and alliance impact in work sites outside the university setting is quite limited, with only six workplace studies being included in this dataset. Workplace investigations are sorely needed for our understanding of alliance to advance" (pp. 46-47). Watkins's other main issues with supervision research included studies on the supervisory working alliance using mostly correlational designs, lacking randomization, lacking the perspective of the supervisor, and not studying the supervision process or alliance at different points in time. Watkins concluded that there is much room for furthering research in this area due to these limitations, saying that any improvement in methodology from what already has been accomplished would be forward movement (Watkins, 2014). The current study addressed Watkins's concern with trainee participants by using only counselors who have graduated from master's training programs.

As noted earlier, the supervisory working alliance drives the supervision experience and has been a central variable studied in supervision research. It has been examined from multiple directions, from what makes it stronger or weaker (as a criterion

variable) to outcomes associated with stronger or weaker alliances (as a predictor variable). In the current study, it was used as a predictor variable and could shed important light on the supervision and overall work experiences of counselors. This study aimed to further understand the importance of a strong supervisory working alliance to a counselor's development. More specifically, this study focused on supervisee nondisclosure and counselor burnout as factors connected to the supervisory working alliance. To take it a step further, this study asked if supervisee nondisclosure helped to explain why counselor burnout was related to the supervisory working alliance.

Supervisee Nondisclosure

In order for supervisors to promote achievement of the goals of supervision and engage in the necessary tasks as identified by Bordin (1983), supervisees must disclose information about their clients, themselves, and the supervisory process (Ladany, Hill, Corbett, & Nutt, 1996). Disclosure can be defined as a supervisee verbally communicating that information to the supervisor, whereas nondisclosure occurs when a supervisee does not communicate information that would otherwise be shared with the supervisor. Disclosure in supervision is critical, as clinical work is likely to suffer when there is nondisclosure (Farber, 2006). If the supervisee is not informing the supervisor of critical information regarding their work with clients, any number of additional problems could arise, such as the supervisee not receiving support in working with difficult clinical presentations. Nondisclosure in supervision has been examined almost entirely in terms of content (i.e., which information supervisees are not disclosing) and reasons for it occurring. A greater understanding of nondisclosure can contribute to an awareness of

common experiences for counselors in supervision as well as how nondisclosure relates to the supervisory working alliance and outcomes for counselors.

There are several known content themes of what supervisees are not disclosing to supervisors. These are largely quantitative studies in which participants endorsed categories of what they have withheld during supervision, not the specific content. Both Ladany et al. (1996) and Yourman (2003) found in counseling trainees that negative reactions to the supervisor or problems in the supervisory relationship were the most often withheld information, whereas Yourman and Farber (1996) found in student counselors that perceived clinical errors were the most frequently nondisclosed. Examples of negative reactions or relationship issues could include chronic disagreement on how to proceed with a client or feeling judged or over-criticized by one's supervisor. Ladany et al. (1996) also found that a commonly nondisclosed concern was dissatisfaction with their work settings, a condition they suggested could increase learned helplessness and burnout (Savicki & Cooley, 1987). Some additional examples of important disclosures to make include evaluation concerns, negative reactions to clients, and successes with clients (Ladany et al., 1996). Supervisees may receive guidance or reinforcement for their work experiences from non-supervisory sources, such as peers or co-workers. However, it could be critical that they are not receiving such from their primary mentor when it comes to these types of disclosures. Disclosure of frustrations with clients as well as successes with clients, for example, heavily contribute to a supervisor's understanding of a supervisee's thought processes in order to not only evaluate them but to continue guiding them effectively in their future clinical scenarios.

There are several different reasons supervisees have reported that they have withheld information during supervision. Some frequent reasons include perceived unimportance of the disclosure, belief that the issue is too personal, and fear of negative evaluation (Hess et al., 2008; Ladany et al., 1996; Mehr, Ladany, & Caskie, 2010; Yourman & Farber, 1996). Yourman (2003) used 4 case studies of supervisory dyads to examine the emotion of shame as it contributed to incidents of nondisclosure. "Because shame is an affect that often provokes a desire to hide oneself, it follows that supervisees experiencing more shame will be less likely to be forthcoming, especially about material that might be viewed negatively by their supervisors" (p. 601). Some additional reasons for nondisclosure include deference (i.e., believing it is not one's "place" to bring something up), impression management (i.e., avoiding being perceived as "negative"), political suicide (i.e., fear of workplace authorities blocking future opportunities), or considering the supervisor incompetent (Ladany et al., 1996). Some of these reasons listed may very well be more of a function of supervisees in and of themselves, separate from the supervisory relationship. It is known, though, that many reasons for nondisclosure are often linked to the relationship with the person to whom supervisees are not disclosing.

Two factors found to contribute to nondisclosure in supervision are role conflict and role ambiguity. Role conflict occurs when a supervisor requires a supervisee to engage in behaviors that are incongruent with their personal judgment or to engage in multiple roles that require opposing behaviors (Olk & Friedlander, 1992). For example, when supervisees are expected to disclose areas of weakness in order to improve their skills while concurrently presenting themselves as competent for the purpose of

evaluation, their roles conflict. Role ambiguity occurs when supervisees are unclear about the expectations in supervision (Ladany & Friedlander, 1995). For example, supervisees may be unclear on the extent to which personal issues are appropriate to disclose to the supervisor. Olk and Friedlander found that student counselors who reported such difficulties reported greater work-related anxiety, general work dissatisfaction, and dissatisfaction with supervision.

As Bordin (1983) identified, it is the supervisor's role to explicitly orient the supervisee to the tasks of supervision, including those that related to disclosure, thus reducing role ambiguity. It should not be simply expected for trainees to appropriately disclose. It is the supervisory bond that is meant to create trust and reduce fears leading to nondisclosure. Worthen and McNeill (1996) would likely agree that these supervisor orientation behaviors would facilitate their themes of a "good supervision experience." A good experience, as defined by Worthen and McNeill (1996), is when a supervisory relationship is experienced as empathic, nonjudgmental, and validating, with encouragement of the supervisee to explore and experiment. For instance, the dyad may discuss the supervisee trying new and varied techniques with clients to see if they work. In addition, in good supervision, the supervisee's struggle is normalized, and there is a sense of freeing consisting of reduced self-protectiveness and increased receptivity to supervisory input. There is also nondefensive analysis, a collaborative exercise within the dyad of examining the effectiveness of counseling work without either supervisor or supervisee becoming defensive or resistant to change. Good supervision both depends on and promotes supervisee disclosure.

When good supervision is in place, good outcomes result (Worthen & McNeill, 1996). The supervisee will have strengthened confidence, a refined professional identity, an expanded ability to conceptualize client dilemmas and intervene, and a strengthened supervisory alliance. These good supervision experiences and outcomes could be conceptualized as both what leads to a more positive supervisory working alliance as well as what would foster more disclosure in supervision. Additionally, Hess et al. (2008) suggested that the supervisor's awareness of the developmental stage of the supervisee may help to assess the comfort level of the supervisee and facilitate optimal disclosure. The supervisor must welcome expression of errors and difficulties without these disclosures being interpreted as the sum of the supervisee's professional experience (Nelson, Barnes, Evans, & Triggiano, 2008). These supervisor actions lead to a stronger alliance, which leads to more disclosure and vulnerability. This improves the supervision experience and in turn, strengthens the alliance further.

Four studies were found to have measured the constructs of the supervisory working alliance and supervisee nondisclosure. Webb and Wheeler (1998) found a positive correlation between the quality of the supervisory working alliance as experienced by the supervisee and the extent of his or her disclosure in a sample of counseling students training in psychodynamic theory. Mehr et al. (2010) examined the supervisory working alliance and nondisclosure in counseling students who reported an average of about 3 nondisclosures occurring in a single supervision session with the most common nondisclosure involving a negative supervision experience. Mehr et al.'s participants' perceptions of a better supervisory working alliance were related to less nondisclosure and a greater overall willingness to disclose in supervision. Likewise,

Ladany et al. (2013) found among both students and graduated counselors that a weaker supervisory relationship was negatively related to supervisee disclosure. In addition, supervisees reported less nondisclosure in supervision with their "best" supervisors as compared to their "worst" supervisors (Ladany et al.). Lastly, Mehr et al. (2015) discovered in doctoral counseling students a relationship between a strong supervisory working alliance and a higher willingness to disclose. On another note, in a qualitative study by Sweeney and Creaner (2014), six post-degree counselors were interviewed and illustrated that the quality of the supervisory working alliance was "significant" to their nondisclosures. Participants identified both helpful (e.g. feeling safe) and hindering (e.g. feeling unsafe) aspects of the relationship in relation to their own disclosure.

Thus, the theoretical connection between the supervisory working alliance and supervisee nondisclosure is supported by several empirical studies on these constructs. Nondisclosure could be detrimental to the supervisee's experience in supervision and thus, to their experience as a counselor overall. Nondisclosure is both predicted by a weaker supervisory working alliance and also prevents an alliance from improving, since information about a need to strengthen the alliance is often withheld. Content of and reasons for nondisclosure are known; outcomes of nondisclosure are largely unknown at this time. The present study examined a suggested outcome of nondisclosure, counselor burnout, which is also known to be an outcome commonly associated with a weaker supervisory working alliance.

Counselor Burnout

Lawson (2007) wrote, "Counselors who are unwell (stressed, distressed, or impaired) will not be able to offer the highest level of counseling services to their clients,

and they are likely to begin experiencing a degradation of their quality of life in other domains as well (physical, social, emotional, spiritual, etc.)" (p. 20). Maslach (2003) noted that the distressed counselor typically exhibits decreased empathy, dehumanizes clients, and behaves in a less professional manner, such as frequent tardiness. Counselor wellness is highly important to the field of counseling, as it has direct implications for clients. Counselor wellness could be considered the counterpart to counselor burnout, since burnout can be defined as a "psychological syndrome" or state of being characterized by three dimensions of emotional exhaustion, depersonalization, and diminished feelings of personal accomplishment (Maslach, Jackson, & Leiter, 1997, p.192). Emotional exhaustion occurs when clinicians feel unable to give psychological energy to their work due to depletion of emotional resources (also described as "worn out," "depleted" or "fatigued"). Depersonalization is at play when one is having a callous view of clients or losing empathy for them (also described as "inappropriate attitudes toward clients" or "irritability"). Lastly, reduced personal accomplishment feelings are characterized by evaluating one's work with clients negatively or not feeling happy with their work performance (also described as "withdrawal," "low morale," or "inability to cope"). Maslach et al. (1997) identified that their multidimensional conceptualization of burnout is important as it adds to the individual experience of emotional exhaustion which is the closest of the dimensions to the historical construct of "stress." Response to others (depersonalization) and response to self (personal accomplishment) are key additions to the overall burnout construct. "Our analysis of burnout...is that it is an individual stress experience embedded in a context of complex social relationships and that it involves the person's conception of both self and others" (p. 204).

A focus in the literature on burnout regards what is associated with preventing or relieving burnout. Maslach, Schaufeli, and Leiter (2001) reviewed counselor burnout literature and identified a theme of "community" as a buffer for burnout, in that when people are positively connected to others in the workplace, they feel the social support needed to prevent burnout. A shared sense of values and low levels of unresolved conflict contribute to this positive connection. One could consider a counselor's supervisor to be a necessary member of that very community.

Due to the nature of a counselor's work, being in considerable contact with intense psychological dynamics, counselors are vulnerable to burnout due to compassion fatigue (Figley, 2002) and vicarious traumatization (Pearlman & Saakvitne, 1995). *"Compassion fatigue, like any other kind of fatigue, reduces our capacity or our interest in bearing the suffering of others"* (Figley, 2002, p. 1434). Dutton and Rubinstein (1995) identified that vicarious traumatization in trauma workers can lead to a decreased use of supervision and increased isolation. Counselors experiencing compassion fatigue and vicarious traumatization need to turn to their community for support to prevent burnout. As Thompson, Frick, and Trice-Black (2011) identified, supervisor promotion of self-care in the supervisee could make all the difference in promoting counselor resilience. Their sample of counselors in training reported that it was influential to them when supervisors directly (i.e., specific self-care check-ins) and indirectly (i.e., modeling self-care) addressed counselor burnout and self-care in supervision. The field of counseling is clearly interested in what is related to burnout, perhaps in promotion of educators, employers, and supervisors becoming more mindful in their approaches with their students, employees, and supervisees.

Constructs related to burnout, such as job satisfaction and workplace turnover, increase the importance of examining counselor burnout and informed implications for the current study. Job satisfaction is a burnout-related construct consistently present in the literature. Overall, job satisfaction and burnout have been found to be two of the strongest predictors of both intention to leave social service positions and actual turnover (MorBarak, Nissly, & Levin, 2001). Sangganjanavanich and Balkin (2013) surveyed counselor educators and found that the experience of emotional exhaustion burnout predicted job dissatisfaction in the sample. Notably, employee turnover in social services has been linked to supervision. Studies show that when supervision is not perceived as supportive, low morale, job dissatisfaction, and high turnover are found as well (Kadushin & Harkness, 2002). Himle, Jayaratne, and Thyness (1989) concluded that supervisory support assists in reducing counselors' psychological stress, job dissatisfaction, and burnout. Lastly, Livni, Crowe, and Gonsalvez (2012) found in a sample of substance abuse counselors that more effective perceived supervision and a stronger supervisory alliance were associated with lower levels of burnout and higher levels of well-being and job satisfaction. Counselor burnout is clearly related to job satisfaction and the supervisory relationship with implications for both counselors and employers. This study aimed to determine predictive factors for burnout, which could assist with preventing job dissatisfaction and workplace turnover.

Some researchers have focused on internal dynamics of counselors that lead to burnout, such as personality (Bakker, Van Der Zee, Lewig, & Dollard, 2006; Lent & Schwartz, 2012), coping ability (Thompson, Amatea, & Thompson, 2014), and perfectionism (Moate, Gnilka, West, & Bruns, 2016). However, burnout also seems to be

rooted in the external environment of the counselor. It stands to reason that if all counselors are working with intense psychological dynamics in their clients, then the unique features they experience in their environments, such as fluctuations in their alliances with supervisors, can make a considerable difference in whether or not they develop burnout as well as levels of burnout.

Maslach (2003) identified several environmental variables that lead to counselor burnout: work overload, lack of control, unsupportive (or unhealthy) work peers, and ineffective (or punitive) supervisors. As mentioned, the latter predicts decreased supervisee disclosure as well. When supervisors punish supervisee behavior but do not teach or guide effective counselor behavior, this damages the supervisory working alliance and punishes disclosure while reinforcing nondisclosure. Thus, it is suggested that a supervisee struggling with the supervisory alliance is less likely to disclose in supervision and more likely to develop burnout.

Several studies have findings pertaining specifically to the supervisory working alliance and counselor burnout. Mena and Bailey (2007) found strong negative correlations between supervisory rapport and burnout (i.e., emotional exhaustion and depersonalization) among social service workers. Gnilka, Chang, and Dew (2012) and Sterner (2009) found in master's level trainees that as supervisees' perceptions of the supervisory working alliance increased, their perceptions of work-related stress decreased. In a large sample of substance abuse counselors, Knudsen, Roman, and Abraham (2013) found that counselors' commitment to their organization or to the mental health field mediated the relationship between perceptions of the supervisory working alliance and emotional exhaustion; as the alliance was stronger, commitment

was also stronger, predicting lower levels of burnout. Thus, it is known from the research that there is a relationship between the quality of the supervisory working alliance and levels of burnout.

