To Conceal or Not to Conceal: Supervisee and Client Identity Processes in Clinical Supervision

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Supervision is often conceived of as the "instructional strategy that most characterizes the preparation of mental health professionals" (Bernard & Goodyear, 2019; p. 2). Engaging in this process fully and authentically inevitably involves being vulnerable in front of and with one's supervisor in an effort to learn and grow. To more fully understand the supervisory relationship, researchers have focused on what supervisees do and do not share with their supervisors. This article sought to understand the extent to which supervisees engage in a process of concealment or nondisclosure about culture while in supervision. Cultural concealment (operationalized by Drinane, et al., 2018) was measured on 2 levels: one focused on if the supervisee concealed their own culture and one focused on if the supervisee concealed aspects of their clients' cultural identities. First, we found significant negative associations between each of these levels of cultural concealment and satisfaction with supervision and the supervisory working alliance. We then computed a residual score whereby supervisee cultural concealment about clients was predicted by supervisee cultural concealment about themselves. This residual variable was a significant predictor of satisfaction with supervision with supervision and with the supervisory working alliance, indicating that the relationship between these levels of concealment is important and related to the process of supervision. Implications and future directions will be discussed.

Clinical Impact Statement
Question: The present study sought to examine the impact of cultural concealment in supervision.
Findings: The findings highlight that cultural concealment in supervision occurs at 2 distinct levels: about the supervisee's cultural self and about how supervisees understand their clients' cultural identities. ***Meaning:*** The interplay between these levels is meaningful and is related to how satisfied supervisees are with supervision and the work they feel is accomplished as a part of it. ***Next Steps:*** Future studies must look at this phenomenon in more depth and seek to access qualitative perspectives about what contributes to the need to conceal during the supervisory process.

The focus on multiculturalism has slowly yet surely gained momentum in psychotherapy research and practice. The multicultural

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guidelines put forth by the American Psychological Association (APA) have evolved to highlight that psychologists should cultivate understanding that "incorporates developmental and contextual antecedents of identity and how they can be acknowledged, addressed and embraced to engender more effective models of professional engagement" (APA, 2017; p. 6). This statement calls attention to the importance of professional engagement, which underscores the value of knowing not only about multicultural practice but also how psychologists enact it and participate in ways that embody it. Governing bodies such as the APA and the American Counseling Association seek to set parameters such that culturally informed professional engagement occurs across the domains of practice, research, consultation, and education alike. However, the unfortunate reality is that even though these ideals have been clarified and disseminated, translating them into action can be difficult. Recently, Wilcox et al. (2020) and Monceaux et al. (2021) found that despite widespread, codified expectations for multicultural training, therapists did not attend adequately to cultural factors in case conceptualization or at times did so in

inappropriate or stigmatizing ways. There is a tension that exists between the push for culturally driven intervention and formulation and the historical influence of the monolithic, dominant culture on the field of psychology as a whole.

Psychologists have long been criticized for deriving theory and therapeutic interventions from a predominantly Euro American context (see Sue, 2001 for example). Sue (2001) posited that ethnocentric monoculturalism is pervasive within professional psychology and argued that cultural competence (knowledge, skills, and awareness about cultural identities; Sue et al., 1998) is counterintuitive due to historical and societal bias. These forms of bias only become further entrenched as time passes and the demographic composition of our field remains imbalanced. The APA Center for Workforce Studies most recently reported that health service psychologists are 88% White (Lin et al., 2018), and within the academic context, 81% of psychologists are White (Baggerly et al., 2017). Data trends suggest that the field is slowly diversifying, but even still, among early career psychologists, 66% identify as White, 16% Hispanic, 11% Black, 4% Asian, and 2% "other." The lack of racial diversity in psychology highlights the need for a poignant inquiry related to the validity and relevance of how mental health and therapy is conceptualized, who it is designed for, and how clinicians are trained according to existing frameworks. One important avenue through which such discourse may occur, and that shapes the way clinicians engage with those whom they serve, is clinical supervision.