Maslach and Leiter (1997) described a protective factor for burnout: engagement. They reconceptualized the definition of burnout as an erosion of engagement with the job. More specifically, what began as meaningful and challenging work transforms into something unpleasant and unfulfilling. The counselor becomes exhausted, cynical, and thus, ineffective, none of which lend themselves to the notion of engagement, which requires energy and efficacy. Engagement is in direct opposition to the three burnout dimensions of emotional exhaustion, depersonalization, and diminished feelings of personal accomplishment. Thus, less emotional exhaustion and depersonalization along with a higher sense of personal accomplishment means a person is more engaged. "Engagement provides a more complex and thorough perspective on an individual's relationship with work" (Maslach, Schaufeli, & Leiter, 2001, p. 416). Engagement is the antithesis for burnout. The current study suggested that a supervisee who is disclosing more or risky information in supervision is a more engaged counselor and therefore, is less likely to exhibit burnout. When a counselor pulls back from intricate and meaningful interaction or dialogue with their supervisor, they have disengaged, and burnout becomes more and more likely. Continuing to engage in supervision could be a buffer that prevents overall work-related disengagement or burnout on the part of the counselor.

Nondisclosure as a Potential Mediator

Research has shown links between the supervisory working alliance and supervisee nondisclosure as well as links between the supervisory working alliance and

counselor burnout. What was unknown was whether there was a link between nondisclosure and burnout. Ladany et al. (1996) explicitly acknowledged the potential implications of nondisclosure in supervision on burnout by citing Savicki and Cooley (1987) briefly, in their discussion. Savicki and Cooley (1987) commented that nondisclosure of work environment dissatisfaction could lead to learned helplessness and counselor burnout. Savicki and Cooley (1982) reviewed literature on burnout and its implications for counselor educators. They offered suggestions to avoid burnout including use of social supports, such as supervision provided by an organization. This kind of support may not prevent burnout, however, if professionals are hesitant to disclose their feelings because they believe they "ought not to feel that way" (p. 416). For example, counselors may have negative feelings toward a client, which can lead to feeling isolated, unappreciated, and guilty. Alternatively, lower burnout should be seen in counselors who express their feelings and share with their colleagues (Maslach, 1976). Savicki and Cooley (1982) said that workers with confidence in their leadership and effective, communicative supervision are less likely to burn out. Difficulties with role conflict and role ambiguity, which have ties to the supervisory working alliance and to nondisclosure, lead to experiences that foster counselor burnout (Olk & Friedlander, 1992). Thus, the solution for such a problem involves supervisors attempting to prevent experiences of role conflict and ambiguity in the first place as well as remedying such along the way.

Gunn and Pistole (2012) studied attachment, disclosure, and the supervisory working alliance in counseling students. They determined that trainee attachment security to their supervisor was positively associated with rapport in the supervisory alliance (i.e.,

bond) and client focus (i.e., tasks/goals). Additionally, the relationship between attachment security and supervisee disclosure was fully mediated by the supervisory working alliance. Thus, the quality of the alliance explained why level of attachment predicted disclosure. Much of Gunn and Pistole's support for supervisor attachment security in the model had to do with trainees seeking increased support from their supervisors when under extreme stress. When supervisors responded effectively to attachment cues, trainee security was reestablished and learning and work behavior reactivated. "By validating or normalizing trainees' reactions, the supervisor provides the safe-haven soothing and secure-base guidance functions that mitigate anxiety, quiet attachment issues, enhance bonding, and facilitate continued disclosure" (p. 235). The supervisor should monitor the trainee for increasing stress resulting from any suppression of the attachment system. This study's conclusions suggest that there is a plausible rationale for linking levels of disclosure and stress in the counselor. Counselors may speak about stress or burnout specifically with their supervisors, thus providing an avenue for relieving such, or they may experience a decrease in stress simply by disclosing and processing various experiences of stress related to their overall work experiences. This disclosure is more likely to occur within dyads that have stronger supervision alliances (Gunn & Pistole, 2012).

Gunn and Pistole's (2012) data add to a rationale for a new model involving the supervisory working alliance, supervisee nondisclosure, and counselor burnout. Reactivated work and learning behavior, as facilitated by responsive supervisors, could be likened to the notion of engagement suggested by Maslach and Leiter (1997), which remedies burnout. Bordin's (1983) first identified task in supervision involves the

supervisee orally presenting information to the supervisor, as an imperative part of forming the supervisory alliance. Bordin acknowledged the trust necessary in order to establish such an alliance, given the evaluative nature of the relationship. The evaluation piece of supervision can contribute to fear leading to nondisclosures. If a supervisee does not bring important topics to supervision, then mistakes could be made, which could then lead to lower supervisee evaluations. This transactional cycle would reinforce the fear the supervisee was already feeling, thus possibly promoting more nondisclosure. In order to stop the cycle, supervisors need to generally strive for strong working alliances with their supervisees, and specifically, address ruptures in the alliance as needed.

An empirically-supported link between supervisee nondisclosure and counselor burnout has not been established in the literature. Given that a lot of information is known about what leads to nondisclosure and what leads to burnout, it makes sense to examine whether nondisclosure could explain why weaker alliances lead to more burnout. It stands to reason that if a supervisee does not feel in alliance with their supervisor nor feel emotionally bonded to them, that they would engage in nondisclosures. These nondisclosures would leave the counselor without the social support they need, specifically from their clinical leadership, increasing the likelihood of experiencing burnout. Counselors may get social support from other sources but it would not be from the person who is meant to provide it on a reliable basis, who is meant to have the skills to guide their development. Feeling one cannot be transparent or honest with their supervisor could lead to bitterness and resentment, and thus, burnout.

Purpose of the Study

The purpose of this study was to replicate and examine whether there was a link between the supervisory working alliance and counselor burnout in the current sample. The study also examined whether there was a link between supervisee nondisclosure and counselor burnout. Additionally, this study investigated whether nondisclosure mediated the relationship between the supervisory working alliance and burnout. Of particular interest was the influence of the quality of the supervisory relationship on counselors who had graduated from master's programs and were actively seeking or had recently obtained state licensure as a professional counselor. To date, the overwhelming majority of supervision studies have been conducted with counseling students in master's or doctoral level training programs. This study addressed this methodological issue by going outside of the typically used student sample, which will increase our understanding of supervision experiences of post-graduate clinicians.

Counselors in the workplace who are pursuing or who have recently obtained their state licenses have recent supervision experiences. They are generally required to meet weekly with their supervisor, for one hour, and there is meant to be rigor to this experience, as the licensure supervisor ultimately approves or disapproves someone to do clinical work without supervisor oversight. Licensure supervisees tend to be in the earlier years of their careers, although not necessarily. Understanding their experiences can promote intentionality within this integral stage of a counselor's development. Results of this study shed light on whether nondisclosure in supervision is something both supervisors and supervisees should attend to as a possible explanation for why their experiences in supervision are leading to burnout for the counselor.

There may be a question of whether burnout is a construct that has enough potential to present varying levels in a sample of clinicians pursuing their original state licenses. The rationale may be that when one is pursuing their license, they are generally newer to the mental health field, often just out of their graduate training, so they may not have had the time and opportunity for experiences it would take to develop a state of burnout yet. Maslach et al. (1997) wrote that "people have widely varying beliefs about burnout" (p.195). There are different conceptions regarding the stigma associated with burnout, how long it takes for burnout to manifest, or at what stage in one's career burnout is more likely to occur. While no studies were found to have questioned the latter factor specifically, many studies have been conducted on counselor burnout with participants at varying stages of their careers. Studies on counselor burnout tend to use samples of either student trainees (currently in their master's and doctoral training) or non-trainees who have graduated and are in the workplace, ranging from none to many years of experience. As mentioned, the current study used non-trainee participants; however, they could still be considered counselors-in-training as they answered survey questions based on their licensure supervision experience in particular.

Studies on graduate trainees at the start of their clinical training have shown variability of burnout. Wardle and Mayorga (2016) surveyed master's counseling students on indicators of burnout; 85% of the participants reported a range from minor burnout to burnout that threatened their well-being (i.e., 14.28% were "fine," 25.75% should be "watching" for burnout, 14.28% were a "candidate" for burnout, 22.85% were "burning out," and 22.85% were "burned out"). They purported that "no one is immune from burnout" (p. 10), "especially in a student population" (p. 13) and counselors are

especially vulnerable due to the nature of their work and large caseloads. Large caseloads are highly common for non-licensed counselors often employed in community mental health settings working with severely mentally-ill clientele.

Thompson et al. (2011) also studied burnout in master's trainees, qualitatively. The authors argued that newer counselors often begin their professional experiences with a degree of idealism and unrealistic expectations about their roles. They expect their hard work to translate to client outcomes and be appreciated. Additionally, balancing client difficulties with their own personal growth is a taxing process requiring effective guidance in supervision. Client outcomes are often difficult to concretely monitor, so counselor success is difficult to define, leaving some to feel unsuccessful. Newer clinicians exhibit role conflict in that they present themselves as endlessly resilient to others but think they need to attend to their depletion of resources privately; they may not do this effectively, contributing to burnout. Thompson et al.'s participants identified specific burnout stressors they felt: loss of enthusiasm and compassion, the struggle to balance responsibilities at work and outside of work, and difficulty discerning personal and professional boundaries. They requested more explicit training on burnout, contrasting it from overall stress, and training on self-care from supervisors. Given that burnout has the potential to occur at varying levels in student samples, it stands to reason that graduated, still newer clinicians will also show experiences with burnout.

Thompson et al. (2014) examined various contextual factors as predictors for burnout, including years of experience or time in the field. Mental health counselors ($n =$ 213) participated, ranging in age from 24 to 78 and ranging in years of experience from half a year to 53 years in the field. There was an inverse relationship between length of

time as a counselor and burnout; more years working in the field was associated with less burnout. This result compares with that of other similar studies (Boscarino, Figley, & Adams, 2004; Craig & Sprang, 2010). More seasoned counselors may have moved up into positions where conditions were more favorable against burnout (e.g. smaller caseloads, less direct client contact). Favorable working conditions and personal resources of the clinician (i.e., mindfulness attitudes and coping strategies) were factors negatively related to burnout in the study. Thompson et al. reported that examining time in the field is an imprecise angle of studying burnout as opposed to many other factors such as work conditions, internal factors, and client characteristics.

Lastly, Lent and Schwartz (2012) examined counselors in the workplace with varying ranges of experience (30%, 0-4 years of experience; 23%, 5-9 years; 16%, 10-14 years; and 31%, 15 years or more). They used the same burnout measure as the current study used. They found that Caucasian female counselors with 0-4 years of experience scored significantly higher on emotional exhaustion burnout than African American females with 15 or more years of experience. The same group was significantly higher on depersonalization burnout than Caucasian males with 15 years or more of experience. Regarding work setting, community mental health outpatient counselors scored significantly lower on personal accomplishment burnout, higher on emotional exhaustion, and higher on depersonalization than professionals in private practice. As we know, pre-licensure counselors are not often employed in private practice settings, if only due to logistical factors of not being eligible to bill insurance companies or personally collect a fee for service when unlicensed.

Thus, studies on graduated counselors have shown at times that burnout was not related to their stage of career, years of experience, or time in the field. Results from Lent and Schwartz (2012), however, show that burnout was more likely in those less experienced. Most researchers have agreed that what is more relevant are other internal, environmental, and other demographic factors contributing to varying levels of burnout. The present study explored whether environmental factors of the supervisory working alliance and supervisee nondisclosure predict counselor burnout in licensure supervisees in particular.

Research Questions and Hypotheses

The first research question is, "Is there a relationship between the supervisory working alliance and counselor burnout?" Hypothesis 1 is that there will be a negative relationship between these variables; when the supervisory working alliance is stronger, burnout will be lower. Supervisees perceiving a strong working alliance with their supervisors will be less burned out.

The second research question is, "Is there a relationship between supervisee nondisclosure and counselor burnout?" Hypothesis 2 is that there will be a positive relationship between these variables; when nondisclosure is lower, burnout will be lower. Supervisees who disclose more will be less burned out.

The third research question is, "Does supervisee nondisclosure mediate the relationship between the supervisory working alliance and burnout (i.e., emotional exhaustion, depersonalization, and diminished personal accomplishment)?" Hypothesis 3 is that nondisclosure will mediate this relationship (see Figure 1). Nondisclosure is considered a mediator variable (not a moderator variable) in this model because it was

hypothesized that nondisclosure *explains why* (not *when*) there will be a relationship between the supervisory working alliance and counselor burnout. When the alliance is stronger, counselors will report less nondisclosure in supervision; less nondisclosure will predict less burnout.

The fourth research question is, "Is there a relationship between the goal portion of the supervisor working alliance and personal accomplishment burnout?" Hypothesis 4 is that there will be a negative relationship between these variables; when the goal portion of the supervisory working alliance is stronger, personal accomplishment burnout will be lower. Supervisees who agree on the goals of supervision with their supervisors will experience more personal accomplishment.

The fifth research question is, "Is there a relationship between the task portion of the supervisory working alliance and depersonalization burnout?" Hypothesis 5 is that there will be a negative relationship between these variables; when the task portion of the supervisory alliance is stronger, depersonalization will be lower. Supervisees who agree on the tasks of supervision with their supervisors will experience less depersonalization with clients.

The sixth research question is, "Does nondisclosure of client-related and/or personal information mediate the relationship between the task portion of the supervisory working alliance and depersonalization burnout?" Hypothesis 6 is that nondisclosure of client/personal information will mediate the relationship. When there is agreement on the tasks of supervision, supervisees will report less nondisclosure of feelings about clients; less nondisclosure will predict less depersonalization of clients.

The seventh research question is, "Is there a relationship between the bond portion of the supervisory working alliance and emotional exhaustion burnout?" Hypothesis 7 is that there will be a negative relationship between these variables; when the bond portion of the supervisory alliance is stronger, emotional exhaustion will be lower. Supervisees who perceive a strong bond with their supervisors will be less emotionally exhausted.

The eighth research question is, "Does nondisclosure of supervisor-related information mediate the relationship between the bond portion of the supervisory working alliance and emotional exhaustion burnout?" Hypothesis 8 is that nondisclosure of supervisor information will mediate the relationship. When there is a stronger perceived bond in supervision, supervisees will report less nondisclosure of feelings about the supervisor; less nondisclosure will predict less emotional exhaustion.

Personally, I have observed a low level of effort or intentionality within the licensure supervision experience from both parties in the supervisory dyad. Supervisors can be unaware of the importance of the experience on the developing counselor; they can have approaches with low intentionality and may not accept responsibility for their impact on the supervisee. Supervisees may consider supervision a nuisance to be checked off of a to-do list in order to then practice independently without someone evaluating them. The tone seems to be set by the supervisor; if the supervisor is more engaged in the experience, the supervisee will likely be more engaged. The ultimate goal of asking these eight research questions was to promote graduates pursuing their state counseling licenses to seek out quality supervision experiences and to feel empowered to attempt to improve them (through disclosure) as needed.

CHAPTER TWO: METHODS

Participants

The initial participant pool included 502 individuals. Initially, 44 cases were removed as they opened the survey but did not complete any survey items. Then, 39 cases were removed due to having too much missing information, and 2 cases reported ineligible degrees and were removed. Regarding time requirements, 13 cases had not begun licensure supervision, 24 cases had not been in licensure supervision for at least 6 months, and 83 cases obtained their full state license more than one year prior to completing the survey; these were all removed so as to capture those who could easily recall and report on their experiences. In addition, at least 6 months with their supervisors was meant to provide sufficient time for the supervisory bond to develop and tasks to have occurred. As studies have shown burnout occurring in students across the length of a semester as well as in newer clinicians to the field, a minimum of a six-month supervisory relationship was also meant to ensure some variability in counselor burnout as well as incidents of nondisclosure. Finally, 4 cases were removed as univariate outliers; 5 cases were removed as multivariate outliers. Thus, the final sample was composed of 288 individuals, including 39 cases with missing data. Mean substitution was performed to address the missing data. Ultimately, 4 cases had too much missing data for the measure of nondisclosure; thus, analyses including nondisclosure had a sample size of 284.

The final sample of 288 clinicians included 253 women (87.5%), 31 men (10.7%), and 4 genderqueer individuals (1.4%). Ages ranged from 23 to 67 ($M = 34.77$, $SD = 9.31$). The majority of participants identified as Caucasian (79.2%); the rest identified as

African American (6.6%), Multiracial (4.5%), Latino/a (4.2%), Asian American (3.1%), or Native American (2.1%). The participants came from varying areas of the United States, with 17.6% from the northeast, 25.6% from the midwest, 42.2% from the south, and 13.8% from the west. In terms of area, 38.1% worked in urban areas, 38.1% worked in suburban areas, and 23.5% worked in rural areas.

Regarding their licensure status, 33.9% were pre-licensure (actively in licensure supervision) and 65.4% were post-licensure (issued their full state license within 1 year prior). Regarding the nature of their supervisor assignment, 59.5% chose their supervisor voluntarily among choices and 40.1% were assigned their supervisor involuntarily (no choice involved). Within the sample, 52.2% of participants spent their entire time in licensure supervision with the same supervisor; 47.4% answered survey questions with their primary supervisor in mind, with whom they spent the majority of their time in supervision. Regarding frequency of supervision sessions, 1% met less than monthly, 3.8% met monthly, 21.5% met bi-weekly, and 73.4% met weekly. Concerning duration, 6.9% of participants reported that their supervision sessions were less than an hour in duration; 71.3% reported duration of an hour, and 21.5% reported more than an hour. The typical (across states) two-year, weekly, supervised experience portion of a clinician's development was of particular interest in this study. For this sample, 83% of participants reported that they received support outside of their assigned licensure supervisor; 16.6% said they did not do so.

Among the participants, 82.7% had completed a master's degree; 17% had completed a doctoral degree. Regarding field, 44.3% of participants were counselors, 37.7% were social workers, and 17.6% were psychologists. They worked in a variety of

settings: 47.1% in outpatient community mental health, 21.5% in private practice, 14.2% in inpatient/long-term residential/hospital settings, 5.9% in elementary and secondary school settings, 4.8% in college counseling centers, and 6.5% worked in settings other than these. Years of experience working in the field of mental health prior to licensure supervision ranged from 0 to 37 ($M = 3.58$, $SD = 4.47$). Themes of specialties included, but were not limited to: adolescents and families, trauma, crisis, chronic mental illness, substance use/addiction, veterans, grief, developmental disabilities, play therapy, eating disorders, elder care, LGBTQ, domestic violence, DBT, women, attachment, and forensics. Lastly, although participants were asked to report their number of in-school practicum/internship/field experience hours, it is suspected that they had varying understandings of what this question was aiming to capture due to many high numbers of hours reported. Several entries indicated they included post-education training hours. Entries ranged from 100 to 8,000 ($M = 1,811.26$, $SD = 1,490.61$) hours. Participants were asked whether they would choose their profession again if they had to do it over; 12.5% said they would not choose the same profession again, and 86.5% said they would. They were also asked if they were happy with their career choice; 92.7% said they were happy, and 6.9% said they were not happy with their career choice.

Measures

Supervisory working alliance. The predictor variable of the supervisory working alliance was measured using the supervisee form of the Working Alliance Inventory (WAI/S; Bahrick, 1989). Supervisors were not surveyed in the present study; therefore, the supervisor version of the WAI/S was not utilized. The WAI/S-supervisee form is a variation of Horvath and Greenberg's (1989) Working Alliance Inventory (WAI), which

translated Bordin's (1979) working alliance theory into a measure of the quality of the clinical relationship among counselor and client. It is important to remember that the client's perspective of the relationship is more relevant, when it comes to client improvement, not the therapist's perspective of how the alliance is going. Similarly, the supervisee's perspective of the supervisory relationship is the lens through which the supervisory working alliance was measured.

The WAI/S consists of 36 items designed to measure trainees' perceptions of the supervisory alliance (Bahrick, 1989). A sample item is "What I am doing in supervision gives me a new way of looking at myself as a counselor." Items are rated on a 7-point Likert scale ranging from *never* (1) to *always* (7). Three subscales correspond to the factors of the alliance (i.e. goal, task, bond), each containing 12 items. Scores were computed by summing the responses to the items on the three subscales. Higher scores indicated higher agreement on the tasks and goals of supervision as well as a stronger emotional bond with the supervisor, and thus, a stronger overall supervisory working alliance. In a sample of master's and doctoral level student trainees, Cronbach's alpha coefficients exceeded .90 for all subscales (Ladany et al., 1999), a strength of the measure. A common alternative measure for the supervisory working alliance is the Supervisory Working Alliance Inventory (SWAI; Efstation et al., 1990). While Cronbach's alpha coefficient for one subscale was .90 (Rapport) in the original sample (trainees in professional psychology internship programs and advanced practicum students in counseling and clinical psychology training programs), the other subscale was .77 (Client Focus). In addition, the SWAI's two factors are not rooted in theory whereas the WAI/S is based on Bordin's model of the supervisory working alliance. Regarding

convergent validity, the WAI/S was related positively to supervisee satisfaction (Ladany et al., 1999) and goal setting and feedback processes in supervision (Lehrman-Waterman & Ladany, 2001); it was related negatively to supervisee role ambiguity and role conflict (Ladany & Friedlander, 1995). See the Appendix for the WAI/S measure.

Supervisee nondisclosure. The hypothesized mediator variable, supervisee nondisclosure, was measured using the Disclosure in Supervision Scale (DSS; Gunn & Pistole, 2012). It was developed for their 2012 study examining supervisor attachment, disclosure, and the supervisory working alliance. The DSS consists of two subscales (10 items total) measuring willingness to disclose information about the supervisory relationship and the counselor's work with clients or personal information. The Client Personal Disclosure subscale has six items (e.g., "I am comfortable sharing negative reactions to clients with my supervisor") asking about disclosing client-related feelings and personal information in supervision. The second subscale, the Supervisor Disclosure subscale has four items (e.g., "I have felt comfortable letting my supervisor know my negative feelings about him/her") asking about disclosing supervisor-related information. Items are rated on a 7-point Likert scale ranging from *never* (1) to *always* (7). Scores were computed by summing the responses for each subscale. All items were reverse scored so that higher scores indicate more supervisee nondisclosure and lower scores indicate less nondisclosure.

Two subscales were a strength of the DSS for the current study as better allowed for the use of structural equation modeling analysis, as compared to a nondisclosure measure that only yields one total composite score, such as the Trainee Disclosure Scale (TDS; Walker, Ladany, & Pate-Carolan, 2007). In the original sample of master's and

doctoral trainees, the Cronbach's alpha coefficient was .82 for Client Personal Disclosure and .84 for Supervisor Disclosure (Gunn & Pistole, 2012). While the TDS's reliability coefficient was also satisfactory at .89 in its original sample of female psychology practicum trainees, the DSS allowed for a more rich description and finer grained analysis of nondisclosure because of its two factors. In creating the measure, 20 original items were reduced to 10 through factor analysis, resulting in the two subscales. In the original sample, Client Personal Disclosure accounted for 45.62% of the variance, and Supervisor Disclosure accounted for 15.31% of the variance. See the Appendix for the DSS measure.

Counselor burnout. The outcome variable, counselor burnout, was measured using the Maslach Burnout Inventory–Human Services Survey (MBI-HSS; Maslach, Jackson, & Leiter, 1997). Over 90% of journal articles and dissertations examined by Schaufeli and Buunk (2003) used the three MBI-HSS subscales in assessing burnout. It operationalizes burnout through three constructs/subscales: Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA). Thus, results of studies using it show trends of which "type" of burnout is predicted by different factors (Bakker et al., 2006), as there is no composite burnout score yielded by the MBI-HSS. The Emotional Exhaustion subscale assesses feelings of being emotionally overextended and exhausted by one's work (e.g., "I feel used up at the end of the workday"). The Depersonalization subscale assesses unfeeling and impersonal responses toward recipients of one's service, care, treatment, or instruction (e.g., "I've become more callous toward people since I took this job"). The Personal Accomplishment subscale

assesses feelings of competence and successful achievement in one's work with people (e.g., "I have accomplished many worthwhile things in this job").

The MBI-HSS consists of 22 items across the three subscales: emotional exhaustion (9 items), depersonalization (5 items), and personal accomplishment (8 items). Items are rated on a 7-point Likert scale ranging from *Never* (0) to *Every day* (6). Scores were computed by summing the responses to the items on the three subscales, separately; items for personal accomplishment were reverse coded so that higher scores on all of the subscales indicated more burnout. In the original sample of people from a variety of health and service occupations with a high potential for burnout, Cronbach's alpha coefficients for the three scales were .90 (Emotional Exhaustion), .79 (Depersonalization), and .71 (Personal Accomplishment) (Maslach et al., 1997). The Copenhagen Burnout Inventory (CBI; Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B., 2005) is a common burnout measure with lower alpha coefficient scores than the MBI-HSS, ranging from .67 to .86 across five subscales within a sample of mental health professionals (Puig et al., 2012). The MBI-HSS was designed with particular interest in measuring burnout in human service workers; this was considered a strength of the measure for this study. Convergent validity for the MBI-HSS has been demonstrated through significant correlations with: (a) the presence of job characteristics known to contribute to burnout (i.e. more clients on caseload, more direct client contact); (b) behavioral ratings made by a known other; and (c) measures of other outcomes thought to relate to burnout (i.e. desire to leave one's job, impairment in non-job-related relationships) (Maslach et al., 1997). See the Appendix for the MBI-HSS measure.

Demographics. Participants were asked questions (see Appendix) about age, sex, gender, race/ethnicity, region, area, highest level of education, and licensure status (i.e., pre- or post-licensure). Participants were also asked to indicate when they received their license, if applicable, so as to identify and remove people who obtained it more than a year prior to completing the study. They were asked to identify whether they worked with their "primary" supervisor for 100% of their time in supervision (typically a 2-year period) or greater than/equal to 51% of the time (indicating that their primary supervisor was who they were paired with the majority of their time in licensure supervision). They were asked to complete the survey with their primary supervisor relationship in mind. Participants also indicated whether or not they have worked with their primary supervisor for at least 6 months. If participants did meet inclusion criteria on any of these demographic items, their data was not used.

In order to further describe the final sample, participants answered a number of other items within the demographic questionnaire in order to get a more descriptive picture of their experiences in counseling and supervision. They identified the nature of their supervisor assignment (i.e., supervisor voluntarily chosen or assigned). Frequency of supervision sessions, length of supervision sessions, amount of time in the clinical mental health field, hours of graduate practicum/internship/field experience, specialty area(s), work setting, and whether secondary support outside of the licensure supervisor was provided was also asked. Lastly, participants were asked two questions related to regret or happiness with career choice. Answers to these questions could have relationships with main study variables and aid in interpreting results.

Procedure

After obtaining IRB approval, email invitations were sent and social media announcements posted to various counseling, social work, and psychology organizations, schools, state boards, and individuals. Repeated attempts to recruit participants were conducted in the form of follow-up emails and social media posts. Participants achieved access to the study's survey through a Qualtrics online link which included the informed consent, demographic questionnaire, and the three measures (WAI/S; DSS; MBI-HSS). The three measures were presented in random order to participants to decrease the possibility of systematic order effects in the data. Participation was voluntary, and an incentive was offered. Those who completed the survey in full were directed to a separate link where they could choose to provide contact information if they wanted to participate in a raffle of ten $25 gift cards. All personal information was kept separate, so no identifying information could be linked back to the study data. Ten gift cards were raffled and provided once the study closed.

Design and Statistical Analyses

The design of this study was non-experimental, descriptive, and correlational. It was non-experimental as participants were not randomly chosen nor randomly assigned to any conditions and no independent variables were manipulated. Regarding preliminary analyses, the data were cleaned and examined for violations of normality, linearity, homoscedasticity, and multicollinearity. Means and standard deviations for any covariate demographic variables and main study variables are reported in Table 1. Preliminary correlations were conducted to determine whether any demographic variables related to any of the outcome variables. A *p* value of .001 was used for significance in these

preliminary correlation analyses to reduce the chance of Type I error. In addition,

multiple regression analyses were conducted to assess Hypotheses 1, 2, 4, 5, and 7. The

mediation models (Hypotheses 6 and 8) were tested using PROCESS (Hayes, 2013), and

Hypothesis 3 was tested using structural equation modeling (Kline, 2016). See Figure 1

for a conceptual diagram of the overall structural equation model.

CHAPTER THREE: RESULTS

Preliminary Analyses

Before conducting the main analyses, the data were cleaned and examined for violations of skewness and kurtosis; analysis of the distributions revealed no issues using ranges for both skewness and kurtosis of -1.5 to 1.5 (Tabachnick & Fidell, 2013). Scatterplots revealed no issues with non-linearity or heteroscedasticity. Regarding multicollinearity, it was found that the task and goal subscales of the WAI/S were correlated at .93 ($p < .001$). In addition, testing showed condition indexes over 30 and variance proportions over .50 for task and goal with outcome variables. Therefore, given that the task subscale had stronger correlation coefficients with all subscales of the outcome variable, burnout, it was chosen to be used (along with the bond subscale) in analyses that involved all components of the working alliance. Goal was not used in those analyses; it was only used in testing hypotheses that involved the goal construct specifically and in testing the structural equation model of hypothesis 3. Subscale means, standard deviations, and Cronbach's alphas for all main study variables are presented in Table 1. Cronbach's alphas for all of the subscales ranged from .74 to .93, well within acceptable limits (.70 to 1.00).

Preliminary correlations were conducted to determine whether any demographic variables related to any of the main study variables. These correlations can be found in Table 1. A p value of .001 was used for significance to reduce the threat of a Type I error. Age correlated negatively with burnout (all three subscales), indicating that older clinicians reported less burnout than younger clinicians. Nature of supervisor assignment correlated with the supervisory working alliance (all three subscales) such that those who

voluntarily chose their own licensure supervisor reported stronger working alliances than those who were involuntarily assigned their supervisor. Duration of supervision sessions correlated positively with the task and goal subscales of the supervisory working alliance measure, indicating that longer sessions were associated with more agreement on the tasks and goals of supervision. Whether participants would choose this profession again correlated negatively with all three subscales of burnout; those who reported that they would not choose the profession again reported more burnout. Similarly, those who reported they were happy with their career choice reported less burnout; happiness was correlated positively with all three subscales of burnout. Regarding setting, those working in outpatient community mental health settings reported more emotional exhaustion than those not working in outpatient community mental health. Lastly, working in a private practice correlated negatively with burnout; those in private practice reported less burnout than those not working in private practice. Of concern were demographic variables that correlated with the outcome variables; therefore, those were used as covariates. Age, whether one would choose the profession again, happiness with career choice, and private practice setting were used as covariates in all analyses given that all hypotheses involve at least one type of the burnout criterion variable. Outpatient community mental health setting was also used as a covariate when analyses involved the emotional exhaustion subscale of the MBI-HSS measure.