Growth Through Supervision

Even though training and psychotherapy have homogenous origins, counselors are tasked with meeting the needs of an increasingly diverse client population through the provision of culturally responsive services. Clinical supervision has long been deemed an essential component of training and professional identity development for therapists (Watkins, 1997). Moreover, supervision has been conceptualized as being the "instructional strategy that most characterizes the preparation of mental health professionals" (Bernard & Goodyear, 2019; p. 2). Research has demonstrated that supervision contributes to enhanced self-awareness, self-efficacy, knowledge and skills, and capacity to build the therapist–client working alliance (Watkins, 2011). The associated learning process is thought to occur through supervisor–supervisee dialogue, whereby the supervisor comes to understand the supervisee's thought processes and help shape their ideas (Bernard & Goodyear, 2019; p. 2). Awareness of supervisees often stems from a process of self-disclosure of personal or intimate information, which has been deemed an essential aspect of supervision (Knox, 2015), and studies have revealed that there are benefits associated with its appropriate use (Knox, Edwards, Hess, & Hill 2011).

Coming to know supervisees as people involves a certain degree of nuance, as the identities and worldviews of supervisors and supervisees are ever-present in their interpersonal dynamics and in their collaborative conceptualization of clients (see Boyle & Kenny, 2020 for an in-depth analysis). Indeed, this trickles down to influence what has been termed an iterative process, whereby trainees assess the situation, determine whether or not and how to share, and then subsequently monitor the outcome of the disclosure (Spence et al., 2014). What may be part and parcel to supervisees assessment and engagement in the supervisory relationship is

how they perceive their supervisors to facilitate multicultural supervision or supervision that centers culture and diversity (Hook et al., 2016). There is great potential for supervisees to be influenced, both more immediately and in the long term, by how their supervisors approach or avoid conversations about cultural identities. Moreover, a recent qualitative meta-analysis conducted by Tohidian and Quek (2017) highlighted a theme of privileging diversity, which refers to "not just initiating discussions about diversity, but also accepting and honoring the cultural differences between themselves, their supervisees, and the clients" (p. 579). Examples of this theme have been highlighted historically in the literature. Specifically, in their study of White and racial/ethnic minority supervisees, Ladany et al. (1997) found that all participants became better able to integrate cultural factors into their treatment planning when instructed by their supervisors to attend to cultural issues. Soheilian et al. (2014) similarly found in their qualitative inquiry that supervisees reported modifying their treatment approaches, developing more culturally complex client conceptualizations, recognizing personal limitations, gaining greater self-awareness, and engaging more empathically with clients as a result of receiving multicultural supervision.

Although these positive and culturally oriented supervisory relationships are possible, situations inevitably arise that are characterized by a lack of alignment or by culturally insensitive behavior. For example, Duan and Roehlke (2001) found that although 91% of supervisors and 86% of supervisees within cross-racial supervisory dyads agreed on goals, 93% of supervisors believed they were a good match but only 81% of supervisees reported sharing this experience. Further, 93% of supervisors reported acknowledging their lack of cross-racial supervision experience to their supervisees, but only 50% of supervisees reported having this occur. The authors suggested that "being supervised by someone who not only has more power in the supervisory relationship, but also has a different racial background certainly is likely to add to the supervisees' sense of uncertainty and apprehension" (p. 142). These findings link to those from another study where 10 ethnic minority American Association for Marriage and Family Therapy–approved supervisors were interviewed about their experiences as supervisees. Among the themes yielded by consensual qualitative research methodology were those describing a "lack of processing social location and diversity dimensions" and "misuse of power by supervisors" (Hernández et al., 2009). The implications from these studies are that supervisees are keenly aware of cultural missteps as they occur and that there is room to broaden our understanding of diversity dimensions associated with the supervisory process.

Accordingly, it can be surmised that the ease and appropriateness with which supervisors address culture in supervision influences the direction of personal and professional growth of their supervisees. The effect may be one of enhancing supervisees' multicultural competence (i.e., one's knowledge, skills, and awareness about cultural identities; Sue et al. 1992; Sue et al. 1982) and fostering multicultural orientation (a way of being with clients typified by cultural humility, cultural comfort, and cultural opportunities; Owen, 2013), or one resulting in a silencing of supervisee's cultural narratives and interpretations. It has been asserted that disregarding identity-oriented discussions can generate a dynamic of surface-level supervision (Lipscomb & Ashley, 2017) and possibly prohibit in-depth analysis or conceptualization of a trainee's experiences (Watkins et al., 2019). Surface-level supervision may be characterized by

themes of supervisee nondisclosure or willful withholding of information from one's supervisor (Knox, 2015). The existing body of literature about nondisclosure in supervision is growing (Gibson et al. 2019; Hutman & Ellis, 2020; Mehr et al. 2010) and often depicts the frequency of clinically related and supervision-related nondisclosures, such as feeling inadequate about working with clients (clinically related) or feeling unsafe in the context of supervision (supervision-related).