Preliminary correlation analyses, without use of covariates, were conducted on the main study variables (i.e., 8 subscale totals). These correlations are found in Table 1. Of note, all main variables were correlated with each other. Task, goal, and bond (supervisory working alliance) were correlated negatively with emotional exhaustion,

depersonalization, and personal accomplishment (burnout), indicating that when the working alliance was stronger, burnout was lower. The working alliance subscales were also correlated negatively with client- and supervisor-related nondisclosure; when the alliance was stronger, nondisclosure was lower. Subscales for nondisclosure (client- and supervisor-related nondisclosure) were correlated positively with all subscales of burnout (emotional exhaustion, depersonalization, and personal accomplishment), indicating that when counselors engaged in more nondisclosure in supervision, they experienced more burnout. Covariates were used during hypothesis testing.

Hypothesis Testing

  Hypothesis 1. Hypothesis 1 was that supervisees perceiving a strong working alliance with their supervisors would be less burned out. To test this hypothesis, hierarchical multiple regression was used. Due to the three subscales of burnout, three regressions were run to account for each type of burnout. The first subscale examined was emotional exhaustion. In step 1, the covariates of age, whether would choose the profession again, happiness with career choice, worked in outpatient community health setting, and worked in private practice setting were entered. They accounted for 19% of the variance in emotional exhaustion. In step 2, the working alliance variables of task and bond were entered and accounted for an additional 27% of the variance in emotional exhaustion. Looking at the individual predictors (see Table 2), task predicted emotional exhaustion, such that higher scores on the task dimension of the working alliance predicted lower scores on emotional exhaustion. The second dimension of working alliance, bond, was not a significant predictor for emotional exhaustion.

Turning to the depersonalization subscale, in step 1, the covariates of age, whether would choose the profession again, happiness with career choice, and worked in private practice setting were entered. They accounted for 17% of the variance in depersonalization. In step 2, the working alliance variables of task and bond were entered and accounted for an additional 25% of the variance in depersonalization. Looking at the individual predictors (see Table 2), task predicted depersonalization, such that higher scores on the task dimension of the working alliance predicted lower scores on depersonalization. The second dimension of working alliance, bond, was not a significant predictor for depersonalization.

Last, examining the personal accomplishment subscale, the covariates of age, whether would choose the profession again, happiness with career choice, and worked in private practice setting were entered in step 1. They accounted for 15% of the variance in personal accomplishment burnout. In step 2, the working alliance variables of task and bond were entered and accounted for an additional 19% of the variance in personal accomplishment burnout. Looking at the individual predictors (see Table 2), neither the task nor bond dimensions of the supervisory working alliance were significant predictors of personal accomplishment burnout. Given that the working alliance variables together accounted for significant variance in personal accomplishment burnout, it is likely they accounted for overlapping variance and thus were not uniquely significant predictors.

Thus, hypothesis 1, that there would be a negative relationship between the supervisory working alliance and burnout, was partially supported. Results showed that when the task portion of the supervisory working alliance was stronger, emotional

exhaustion and depersonalization were lower. In addition, the supervisory working alliance accounted for between 19 and 27% of the variability in the burnout subscales.

Hypothesis 2. Hypothesis 2 was that supervisees who disclosed more would be less burned out. Hierarchical multiple regression was used to test this hypothesis. Due to the three subscales of burnout, three regressions were ran to account for each type of burnout. Emotional exhaustion was the first subscale examined. In step 1, the covariates of age, whether would choose the profession again, happiness with career choice, worked in outpatient community health setting, and worked in private practice setting were entered. They accounted for 20% of the variance in emotional exhaustion. In step 2, the nondisclosure variables of client/personal-related nondisclosure and supervisor-related nondisclosure were entered and accounted for an additional 22% of the variance in emotional exhaustion. Looking at the individual predictors (see Table 3), neither the client nor supervisor dimensions of nondisclosure were significant predictors of emotional exhaustion. Given that the nondisclosure variables together accounted for significant variance in emotional exhaustion burnout, it is likely they accounted for overlapping variance and thus were not uniquely significant predictors.

Turning to the depersonalization subscale, in step 1, the covariates of age, whether would choose the profession again, happiness with career choice, and worked in private practice setting were entered. They accounted for 17% of the variance in depersonalization. In step 2, the nondisclosure variables of client/personal-related nondisclosure and supervisor-related nondisclosure were entered and accounted for an additional 21% of the variance in depersonalization. Looking at the individual predictors (see Table 3), supervisor nondisclosure predicted depersonalization, such that higher

scores on supervisor nondisclosure predicted higher scores of depersonalization. Client nondisclosure was not a significant predictor for depersonalization.

Last, examining the personal accomplishment subscale, the covariates of age, whether would choose the profession again, happiness with career choice, and worked in private practice setting were entered in step 1. They accounted for 16% of the variance in personal accomplishment burnout. In step 2, the nondisclosure variables of client/personal-related nondisclosure and supervisor-related non-disclosure were entered and accounted for an additional 17% of the variance in personal accomplishment burnout. Looking at the individual predictors (see Table 3), client nondisclosure predicted personal accomplishment, such that higher scores on client nondisclosure predicted higher scores of personal accomplishment burnout. Supervisor nondisclosure was not a significant predictor for personal accomplishment burnout.

Thus, hypothesis 2, that there would be a positive relationship between nondisclosure and burnout, was partially supported. Results showed that when supervisor nondisclosure was higher, depersonalization was higher; in addition, when client nondisclosure was higher, personal accomplishment burnout was higher. Nondisclosure also accounted for between 17 and 22% of the variability in the burnout subscales.

Hypothesis 3. Hypothesis 3 was that when the alliance was stronger, counselors would report less nondisclosure in supervision; in turn, less nondisclosure would predict less burnout. Structural equation modeling was used to test this hypothesis, using AMOS (see Figure 1 for the conceptual diagram). First, the measurement model was prepared. The three subscales of the WAI/S (task, goal, and bond) served as the indicators for the latent variable of the supervisory working alliance; the three subscales of the MBI-HSS

(emotional exhaustion, depersonalization, and personal accomplishment) served as the indicators for the latent variable of burnout. For the latent variable of nondisclosure, the recommendations of Russell, Kahn, Spoth, and Altmaier (1998) were followed to create parcels of items to serve as indicators for nondisclosure. Exploratory factor analyses conducted with a forced one-factor solution were conducted; items from the scales were then placed in rank order based on the magnitude of their factors loadings. Parcels were created by distributing items so as to equalize the average loadings across parcels. Three parcels were created for the nondisclosure variable as recommended by Russell et al.

Prior to testing the structural model, the measurement model was assessed using confirmatory factor analysis to ensure the data fit the model. Based on Martens (2005), the indices used to examine fit were the comparative fit index (CFI), the incremental fit index (IFI), the Tucker–Lewis index (TLI), and the root mean square of approximation (RMSEA). Values greater than .95 are indicative of good fit for the CFI, IFI, and TLI and values less than .08 indicate acceptable fit for the RMSEA (Hoyle, 2012). Results indicated that the measurement model fit the data well: CFI = .99, TLI = .99, IFI = .99, and RMSEA = .05. This measurement model was used to test the hypothesized structural model.

In order to assess the structural model, the four cases who did not complete the DSS measure for nondisclosure were removed. In addition, two cases with missing values for the item on whether they would choose their career again were removed. This left a sample size of 282 for Hypothesis 3. Results showed that this initial structural model was a poor fit for the model: CFI = .91, TLI = .89, IFI = .91, and RMSEA = .10. In examining modification indices for covariate variables (age, whether would choose the profession

again, happiness with career choice, worked in outpatient community health setting, and worked in private practice setting), it was found that the index for outpatient community mental health and private practice was large at 70.22, and the index for whether would choose the profession again and happiness with career choice was large at 65.44. It made theoretical sense that these two sets of observed variables were related to each other; thus, they were allowed to covary in a second analysis of the structural model. The results indicated that this second structural model was a good fit to the data: CFI = .98, TLI = .98, IFI = .98, RMSEA = .04. Two of the three paths of the model were significant (see Figure 2). The supervisory working alliance negatively predicted both nondisclosure and burnout. Nondisclosure was not found to have a relationship with burnout in the model. Therefore, there was no need to test an alternative model nor a mediation model to test indirect effects. Hypothesis 3 was not supported, as nondisclosure did not mediate the relationship between the supervisory working alliance and burnout.

Hypothesis 4. Hypothesis 4 was that supervisees who agreed on the goals of supervision with their supervisors would experience more personal accomplishment. To test this hypothesis, hierarchical multiple regression was used. In step 1, the covariates of age, whether would choose the profession again, happiness with career choice, and worked in private practice setting were entered and they accounted for 15% of the variance in personal accomplishment burnout. In step 2, the working alliance variable of goal was entered and accounted for an additional 18% of the variance in personal accomplishment burnout. Goal predicted personal accomplishment burnout, such that higher scores on the goal dimension of the working alliance predicted lower scores on personal accomplishment burnout (see Table 4). Thus, hypothesis 4, that there would be a

negative relationship between goal (supervisory working alliance) and personal accomplishment (burnout), was supported. When the goal portion of the supervisory working alliance was stronger, personal accomplishment burnout was lower.

      Hypothesis 5. Hypothesis 5 was that supervisees who agreed on the tasks of supervision with their supervisors would experience less depersonalization with clients. Hierarchical multiple regression was used to test this hypothesis. In step 1, the covariates of age, whether would choose the profession again, happiness with career choice, and worked in private practice setting were entered and they accounted for 17% of the variance in depersonalization. In step 2, the working alliance variable of task was entered and accounted for an additional 24% of the variance in depersonalization. Task predicted depersonalization, such that higher scores on the task dimension of the working alliance predicted lower scores on depersonalization (see Table 5). Thus, hypothesis 5, that there would be a negative relationship between task (supervisory working alliance) and depersonalization (burnout), was supported. When the task portion of the supervisory alliance was stronger, depersonalization burnout was lower.

      Hypothesis 6. Hypothesis 6 was that when there was agreement on the tasks of supervision, supervisees would report less nondisclosure of feelings about clients; less nondisclosure would predict less depersonalization of clients. Hayes's (2013) PROCESS test in SPSS was used to explore hypothesis 6. Using Hayes's bootstrapping method, mediation hypotheses were tested by computing a confidence interval around the indirect effect. This analysis (see Figure 3) tested whether client/personal-related nondisclosure (Client) mediated the relationship between task (Task) and depersonalization (DP). The unstandardized regression coefficient for Task without Client in the model was -.11 ($p <$

.01); with Client in the model, the unstandardized regression coefficient for Task was -.12 ($p < .01$). The indirect effect equaled .01, 95% CI lower bound = -.03, 95% CI upper bound = .05. Because 0 falls inside the confidence interval, Client had no mediation effect. Therefore, hypothesis 6, that nondisclosure of client/personal-related information would mediate the relationship between task (supervisory working alliance) and depersonalization (burnout), was not supported. Nondisclosure of client/personal-related information did not explain why there was a relationship between task and depersonalization.

Hypothesis 7. Hypothesis 7 was that supervisees who perceived a strong bond with their supervisors would be less emotionally exhausted. To test this hypothesis, hierarchical multiple regression was used. In step 1, the covariates of age, whether would choose the profession again, happiness with career choice, worked in outpatient community mental health setting, and worked in private practice setting were entered and they accounted for 19% of the variance in emotional exhaustion. In step 2, the working alliance variable of bond was entered and accounted for an additional 23% of the variance in emotional exhaustion. Bond predicted emotional exhaustion, such that higher scores on the bond dimension of the working alliance predicted lower scores on emotional exhaustion. Thus, hypothesis 7, that there would be a negative relationship between bond (supervisory working alliance) and emotional exhaustion (burnout), was supported. When the bond portion of the supervisory alliance was stronger, emotional exhaustion was lower.

Hypothesis 8. Hypothesis 8 was that when there was a stronger perceived bond in supervision, supervisees would report less nondisclosure of feelings about the supervisor;

less nondisclosure would predict less emotional exhaustion. Hayes's (2013) PROCESS test in SPSS was used to explore hypothesis 8. Using Hayes's bootstrapping method, mediation hypotheses were tested by computing a confidence interval around the indirect effect. In this analysis (see Figure 4), supervisor-related nondisclosure (Suprv) was examined as a mediator of the relationship between bond (Bond) and emotional exhaustion (EE). Without Suprv in the model, Bond had an unstandardized regression weight of -.21 ($p < .01$); with Suprv in the model, the unstandardized regression weight for Bond was decreased to -.18 ($p < .01$). The indirect effect was -.03, with a 95% CI lower bound of -.10 and an upper bound of .03. Thus, Suprv did not mediate the relationship between Bond and EE. Therefore, hypothesis 8, that nondisclosure of supervisor-related information would mediate the relationship between bond (supervisory working alliance) and emotional exhaustion (burnout), was not supported. Nondisclosure of supervisor-related information did not explain why there was a relationship between bond and emotional exhaustion.

CHAPTER 4: DISCUSSION

The purpose of this study was to replicate prior work on the relationship between the supervisory working alliance and counselor burnout as well as extend our understanding by studying nondisclosure within the supervisory relationship. The study also examined whether there was a link between supervisee nondisclosure and counselor burnout and whether nondisclosure mediated a relationship between the supervisory working alliance and burnout. Participants of particular interest were clinicians who had graduated from master's programs and were actively seeking or had recently obtained state licensure in their respective fields. The purpose of this criteria was to address a historical methodological issue (Watkins, 2014) by going outside of the commonly used student sample to increase our understanding of supervision experiences of post-graduate clinicians.

Main Findings

The first major finding was that the supervisory working alliance predicted variance in all types of burnout in the sample, supporting hypothesis 1. This finding was a replication of the results of other studies (Himle et al., 1989; Livni et al., 2012; Mena & Bailey, 2007). It also extended our understanding to the sample used in this study, counselor, social worker, and psychologist supervisees doing post-graduate supervision in the United States. The aforementioned studies found a relationship between the working alliance and burnout in samples outside of the United States such as Austria (Himle et al.) and Australia (Livni et al.), and in mostly student samples (Mena & Bailey). Given the findings of these former studies' on the relationship between the working alliance and burnout, and the addition of this study's findings, our confidence is

increased that the supervisory working alliance is a critical component in whether a counselor in supervision develops burnout.

Looking at the factors of the working alliance, task was a significant predictor for both emotional exhaustion and depersonalization types of burnout; lower scores on the task portion of the supervisory working alliance predicted higher scores on both emotional exhaustion and depersonalization. When supervisees perceived less agreement on the tasks of supervision with their supervisors, they reported more burnout in the form of emotional exhaustion and depersonalization. Thus, they reported they were more emotionally exhausted (for example, not wanting to go to work), and they were more likely to display depersonalization toward clients (such as losing empathy for clients). Bordin's (1983) defined tasks of supervision were three-fold: supervisor coaching of the supervisee, via oral or written report, observation of the supervisee, and supervisee selection of issues to present to the supervisor. As Bordin and others have suggested, the supervisor must explicitly orient the supervisee to the tasks of supervision in order to achieve agreement on them. Clinicians in this study may have been burned out and not discussing such burnout in supervision because perhaps this was not oriented as an appropriate issue for the supervisee to select or modeled as relevant to address. Lower task agreement could have had other explanations outside of a lack of orientation or modeling by the supervisor. For example, observation of clinical work may not have been an agreed upon task, and without such, something could have been missed that may have affected burnout development.

To discuss this from another angle, when the supervisory alliance was stronger, burnout was lower. When clinicians agreed that supervision was a place to consult on

relevant concerns and those concerns were addressed in a way with which both were comfortable, consistent with Worthen and McNeill's (1996) "good supervision," clinicians were not experiencing as much burnout. In addition to regression results, correlation analyses indicated that all supervisory working alliance factors were negatively related to all burnout types. The strongest relationship was that between task and emotional exhaustion; agreeing on the tasks of supervision meant supervisees were less likely to develop emotional exhaustion, consistent with regression analyses. While bond was related to all forms of burnout in the simple correlation analyses, it appeared to account for overlapping variance in burnout along with task per regression results. Task seemed to be more important than bond in predicting burnout in this sample.

Personal accomplishment burnout was related to the working alliance factors as a result of correlation analyses, but its variance was not predicted by task or bond in regression analyses. Personal accomplishment burnout is unlike emotional exhaustion or depersonalization in that it is defined as the inverse of a desired state, making it a form of burnout. When participants lacked a sense of personal accomplishment, they were thought to be burned out in this way (i.e. not feeling positive or achieving about the work they are doing). Perhaps in part because of its alternative definition, there may have been validity issues in measuring this aspect in this study's participants as compared to the other burnout types. However, the results of hypothesis 4 showed us that goal was a significant predictor of personal accomplishment burnout. More so than task or bond, agreement on the goals of supervision was important to a clinician's sense of personal accomplishment. If goals were not agreed upon, as opposed to task or a strong bond, then the supervisor and supervisee were not working together toward performance outcomes.

Without that shared sense of teamwork, a supervisee could have a weaker view of their work overall.

Turning to hypothesis 2, the relationship between nondisclosure and burnout, the results indicated that both forms of nondisclosure (client/personal-related and supervisor-related) helped to explain the variance in all types of burnout in the sample. Thus, not sharing critical information related to client or personal issues, as well as issues with the supervisor, explained varying levels of burnout. If a supervisee had critical content to share and receive support and guidance on which they withheld from their licensure supervisor, this went hand-in-hand with the development or maintenance of burnout. Learning and growth could not occur if the critical content was not presented in the first place. Particular information that was left out could have made a difference in the clinician's overall experience of their work environment, their clients, and their impressions of themselves. It is important for supervisors to consider possible reasons for nondisclosure that other studies have shown, such as role conflict (Olk & Friedlander, 1992) or role ambiguity (Ladany & Friedlander, 1995) and make every attempt to reduce these factors for supervisees.

Supervisor-related nondisclosure was a significant predictor of depersonalization burnout. This means that participants' varying levels of depersonalization burnout were partially explained by their rates of disclosing information related to their impressions of their supervisor. Perhaps if a supervisee was able to discuss their concerns with their supervisor's evaluation of them, for example, this opened the conversation regarding a clinician's problematic views of their clients and decreased feelings of depersonalization. This would have been especially challenging for a supervisee experiencing role

ambiguity in which they may not have been sure if sharing such concerns was relevant to supervision. Additionally, client/personal-related nondisclosure was a significant predictor of personal accomplishment burnout. For example, if a supervisee did not speak about their treatment interventions with clients that were not yielding desired results, this could most definitely have led to diminished feelings of personal accomplishment. This dynamic could have been likely in someone experiencing role conflict which can lead one to want to present themselves as competent and successful rather than struggling with clients. In addition to regression results, correlation analyses revealed that both forms of nondisclosure were positively related to all burnout types. The strongest relationship was that between supervisor-related nondisclosure and depersonalization. Sharing information regarding impressions of the supervisor meant supervisees were less likely to experience depersonalization burnout, consistent with regression analyses.

Hypothesis 3 was that there would not only be relationships among the three overall variables of this study but also a mediation effect of nondisclosure explaining the relationship between the supervisory working alliance and counselor burnout. There was a relationship between the working alliance and burnout as well as a relationship between the working alliance and nondisclosure. These findings replicate the results of other studies that examined nondisclosure in relation to the working alliance (Ladany et al., 2013; Mehr et al., 2010; Mehr et al., 2015; Webb & Wheeler, 1998) which further highlights the importance of the supervisory working alliance to supervision outcomes. However, there was not a relationship between supervisee nondisclosure and burnout in the structural model. The varying levels of nondisclosure that this sample displayed did not predict the varying levels of burnout they endorsed. This means that there were other

factors explaining the variance in burnout, including the major one found in this study, the supervisory working alliance. Other factors known to predict burnout, as mentioned, include personality (Bakker et al., 2006; Lent & Schwartz, 2012), coping ability (Thompson et al., 2014), and perfectionism (Moate et al., 2016), work conditions (Maslach, 2003), and more.

Because nondisclosure was not related to burnout in the structural model, it was not a mediator of the relationship between the working alliance and burnout. There were a few statistical reasons this may have occurred. First, the range of scores on the DSS measure was small and clustered at the low end of possible scores, indicating low levels of nondisclosure in this sample. This could have reduced the potential for expected findings in regard to nondisclosure. Second, there may be a concern with the face validity of the DSS measure in that most of the items refer to "comfort with" disclosure rather than incidents of disclosure. Participants who may have perceived themselves comfortable with disclosing to their supervisor may not have actually done so. Similarly, participants may have disclosed who were not necessarily comfortable with such. The intent was to measure occurrence of nondisclosure during licensure supervision; thus, if this was not necessarily adequately measured, that could have led to this hypothesis not being supported. Lastly, correlations between the supervisory working alliance factors and types of disclosure were relatively high and thus, with both the alliance and nondisclosure in the mediation model, there may not have been unique variance in burnout for nondislcosure to predict. This fits, theoretically, if the alliance and "comfort with" nondisclsoure were too similar of constructs.

This study, in large part, aimed to help explain why the working alliance and burnout are historically related. What was shown instead is what did not explain that relationship based on the measures used and sample at hand: supervisee nondisclosure. Therefore, if interested parties are attempting to prevent or reduce counselor burnout through the supervision experience, there will be other constructs to examine in addition to supervisee nondisclosure. For example, Knudsen et al. (2013) discovered a mediator of commitment to one's organization or field as a mediator between the supervisory working alliance and burnout. When alliances were stronger, commitment was stronger, and thus, burnout was lower. It might be useful to examine this construct in a sample of post-graduation licensure supervisees. In sum, nondisclosure did not operate as a mediator here, it was related to the working alliance, and the strength of the working alliance played a part in potential burnout. Therefore, supervisors should still pay attention to issues with nondisclosure.

For hypothesis 4, the goal portion of the supervisory working alliance was examined specifically in relation to the personal accomplishment type of burnout. Personal accomplishment burnout means one is not feeling competent or confident in their clinical work performance; in this sample, agreement on the goals of supervision predicted personal accomplishment burnout. The more that supervisees perceived they were in agreement with their supervisors on desired outcomes of supervision, the more that supervisees felt personal accomplishment in their work. Agreeing on goals meant that both parties were comfortable with the content discussed in supervision and that the responses by the supervisor were in an effort to guide the supervisee to a place in their work that they both agree was a desired place to be. For example, a supervisee struggling

with how to respond to a crisis situation with a client may have addressed this with the supervisor (an agreed upon task of supervision), in an effort to increase the supervisee's repertoire of responding to client crises (an agreed upon goal of supervision), so as to eventually do so independently with competence and confidence. This was perhaps in and of itself another goal of supervision, to increase this sense of personal accomplishment in the counselor. Structurally, when agreement on the goals of supervision were missing, time in supervision may have been spent negotiating these; this would leave less time for consultation and building of skills which would lead to feelings of personal accomplishment. If a supervisee was finding themselves not agreeing with the supervisor on the ultimate goals of their development, this could automatically reduce their sense of personal accomplishment due to discomfort with the person who evaluates them.

Another specific combination of the supervisory working alliance (task) and burnout (depersonalization) was examined in hypothesis 5. The data indicated that task predicted levels of depersonalization in the sample, consistent with results of hypothesis 1. According to Bordin (1983), agreement on tasks has to be facilitated by the supervisor. If a supervisor had not oriented a supervisee that addressing negative feelings about clients is a necessary issue to address and gained their agreement on such (thus, reducing role ambiguity) and those negative feelings persisted as a result of not targeting them in supervision, depersonalization could have likely developed. Supervisees could have grown more and more disconnected, resentful, or avoidant of their clients, not knowing that this would be something acceptable to share in supervision. Alternatively, if counselors were not agreeing with their supervisors on supervision tasks, attending

supervision sessions could have started to feel like a required formality rather than a good use of the supervisee's time where they perceived they would learn and grow into a better clinician. This could have lead the supervisee to feelings of bitterness or hopelessness which could have affected their other work relationships, including those with clients. It may have been hard to invest and vulnerably examine relationships with clients if they perceived that this was not being modeled by their primary mentor addressing any breakdowns in agreement on supervision tasks. Agreement for the supervisor to help address issues of judgments, fears, or urges for avoidance needs to be oriented by the supervisor as a standard task of supervision. Once this agreement is in place, the pair can then focus on the issues at hand and decide the route to go depending on the nature and intensity of the feelings toward clients. As concerns are addressed, potential depersonalization burnout could be prevented or remedied.

To extend hypothesis 5, the next hypothesis examined whether client/personal-related nondisclosure mediated a relationship between task and depersonalization. The data indicated that nondisclosure did not mediate the relationship in this sample; it did not explain why supervisees who were not in agreement on tasks with their supervisor experienced more depersonalization. These results are not surprising, given the findings from hypothesis 3, as hypothesis 6 was a more specific version of hypothesis 3.

Hypothesis 7's results showed that the bond element of the working alliance helped explain the variance shown in emotional exhaustion burnout in the sample. When supervisees felt more connected to their supervisor, they were less emotionally exhausted. They had someone with whom they felt positive, trusting, and collaborative, and counselors felt more engaged, energized, and positive about their work overall. Thus,

a supervisee's bond with their supervisor seemed to be relevant to their likelihood for burnout in this first period of professional work outside of their educational training. When there were threats to the bond, there was likely also threats to one's emotional well-being at work. Reduced bonds could have led to feelings of isolation, shame, anger, and more which went together with emotional distress, all occurring within one's work context. To prevent emotional exhaustion in supervisees, it is important for dyads to establish a strong bond in supervision. Moving forward, this should be created intentionally by the supervisor and sought after by the supervisee.

To extend hypothesis 7, hypothesis 8 examined whether supervisor-related nondisclosure mediated a relationship between bond and emotional exhaustion. Nondisclosure did not mediate the relationship in this sample; it did not explain why supervisees who were not feeling bonded to their supervisors experienced more emotional exhaustion. It was hypothesized that a lack of disclosure of concerns with the supervisor, specifically, would explain why counselors were emotionally exhausted. Conversely, it was thought that if supervisees addressed bond-related concerns with the supervisor, that this would predict a reduction in emotional exhaustion. As a distinct variable, supervisor-related nondisclosure did not operate as a mediator here. This finding is similar to that in hypotheses 3 and 6.

Demographics

There were several relationships among demographic variables and main study variables that are relevant to discuss. Variables related to the burnout outcome variable were used as covariates during regression, mediation, and structural equation modeling analyses. First, age was negatively related to all types of burnout; older participants in the

current sample reported less burnout than younger participants. This is consistent with results of several studies (Boscarino et al., 2004; Craig & Sprang, 2010; Lent & Schwartz, 2012; Thompson et al., 2014). It could be that any older clinicians who would potentially report more burnout did not do so as they were not surveyed; perhaps they were not available to be surveyed due to leaving the field because of burnout. These clinicians would likely not have been surveyed regardless though, as the focus was on clinicians generally at the beginning of their professional experience as counselors, social workers, and psychologists. Ages ranged from 23 to 67 ($M = 34.77$, $SD = 9.31$), and years of experience working in the field of mental health prior to starting licensure supervision ranged from 0 to 37 ($M = 3.58$, $SD = 4.47$). What is more likely to support this relationship between age and burnout are factors suggested previously: coping ability based on age (more seasoned clinicians likely have developed more ability to cope effectively; Thompson et al. 2011) and working conditions of those earlier in their careers and thus, younger (Thompson et al., 2014).

Participants who reported that they would not choose the profession again reported more burnout, and those who reported they were happy with their career choice reported less burnout. These relationships were not surprising. However, 12.5% of participants said they would not choose the same profession again, whereas 6.9% said they were not happy with their career choice. This means that 5.6% of participants said that they were happy with their career choice but would not choose the same profession again. This inconsistency could possibly be explained by how the questions were interpreted. Perhaps one was happy with their overall career but not with their specialty or particular job assignment at the time of completing the survey. These two questions

also may not have been direct opposites of each other. One could have both been happy

with their career choice but also would have preferred to choose another profession, at

the same time. These questions were asked in order to compare results to rates of burnout

in the sample. Interestingly, there were no trends related to age with whether participants

would choose their profession again or if they were happy with their career choice.

The two settings in which the majority of the participants worked also related to

burnout. Those working in outpatient community mental health (47.1%) reported more

emotional exhaustion type of burnout. Those working in private practice (21.5%)

reported less of all types of burnout. Setting was suggested previously as a factor that

could play a part in burnout rates of this sample. Participants were all within their

licensure supervision experience or less than a year following receiving their original

state license. It was suggested that these clinicians would be less likely to work in private

practice settings due in part to pre-licensure fee collection and insurance limitations.

Private practice settings were thought to create less opportunities for burnout and thus,

that this sample would show burnout even at their stage of development. More of the

sample worked in outpatient community mental health settings, but there were many

participants who worked in private practice. Those in private practice reported less

burnout, as suggested would be the case. In this sample, age was related to private

practice setting ($r = .21, p < .001$) such that older participants were more likely to work in

private practice settings. Licensure status (pre- or post-licensure) was not related to

private practice setting. Older clinicians, including those working in private practice,

reported less burnout than younger clinicians and those working in outpatient community

mental health. Conditions of the latter generally involve a lower rate of pay, larger

caseloads, sometimes providing therapy in clients' homes, less ownership over work hours, quotas of required billable time, client attendance problems, and more. Conditions of private practice are often less stressful in that due to associated fees, clients are often more invested in the work, and thus, poor attendance is less of an issue. Clinicians in private practice generally have more autonomy over their work experience and higher rates of pay. Thus, it makes sense that those in outpatient community mental health reported more burnout than those in private practice.

In moving on to demographic variables that related to the predictor variable, the supervisory working alliance, these were nature of assignment (voluntary or involuntary) and duration of supervision sessions. When participants reported longer durations of supervision sessions, they also reported stronger agreement on the tasks and goals with their supervisors. More interestingly, participants who voluntarily chose their supervisors among options had stronger working alliances than those who were involuntarily assigned their supervisor. The latter scenario commonly occurs when one is hired by an employer who provides licensure supervision as a benefit of employment. There is generally no fee for supervision for the clinician in this scenario; however, there are minimal to no options for who that person will be. Alternatively, when an employer does not supply the licensure supervision as a benefit, they may not have them available and/or they are not opposed to a clinician opting for a supervisor outside of that place of employment. The supervisee has a choice among options (typically outside of their place of employment) of who they want their supervisor to be and thus, who they want to pay for this service. This allows for both parties to interview each other before entering into a long-term commitment together, assuming this step is taken. Bordin would likely agree

that this vetting process would be an important part of establishing agreed upon tasks and goals of supervision as well as ascertaining whether a bond could be developed. With a voluntary assignment, the supervisee has a chance to forego a supervisor with whom they are not agreeing or to whom they are not feeling initially connected. Assuming the supervisee ultimately chooses a supervisor with a higher potential for a strong working alliance, this is a unique capability of voluntary assignment as opposed to involuntarily being given one's supervisor. In addition, due to supervisees paying for the service of a voluntarily-assigned supervisor, generally, this leads a supervisee to be more invested in the process and perhaps more particular about the quality of the experience they are getting. This clinician may be more likely to address alliance concerns and/or change supervisors than the clinician who is receiving the supervision at no charge from their employer.

Limitations

There are a few limitations of the current study that could inform future research to be conducted. First, as with any self-report study, the variables explored here were not objectively measured. They were subjectively reported. Although the measures used all had shown evidence of strong reliability and validity, data collected by self-report are inherently limiting. In addition, there were limits based on sample characteristics. The ability of this study to generalize its findings to the wider population of all clinicians reporting on their licensure supervision experience is dependent on a representative sample of such group. The final sample included 253 women, 31 men, and 4 genderqueer individuals. While these amounts may be somewhat representative of the field's saturation of women over other genders, it would have been beneficial if more men and

gender minorities had been included. Similarly, regarding race, the majority (79.2%) of participants were Caucasian, so more participants of racial minority status would be important to have. There was representation of clinicians working in all regions of the United States, but the most represented was the south at 42.2%. Regarding field, 44.3% of participants were counselors, 37.7% were social workers, and 17.6% were psychologists. Thus, the results of this study likely say more about counselors than it does about psychologists, overall.

Regarding their licensure status, the majority of participants (65.4%) were post-licensure (issued their full state license within 1 year prior to completing the survey). Thus, they answered survey questions based on their memory of their experience with their licensure supervisor, which, for most, was likely an inactive relationship at the time of completing the survey. Although they were chosen to be included in order to increase the potential sample size, reporting by memory possibly limits the reliability of the information they reported. It would be ideal in the future to include only those actively in licensure supervision in order to reduce memory issues. Another consideration regarding time, involves this research being cross-sectional, collected at one point in time, based on a general report of the supervisory working alliance, nondisclosure, and burnout during their time in licensure supervision. It is undetermined what specific point or span in time each participant may have been conceptualizing when answering questions. For example, they may have been thinking about more distressing, short-term times with their supervisor or work experience or perhaps of their experience overall. To reduce any confusion from this timing factor, collecting longitudinal data with samples such as this at specific points in time in the supervisory experience could yield new and interesting

information about the development of the working alliance, incidents of nondisclosure, and burnout. In addition to surveying across more points in time, it could also be beneficial to survey not only the supervisees but also the supervisors or the clients involved. This is a commonly called upon improvement (Watkins, 2014) that could give additional perspective.

Participants were asked if they answered questions based on their supervisor whom they had for the entire duration of their supervised experience or if they had changed supervisors at any point. Slightly less than half of the sample did not spend the entire time in supervision with the person their answers were based on, but it had to be the person with whom they spent the majority of the time and at least 6 months of time with that person. However, those participants responses could have been influenced by this change of supervisor and time factor versus the participants who were with one supervisor throughout.

Lastly, regarding statistical limitations, are the concerns with the DSS measuring nondisclosure as intended. Due to its items referring to "comfort with" disclosure raising concerns with face validity, as well as a small range of scores for nondisclosure (clustering toward less nondisclosure), this could have affected results of hypotheses 2, 3, 6, and 8. Measurement of the supervisory working alliance and supervisee nondisclosure may have had too much overla p (shown in high correlations), preventing nondisclosure from standing out distinctly. Use of a different measure, such as the Trainee Disclosure Scale (Walker, Ladany, & Pate-Carolan, 2007), or creation of a new nondisclosure instrument that adequately measures incidents of nondisclosure, could make a difference

in determining nondisclosure's potential mediation of the supervisory working alliance and counselor burnout.

Implications

Research. Following this study, there are several avenues that could be taken for continued research in this robust research area pertaining to clinical supervision and the supervisory working alliance, supervisee nondisclosure, or counselor burnout. This research replicated results showing the relationship of the supervisory working alliance to both nondisclosure and burnout. Several of the more specific hypotheses of this study were based on the measures chosen to assess these variables in licensure supervisees. Due to each measure having multiple subscales, hypotheses were modeled around those subscales, and not all possible combinations or potentially interesting research questions were asked. There is strong support for each of the measures (WAI/S, DSS, and MBI-HSS); researchers could develop additional research questions from their subscales in order to further understand these variables. More studies with nondisclosure as the outcome variable would be important to examine. While we know that the supervisory working alliance can explain much of the variance in supervisee nondisclosure, there could be other factors at play. Previous nondisclosure studies have largely focused on the content of nondisclosure and reasons people do not disclosure. It would also be especially helpful to know more about the outcomes of nondisclosure. There may be other outcomes that nondisclosure in supervision predicts, such as therapeutic outcomes with clients or ethical errors by the supervisee.

Given that nondisclosure did not mediate the relationship between the supervisory working relationship and burnout in this study, it is important to find other possible

mediators that would explain the relationship between the working alliance and burnout. As Knudsen et al. (2013) found, commitment to the field or to one's work organization mediated this relationship. Another clinical supervision construct commonly studied is satisfaction with supervision (Ladany et al., 1999). Job satisfaction or satisfaction with work setting (Kadushin & Harkness, 2002; Savicki & Cooley, 1987) are additional similar constructs that have been suggested to have relations to the working alliance and burnout. There are seemingly endless possible mediation models to test among these variables that could shed further light on what pieces matter most when it comes to a developing clinician's experience in supervision. It will be important to continue to survey participants who are in the workplace, post-graduation, in order to inform supervisors at this level who generally spend about two years or longer working with these newer clinicians.

Supervision. Supervision at the post-graduate level is meant to include the rigor necessary to ultimately approve or disapprove someone to do clinical work independently. The supervisees' experiences reported in this study might be used to promote intentionality on behalf of supervisees to choose their supervisors wisely during this crucial state of their development. Personally, I have not observed much careful consideration of supervisors by clinicians needing supervision. Choice is often not an option (as with involuntary assignment), or availability and cost are stronger factors being considered. In addition, this study's results highlight the importance of supervisees addressing supervisor issues in supervision, or making a change of supervisor if the experience is not proving effective of helpful from their perspective. These options are also typically limited due to availability, cost, and a desire not to take a break in time

without supervision which would prolong the eventual earning of one's full state license. In addition, results from this study shed light for interested supervisors on what they can do to aid in preventing or relieving burnout for their supervisees, as much is contingent on a strong supervisory working alliance. While the supervisee should take some ownership over the experience, it is ultimately the supervisor's responsibility to deliver a helpful, meaningful, and rigorous supervision experience.

Training. While some supervisors providing licensure supervision may have doctoral level training in supervision, most do not, which means that this sample likely did not have adequate training in supervision. They may not have this because it was not provided within their master's level training, or they may have doctoral training but it did not include supervision training. We should not assume that even rigorous clinical training on working with clients is sufficient to train someone properly as a supervisor. In addition, although all states' procedures cannot be commented on here, it is generally the case that the "training in supervision" requirement in order to provide state licensure supervision is not very extensive. Any training the sample had likely did not include the expectation to operate within an established model of supervision, which could lead to both role conflict and role ambiguity for supervisors. Therefore, there are many licensure supervisors possibly providing lower quality supervision without any governing body monitoring this (unless there is an audit or complaint filed of some kind). Given the findings of this study highlighting the importance of the supervisory working alliance to counselor burnout especially, it would be important for all state licensure supervisors to be required to somehow display competence following some structured training in several supervisor-related proficiencies before being allowed to provide this supervision.

These leaders are the gatekeepers for future licensed clinicians who will then potentially be gatekeepers themselves. Thus, if working alliances are suffering, as we know that they are, this puts supervisees and potentially, their clients, at risk of not getting the most out of their experiences that they could.

As mentioned, training on supervision is generally lacking from master's programs. Therefore, those who are about to graduate and seek licensure supervision are not necessarily fully prepared for what that relationship should entail. They have examples from the supervision they receive during practicum, internship, or field experiences, but those examples may not be exemplary of what would support a strong supervisory working alliance. Master's programs should have required workshops or incorporate supervisory training into their classes when possible that orient counselors to life after graduation, specifically in terms of pursuing their licenses.

Conclusion

In summary, this study replicated findings that the supervisory working alliance was related to both supervisee nondisclosure and counselor burnout. It also extended findings by surveying post-graduate clinicians. The task portion of the working alliance was especially important to predicting two types of burnout (emotional exhaustion and depersonalization). All supervisory working alliance factors had strong correlation coefficients with client/personal-related nondisclosure. Both forms of nondisclosure predicted a type of burnout: supervisor-related nondisclosure predicted depersonalization burnout and client/personal-related nondisclosure predicted personal accomplishment burnout. While no mediation effects were found, the other relationships shown here increase our understanding of these important supervision variables. Notably, older

clinicians were less burned out than younger clinicians, and those in private practice were less burned out than those in outpatient clinical mental health settings. These results demonstrate the need for further research on what may help to explain the relationship between the supervisory working alliance and counselor burnout.

References

Bahrick, A. S. (1989). *Role induction for counselor trainees: Effects on the supervisory working alliance.* (Unpublished doctoral dissertation). The Ohio State University, Columbus, Ohio.

Baker, D. E. (1990). Relationship of the supervisory working alliance to supervisor and supervisee narcissism, gender, and theoretical orientation. *Dissertation Abstracts International, 51*, (7-B), 3602–3603. (UMI No. AAG0568740)

Bakker, A. B., Van Der Zee, K. I., Lewig, K. A., & Dollard, M. F. (2006). The relationship between the big five personality factors and burnout: A study among volunteer counselors. *The Journal of Social Psychology, 146*, 31–50. doi:10.3200/SOCP.146.1.31-50

Bell, H., Hagedorn, W. B., & Robinson, E. H. M. (2016). An exploration of supervisory and therapeutic relationships and client outcomes. *Counselor Education and Supervision, 55*, 182–197. doi:10.1002/ceas.12044

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy, 16,* 252-260. doi:10.1037/h0085885

Bordin, E. S. (1983). A working alliance based model of supervision. *The Counseling Psychologist, 11*, 35-42. doi:10.1177/0011000083111007

Boscarino, J. A., Figley, C. R., & Adams, R. E. (2004). Compassion fatigue following the September 11 terrorist attacks: A study of trauma among New York City social workers. *International Journal of Emergency Mental Health, 6*, 57–66. doi:2004-16838-002

Craig, C., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and

burnout in a national sample of trauma treatment therapists. *Anxiety, Stress & Coping, 23*, 319–339. doi:10.1080/10615800903085818

Dutton, M. A., & Rubinstein, P. L. (1995). Working with people with PTSD: Research

implications. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 82-100). Philadelphia: Brunner/Maze.

Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance

in counselor supervision. *Journal Of Counseling Psychology*, *37*, 322-329. doi:10.1037/0022-0167.37.3.322

Falender, C. A. (2014). Supervision outcomes: Beginning the journey beyond the

emperor's new clothes. *Training And Education In Professional Psychology, 8*, 143-148. doi:10.1037/tep0000066

Farber, B. (2006). *Self-disclosure in psychotherapy.* New York: The Guilford Press.

Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care.

Journal of Clinical Psychology/In Session: Psychotherapy in Practice, 58, 1433-1441. doi:10.1002/jclp.10090

Friedlander, M. L., & Snyder, J. (1983). Trainees' expectations for the supervisory

process: Testing a developmental model. *Counselor Education and Supervision, 22*, 342-348. doi:10.1002/j.1556-6978.1983.tb01771.x

Falender, C. A., Shafranske, E. P., & Ofek, A. (2014). Competent clinical supervision:

Emerging effective practices. *Counselling Psychology Quarterly, 27*, 393-408. doi:10.1080/09515070.2014.934785

Gnilka, P. B., Chang, C. Y., & Dew, B. J. (2012). The relationship between supervisee stress, coping resources, the working alliance, and the supervisory working alliance. *Journal of Counseling & Development, 90,* 63-70. doi:10.1111/j.1556-6676.2012.00009.x

Gunn, J. E., & Pistole, M. C. (2012). Trainee supervisor attachment: Explaining the alliance and disclosure in supervision. *Training and Education in Professional Psychology, 6*, 229–237. https://doi.org/10.1037/a0030805

Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis.* New York: The Guilford Press.

Hess, S. A., Knox, S., Schultz, J. M., Hill, C. E., Sloan, L., Brandt, S., Kelley, F., Hoffman, M. (2008). Predoctoral interns' nondisclosure in supervision. *Psychotherapy Research, 18*, 400–411. doi:10.1080/10503300701697505

Himle, D. P., Jayaratne, S., & Thyness, P. A. (1989). The buffering effects of four types of supervisory support on work stress. *Administration in Social Work, 13*, 19-34. doi:10.1300/J147v13n01_02

Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the working alliance inventory. *Journal of Counseling Psychology, 36*, 223–233. doi:10.1037/0022-0167.36.2.223

Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38*, 139–149. doi:10.1037/0022-0167.38.2.139

Hoyle, R. H. (2012). Path analysis and structural equation modeling with latent variables.

In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, K. J. Sher, …
K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol 2:
Research designs: Quantitative, qualitative, neuropsychological, and biological*
(pp. 333–367). Washington, DC: American Psychological Association.
doi:10.1037/13620-019

Kadushin, A., & Harkness, D. (2002). *Supervision in social work* (4th ed.). New York:
Columbia University Press.

Kline, R. B. (2016). *Principles and Practice of Structural Equation Modeling: 4th edition.*
New York: The Guilford Press.

Knudsen, H. K., Roman, P. M., & Abraham, A. J. (2013). Quality of clinical supervision
and counselor emotional exhaustion: The potential mediating roles of
organizational and occupational commitment. *Journal of Substance Abuse
Treatment, 44*, 528-533. doi:10.1016/j.jsat.2012.12.003

Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The
Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work
& Stress, 19*, 192–207. doi:10.1080/02678370500297720

Ladany, N. (2004). Psychotherapy supervision: What lies beneath. *Psychotherapy
Research, 14*, 1–19. doi:10.1093/ptr/kph001

Ladany, N., Ellis, M. V., & Friedlander, M. L. (1999). The supervisory working alliance,
trainee self-efficacy, and satisfaction. *Journal of Counseling and Development,
77*, 447-455. doi:10.1002/j.1556-6676.1999.tb02472.x

Ladany, N., & Friedlander, M. L. (1995). The relationship between the supervisory
working alliance and trainees' experience of role conflict and role ambiguity.

Counselor Education and Supervision, 34, 220-231. doi:10.1002/j.1556-6978.1995.tb00244.x

Ladany, N., Hill, C. E., Corbett, M. M., & Nutt, E. A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology Nondisclosure, 43*, 10–24. doi:10.1037/0022-0167.43.1.10

Ladany, N., Mori, Y., & Mehr, K. E. (2013). Effective and ineffective supervision. *The Counseling Psychologist, 41,* 28-47. doi:10.1177/0011000012442648

Lawson, G. (2007). Counselor wellness and impairment: A national survey. *Journal of Humanistic Counseling, Education and Development, 46*, 20-34. doi:10.1002/j.2161-1939.2007.tb00023.x

Lehrman-Waterman, D., & Ladany, N. (2001). Development and validation of the evaluation process within supervision inventory. *Journal of Counseling Psychology, 48*, 168–177. doi:10.1037//0022-0167.48.2.168

Lent, J., & Schwartz, R. C. (2012). The impact of work setting, demographic characteristics, and personality factors related to burnout among professional counselors. *Journal of Mental Health Counseling, 34*, 335-372. doi:10.17744/mehc.34.4.e3k8u2k552515166

Livni, D., Crowe, T. P., & Gonsalvez, C. J. (2012). Effects of supervision modality and intensity on alliance and outcomes for the supervisee. *Rehabilitation Psychology, 57*, 178-186. doi:10.1037/a0027452

Martens, M. P. (2005). The use of structural equation modeling in counseling psychology

research. *The Counseling Psychologist, 33*, 269–298.

doi:10.1177/0011000004272260

Maslach, C. (1976). Burned-out. *Human Behavior, 5*, 16-22.

Maslach, C. (2003). *Burnout: The cost of caring.* Cambridge, MA: Malor Books.

Maslach, C., Jackson, S., & Leiter, M. (1997). *Maslach burnout inventory manual: 3rd edition.* Palo Alto, CA: Consulting Psychologists Press, Inc.

Maslach, C., & Leiter, M. (1997). *The truth about burnout.* San Francisco: Jossey-Bass.

Maslach, G., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology, 52*, 397-422. doi:10.1146/annurev.psych.52.1.397

Mehr, K. E., Ladany, N., & Caskie, G. I. L. (2010). Trainee nondisclosure in supervision: What are they not telling you? *Counselling and Psychotherapy Research, 10*, 103–113. doi:10.1080/14733141003712301

Mehr, K. E., Ladany, N., & Caskie, G. I. L. (2015). Factors influencing trainee willingness to disclose in supervision. *Training and Education in Professional Psychology, 9*, 44–51. doi:10.1037/tep0000028

Mena, K. C., & Bailey, J. D. (2007). The effects of the supervisory working alliance on worker outcomes. *Journal of Social Service Research, 34*, 55-65. doi:10.1300/J079v34n01_05

Moate, R. M., Gnilka, P. B., West, E. M., & Bruns, K. L. (2016). Stress and burnout among counselor educators: Differences between adaptive perfectionists, maladaptive perfectionists, and nonperfectionists. *Journal of Counseling and Development, 94*, 161–171. doi:10.1002/jcad.12073

MorBarak, M. E., Nissly, J. A., &Levin, A. (2001). Antecedents to retention and turnover

among child welfare, social work, and other human service employees: What can we learn from past research? A review and meta-analysis. *Social Service Review, 75*, 625-661. doi:10.1086/323166

Nelson, M. L., Barnes, K. L., Evans, A. L., & Triggiano, P. J. (2008). Working with conflict in clinical supervision: Wise supervisor's perspectives. *Journal of Counseling Psychology, 55*, 172-184. doi:10.1037/0022-0167.55.2.172

Olk, M. E., & Friedlander, M. L. (1992). Trainees' experiences of role conflict and role ambiguity in supervisory relationships. *Journal of Counseling Psychology, 39*, 389–397. doi:10.1037/0022-0167.39.3.389

Patton, M. J., & Kivlighan, D. M. J. (1997). Relevance of the supervisory alliance to the counseling alliance and to treatment adherence in counselor training. *Journal of Counseling Psychology, 44*, 108–115. doi:10.1037/0022-0167.44.1.108

Pearlman, L, A., & Saakvitne, K. W. (1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 150-177), Philadelphia: Brurmer/Mazel.

Puig, A., Baggs, A., Mixon, K., Park, Y. M., Kim, B. Y., & Lee, S. M. (2012). Relationship between job burnout and personal wellness in mental health professionals. *Journal of Employment Counseling, 49,* 98-109. doi:10.1002/j.2161-1920.2012.00010.x

Ramos-Sánchez, L., Esnil, E., Goodwin, A., Riggs, S., Touster, L. O., Wright, L. K., Ratanasiripong, P., & Rodolfa, E. (2002). Negative supervisory events: Effects on

supervision satisfaction and supervisory alliance. *Professional Psychology: Research and Practice, 33,* 197-202. doi:10.1037//0735-7028.33.2.197

Russell, D. W., Kahn, J. H., Spoth, R., & Altmaier, E. M. (1998). Analyzing data from experimental studies: A latent variable structural equation modeling approach. *Journal of Counseling Psychology, 45*, 18–29. doi:10.1037/0022-0167.45.1.18

Sackett, C. R., & Lawson, G. (2015). The working alliance and experiences of clients and counselors-in-training. *Journal of Humanistic Counseling, 54*, 104–121. doi:10.1002/johc.12006

Sangganjanavanich, V. F., & Balkin, R. S. (2013). Burnout and job satisfaction among counselor educators. *Journal of Humanistic Counseling, 52*, 67-79. doi:10.1002/j.2161-1939.2013.00033.x

Savicki, V., & Cooley, E. J. (1982). Implications of burnout research and theory for counselor educators. *Journal of Counseling & Development, 60*, 415-419. doi:10.1002/j.2164-4918.1982.tb00789.x

Savicki, V., & Cooley, E. J. (1987). The relationship of work environment and client contact to burnout in mental health professionals. *Journal of Counseling and Development, 65*, 249-252. doi:10.1002/j.1556-6676.1987.tb01276.x

Sterner, W. R. (2009). Influence of the supervisory working alliance on supervisee work satisfaction and work-related stress. *Journal of Mental Health Counseling, 31*, 249–263. doi:10.17744/mehc.31.3.f3544I502401831g

Sweeney, J., & Creaner, M. (2014). What's not being said? Recollections of nondisclosure in clinical supervision while in training. *British Journal of Guidance & Counselling, 42*, 211–224. doi:10.1080/03069885.2013.872223

Tabachnick, B. G., & Fidell, L. S. (2013). *Using multivariate statistics.* Boston: Pearson.

Thompson, I., Amatea, E., & Thompson, E. (2014). Personal and contextual predictors of mental health counselors' compassion fatigue and burnout. *Journal of Mental Health Counseling, 36*, 58–77. doi:10.17744/mehc.36.1.p61m73373m4617r3

Thompson, E. H., Frick, M. H., & Trice-Black, S. (2011). Counselor-in-training perceptions of supervision practices related to self-care and burnout. *The Professional Counselor, 1*, 152-162. doi:10.15241/eht.1.3.152

Walker, J. A., Ladany, N., & Pate-Carolan, L. M. (2007). Gender-related events in psychotherapy supervision: Female trainee perspectives. *Counselling and Psychotherapy Research, 7*, 12 -18. doi:10.1080/14733140601140881

Watkins Jr., C. E. (2014). The Supervisory Alliance: A Half Century of Theory, Practice, and Research in Critical Perspective. *American Journal Of Psychotherapy*, *68*, 19-55. doi:10.1176/appi.psychotherapy.2014.68.1.19

Webb, A., & Wheeler, S. (1998). How honest do counsellors dare to be in the supervisory relationship?: An exploratory study. *British Journal of Guidance & Counselling, 26*, 509–524. doi:10.1080/03069889808253860

Worthen, V., & McNeill, B. W. (1996). A phenomenological investigation of "good" supervision events. *Journal of Counseling Psychology, 43*, 25–34. doi:10.1037/0022-0167.43.1.25

Yourman, D. B. (2003). Trainee disclosure in psychotherapy supervision impact of shame. *Journal of Clinical Psychology, 59*, 601-609. doi:10.1002/jclp.10162

Yourman, D. B., & Farber, B. A. (1996). Nondisclosure and distortion in psychotherapy

supervision. *Psychotherapy: Theory, Research, Practice, Training, 33*, 567–575.

doi:10.1037/0033-3204.33.4.567

Table 1

Means, Standard Deviations, Cronbach's alpha, and Correlations Among Covariate Demographic Variables, Predictor, Mediator, and Outcome Variables

Variable	M	SD	α	8	9	10	11	12	13	14	15
1. Age	35	9.31	-	.08	.03	.04	-.05	-.10	-.28***	-.31***	-.31***
2. Assign	-	-	-	-.24***	-.24***	-.23***	.15*	.16**	.10	.08	.17**
3. Duration	-	-	-	.21***	.14*	.23***	-.19**	-.17**	.03	-.03	-.04
4. Choose	-	-	-	-.03	-.03	-.02	.03	.00	-.24***	-.22***	-.19***
5. Happy	-	-	-	-.11	-.06	-.12*	.06	.09	.29***	.19***	.19***
6. OutCMH	-	-	-	-.03	.02	.03	-.07	-.07	.20***	.14*	.18**
7. PrivPrac	-	-	-	.10	-.04	.12	-.01	-.04	-.22***	-.23***	-.20***
8. Task	69.40	11.42	.89	-	.79***	.93***	-.68***	-.52***	-.32***	-.31***	-.22***
9. Bond	70.69	11.03	.88		-	.79***	-.70***	-.47***	-.20***	-.18**	-.19**
10. Goal	67.92	12.94	.92			-	-.67***	-.54***	-.29***	-.26***	-.20***
11. Client	12.05	5.65	.87				-	.60***	.14*	.18**	.16**
12 Suprv	15.14	6.59	.88					-	.18**	.23***	.13*
13. EE	30.28	11.84	.93						-	.57***	.40***
14. DP	10.22	4.67	.75							-	.43***
15. PA	15.20	4.69	.74								-

Note. Assign = nature of supervisor assignment; Duration = duration of supervision sessions; Choose = whether would choose profession again; Happy = happiness with career choice; OutCMH = worked in outpatient community mental health setting; PrivPrac = worked in private practice setting; Task, Bond, and Goal = three subscales of the WAI/S measure; Client and Suprv = two subscales of the DSS measure; EE, DP, and PA = three subscales of MBI-HSS measure.
*p < .05. **p<.01. ***p<.001.

Table 2

Hierarchical Multiple Regression Analyses Predicting Burnout From the Supervisory Working Alliance

	Burnout Type					
	Emotional Exhaustion		Depersonalization		Personal Accomplishment	
Predictor	ΔR^2	β	ΔR^2	β	ΔR^2	β
Step 1	.19***		.17***		.15***	
Control variables[a]						
Step 2	.27***		.25***		.19***	
Task		-.35***		-.15***		-.04
Bond		.08		.05		-.04

Note. [a]Control variables included age, whether would choose profession again, happiness with career choice, worked in outpatient community mental health setting (EE only), and worked in private practice setting; Task and Bond = two subscales of the WAI/S measure.

*p < .05. **p<.01. ***p<.001.

Table 3

Hierarchical Multiple Regression Analyses Predicting Burnout From Nondisclosure

| Predictor | Burnout Type | | | | | |
| | Emotional Exhaustion | | Depersonalization | | Personal Accomplishment | |
	ΔR^2	β	ΔR^2	β	ΔR^2	β
Step 1	.20***		.17***		.16***	
Control variables[a]						
Step 2	.22***		.21***		.17***	
Client		.15		.07		.11*
Supervisor		.19		10*		-.00

Note. [a]Control variables included age, whether would choose profession again, happiness with career choice, worked in outpatient community mental health setting (EE only), and worked in private practice setting; Client and Suprvisor = two subscales of the DSS measure.

*p < .05. **p<.01. ***p<.001.

Table 4

Hierarchical Multiple Regression Analyses Predicting Personal Accomplishment Burnout from Goal (Supervisory Working Alliance)

	Personal Accomplishment	
Predictor	ΔR^2	β
Step 1	.15***	
Control variables[a]		
Step 2	.18***	
Goal		-.06**

Note. [a]Control variables included age, whether would choose profession again, happiness with career choice, and worked in private practice setting.
*p < .05. **p<.01. ***p<.001.

Table 5

Hierarchical Multiple Regression Analyses Predicting Depersonlization Burnout from Task (Supervisory Working Alliance)

Predictor	Depersonalization	
	ΔR^2	β
Step 1	.17***	
Control variables[a]		
Step 2	.24***	
Task		-.11***

Note. [a]Control variables included age, whether would choose profession again, happiness with career choice, and worked in private practice setting.
*p < .05. **p<.01. ***p<.001.

Table 6

Hierarchical Multiple Regression Analyses Predicting Emotional Exhaustion Burnout from Bond (Supervisory Working Alliance)

	Emotional Exhaustion	
Predictor	ΔR^2	β
Step 1	.19***	
Control variables[a]		
Step 2	.23***	
Bond		-.20***

Note. [a]Control variables included age, whether would choose profession again, happiness with career choice, worked in outpatient community mental health setting, and worked in private practice setting.
*p < .05. **p<.01. ***p<.001.
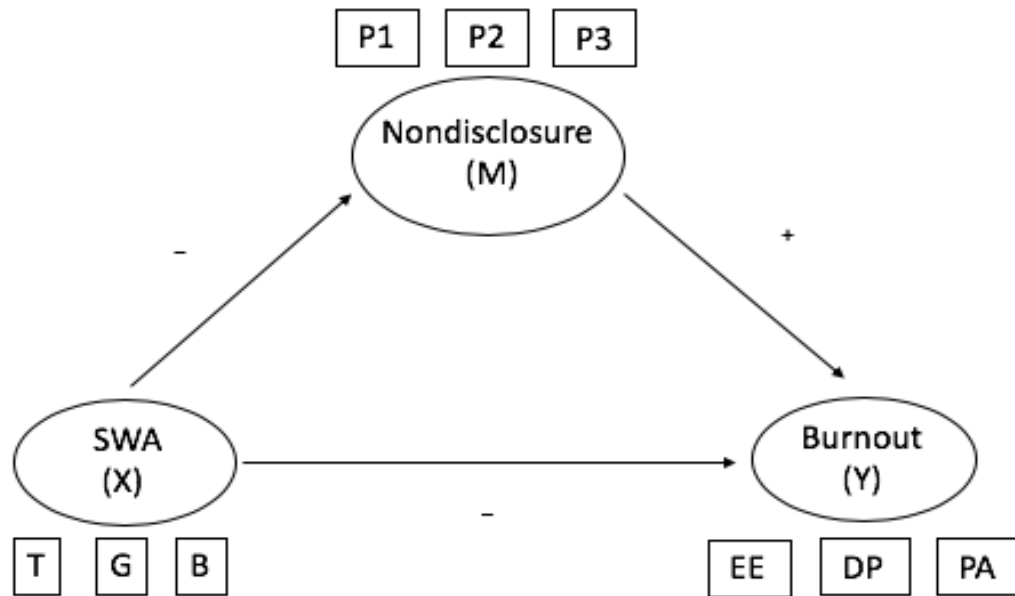
Figure 1. Conceptual Diagram for Structural Equation Model. SWA = Supervisory Working Alliance; T = Task; G = Goal; B = Bond; EE = Emotional Exhaustion; DP = Depersonalization; PA = Personal Accomplishment; P1 = Parcel 1 of Nondisclosure; P2 = Parcel 2 of Nondisclosure; P3 = Parcel 3 of Nondisclosure.
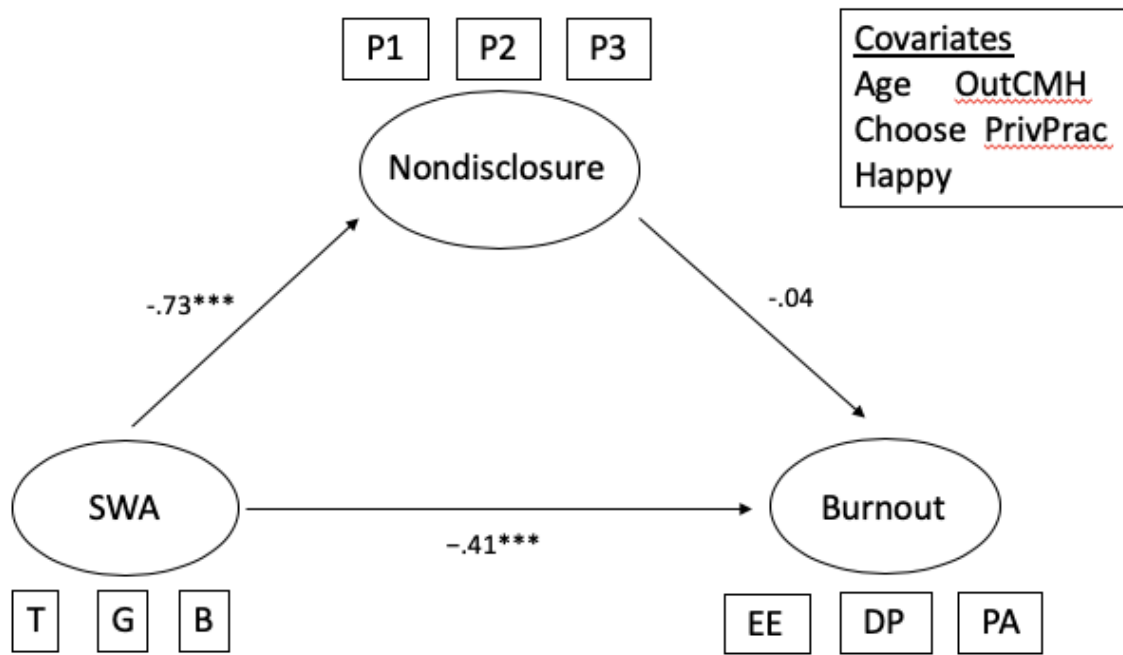
Figure 2. Structural Equation Model. SWA = Supervisory Working Alliance; T = Task; G = Goal; B = Bond; EE = Emotional Exhaustion; DP = Depersonalization; PA = Personal Accomplishment; P1 = Parcel 1 of Nondisclosure; P2 = Parcel 2 of Nondisclosure; P3 = Parcel 3 of Nondisclosure. All path coefficients were standardized.
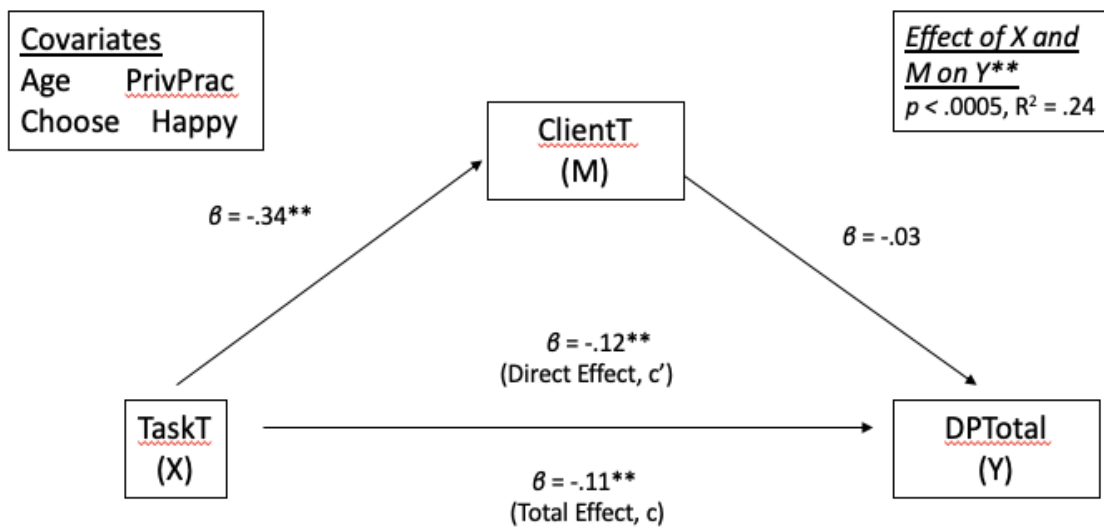*p < .05. **p<.01. ***p<.001.

Figure 3. Statistical Model for Hypothesis #6. TaskT = task (supervisory working alliance); ClientT = client/personal-related (nondisclosure); and DPTotal = depersonalization (burnout).
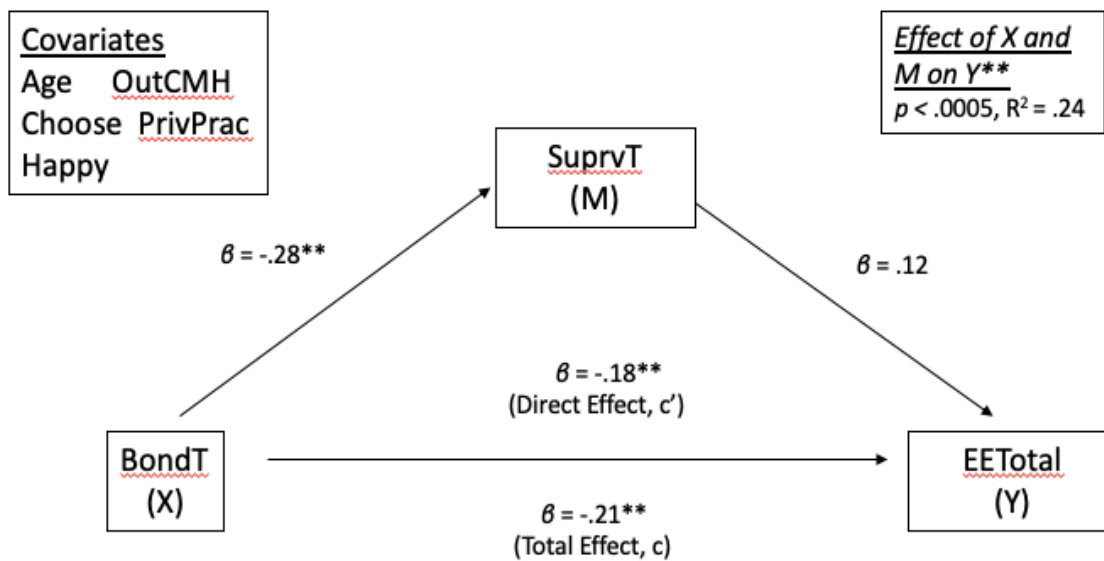*p < .05. **p < .01.

Figure 4. Statistical Model for Hypothesis #8. BondT = bond (supervisory working alliance); SuprvT = supervisor-related (nondisclosure); and EETotal = emotional exhaustion (burnout).
*p < .05. **p < .01.

Appendix: Measures

WAI/S

On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her supervisor. As you read the sentences, mentally insert the name of your supervisor in place of _____ in the text.

Below each statement inside there is a seven-point scale:
1- Never
2- Rarely
3- Occasionally
4- Sometimes
5- Often
6- Very often
7- Always

If the statement describes the way you <u>always</u> feel (or think), circle the number "7"; if it <u>never</u> applies to you, circle the number "1". Use the numbers in between to describe the variations between these extremes.

1. I feel uncomfortable with _____.
2. _____ and I agree about the things I will need to do in supervision.
3. I am worried about the outcome of our supervision sessions.
4. What I am doing in supervision gives me new ways of looking at myself as a counselor.
5. _____ and I understand each other.
6. _____ perceives accurately what my goals are.
7. I find what I am doing in supervision confusing.
8. I believe _____ likes me.
9. I wish _____ and I could clarify the purpose of our sessions.
10. I disagree with _____ about what I ought to get out of supervision.
11. I believe the time _____ and I are spending together is not spent efficiently.
12. _____ does not understand what I want to accomplish in supervision.
13. I am clear on what my responsibilities are in supervision.
14. The goals of these sessions are important to me.
15. I find what _____ and I are doing in supervision is unrelated to my concerns.
16. I feel that what _____ and I are doing in supervision will help me to accomplish the changes that I want in order to be a more effective counselor.
17. I believe _____ is genuinely concerned for my welfare.
18. I am clear as to what _____ wants me to do in our supervision sessions.
19. _____ and I respect each other.
20. I feel that _____ is not totally honest about his/her feelings toward me.
21. I am confident in _____'s ability to supervise me.
22. _____ and I are working towards mutually agreed upon goals.
23. I feel that _____ appreciates me.

24. We agree on what is important for me to work on.

25. As a result of these sessions, I am clearer as to how I might be able to improve my counseling skills.

26. _____ and I have built a mutual trust.

27. _____ and I have different ideas on what he/she needs to work on.

28. Our relationship is important to _____.

29. _____ has some fears that if she/he says or does the wrong things that I will disapprove.

30. _____ and I have collaborated on setting goals for our supervision sessions.

31. _____ is frustrated by what I am asking her/him to do in supervision.

32. We have established a good understanding of the kind of things _____ needs to work on.

33. The things that we are doing in supervision don't make much sense to _____.

34. _____ doesn't know what to expect as the result of supervision.

35. _____ believes that the way we are working with his/her issues is correct.

36. I respect _____ even when he/she does things that I don't approve of.

DSS

With your primary supervisor in mind, please rate how frequently each feeling or event occurs/occurred in supervision.

Never   Sometimes   Always
1-------------2------------3-------------4-------------5------------6------------7

_____1. I am comfortable sharing personal information with my supervisor

_____2. I have felt comfortable telling my supervisor that I am concerned about
          his/her evaluation of my work

_____3. I am comfortable sharing negative reactions to clients with my supervisor

_____4. I have felt comfortable telling my supervisor about countertransference
          reactions to clients

_____5. I am comfortable sharing positive reactions to clients with my supervisor

_____6. I am comfortable discussing my angry feelings toward my clients

_____7. I am comfortable discussing my feelings of inadequacy as a clinician

_____8. I have felt comfortable openly disagreeing with my supervisor

_____9. When I have thought my supervisor has been wrong I have let him/her know it

_____10. I have felt comfortable letting my supervisor know my negative feelings about
          him/her

MBI-HSS

On the following page are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, write the number "0" (zero) in the space before the statement. If you have had this feeling, indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way.

How often:
0- Never
1- A few times a year or less
2- Once a month or less
3- A few times a month
4- Once a week
5- A few times a week
6- Every day

1. I feel emotionally drained from my work.
2. I feel used up at the end of the workday.
3. I feel fatigued when I get up in the morning and have to face another day on the job.
4. I can easily understand how my recipients feel about things.
5. I feel I treat some recipients as if they were impersonal objects.
6. Working with people all day is really a strain for me.
7. I deal very effectively with the problems of my recipients.
8. I feel burned out from my work.
9. I feel I'm positively influencing other people's lives through my work.
10. I've become more callous toward people since I took this job.
11. I worry that this job is hardening me emotionally.
12. I feel very energetic.
13. I feel frustrated by my job.
14. I feel I'm working too hard on my job.
15. I don't really care what happens to some recipients.
16. Working with people directly puts too much stress on me.
17. I can easily create a relaxed atmosphere with my recipients.
18. I feel exhilarated after working closely with my recipients.
19. I have accomplished many worthwhile things in this job.
20. I feel like I'm at the end of my rope.
21. In my work, I deal with emotional problems very calmly.
22. I feel recipients blame me for some of their problems.

Demographic Questionnaire

Age (please specify)

Assigned sex at birth: What sex were you assigned at birth, on your original birth certificate?
Male
Female

Gender: What is your current gender identity? (Choose one)
Woman
Man
Trans female/Trans woman
Trans male/Trans man
Genderqueer/Gender non-conforming
Different identity (please state): _____

Race/Ethnicity: please indicate which racial/ethnic background you most closely identify with, regardless of your country of origin.
African/African-American
Asian/Asian-American
Native/Native American
Alaskan Native
Caucasian/White
Multiracial
Different identity (please state): _____

In what region of the United States do you work?
Northeast
Midwest
South
West

What best describes the area in which you work?
Urban
Suburban
Rural

What is your highest level of education?
Obtained Master's degree
Obtained Doctoral degree

What field is your graduate education in?
Counseling
Social Work
Psychology
Other (please specify)

What is your licensure/supervision status?
Pre-licensure, actively participating in licensure supervision
Post-licensure, have completed licensure supervision and obtained full state license
      within the last year
I have not begun licensure supervision yet
I have had my original full state license for over a year

Have you had your initial/original full state license for more than a year?
Yes
No

When were you issued your original full state license, if applicable? (please specify month and year)

For what percentage of time have you worked, or did you work, with your primary licensure supervisor? (primary supervisor is who supervised you for the majority of your supervised experience)
Total duration of time in licensure supervision (one supervisor throughout supervised
      experience)
51-99% of my time in licensure supervision (I worked with another supervisor(s) for less
      time than I have worked with my primary supervisor)

Have you been (or were you) in licensure supervision with your primary supervisor for at least 6 months?
Yes
No

What best describes your primary supervisor assignment?
Voluntary (I personally chose my licensure supervisor)
Involuntary (I was assigned my licensure supervisor without a choice among options)

How often do you meet with your primary supervisor?
Weekly
Bi-weekly
Monthly
Less often than monthly

How long are your sessions with your primary supervisor?
Less than one hour
One hour
More than one hour

How many years have you worked in the mental health field prior to starting your
supervised licensure experience?
0-5 years
5-10 years
10+ years

How many total hours of graduate practicum/internship/field experience did you
complete? (please specify)

What are your specialty area(s), if applicable? (please specify)

What is your work setting?
Community Mental Health (Outpatient)
Private Practice
Inpatient (hospital, short-term/long-term residential site, etc.)
Other (please state): _____

Do you receive support on your clinical work from a peer, co-worker, or secondary
supervisor other than your primary licensure supervisor (while still assigned to your
primary licensure supervisor)?
Yes
No

Please answer True or False: "I would not choose this profession if I had to do it over
again."
True
False

Please answer True or False: "I am happy with my career choice."
True
False

How did you hear about this survey?
Email
Social media (e.g. Facebook)
Friend
Other _____