What lacks in contemporary measures of supervisee nondisclosure (e.g., Supervisee Nondisclosure Scale; Ellis & Colvin, 2016; Siembor & Ellis, 2012)) is an explicit assessment of the experience of either sharing or not sharing about culture, be it in clinically related or supervision-related conversations. In the context of psychotherapy, a similar construct referred to as cultural concealment was operationalized to refer to cultural content related to identity development or experiences of marginalization, for example, that clients did not share with their therapists (Drinane et al., 2018). Although nondisclosure and concealment are similar in their connotation, nondisclosure has been thought of as an intentional withholding (Siembor & Ellis, 2012), whereas Drinane and colleagues measured a more subtle process of downplaying or hiding one's cultural identities. Results from their initial study of psychotherapy found that client ratings of cultural concealment were negatively associated with therapy outcomes (i.e., something about the experience of holding back about one's identity was associated with less improvement in therapy). We posit that cultural concealment may be occurring among supervisees, albeit in a different fashion than it does for clients, and that this experience has yet to be measured or understood with regard to the work that unfolds in supervision.

In parallel to the broader literature on supervisee nondisclosure, it may not only be that there is cultural concealment about the self (i.e., the supervisee) but also that there is cultural concealment about client issues (i.e., not voicing one's conceptualization and understanding of client identities). In a study by Walker et al. (2007), one supervisee is quoted as saying "The first day we met, my male supervisor said as an introduction, 'I'm not here to be your therapist . . . do not come to me if your boyfriend leaves you, I do not care, that's not why we are here'" (p. 15). This statement highlights that identity safety can be undermined through the expression of assumptions and stereotypes (e.g., heterosexism) early on in supervision. Building upon the existing body of work about nondisclosure and with this example in mind, the present study endeavored to measure cultural concealment two dimensionally and to understand the association between cultural concealment and the supervisory relationship. We depicted the quality of this relationship via the supervisory working alliance, often regarded as the most important construct in effective supervision (Schweitzer & Witham, 2018) and satisfaction with supervision, a commonly used metric for understanding supervision outcomes and for capturing supervisory process (Bernard & Goodyear, 2019; Grossl et al. 2014). We consider identity safety in supervision as being an overarching experience (e.g., the supervision experience described earlier might undermine cultural sharing more broadly), and therefore, we also sought to capture the relationship between the two levels of cultural concealment in our analyses. Accordingly, we computed a residual variable whereby supervisee–self cultural concealment predicted supervisee–client cultural concealment. We arranged the prediction in this way based on the findings from Walker et al. (2007) and the notion that supervisory

relationships temporally begin with introductions between supervisee and supervisor and that this forming relational bond then sets the stage for discussion of client focused issues.

Accordingly, we hypothesized the following:

Hypothesis 1: Supervisee-focused ratings of cultural concealment and client-focused ratings of cultural concealment will both be significantly and inversely associated with satisfaction with supervision.

Hypothesis 2: Supervisee-focused ratings of cultural concealment and client-focused ratings of cultural concealment will both be significantly and inversely associated with the supervisory working alliance.

Hypothesis 3: The difference between the supervisee ratings of cultural concealment about clients and of their own cultural concealment will be significantly, inversely associated with satisfaction with supervision.

Hypothesis 4: The difference between the supervisee ratings of cultural concealment about clients and of their own cultural concealment will be significantly, inversely associated with the supervisory working alliance.

Method

Participants and Procedure

To be considered for the study, participants needed to be enrolled in a therapy training program, engaged in clinical practice, and receiving ongoing supervision. Data were collected as part of a larger survey of multicultural processes in clinical supervision; however, this is the only study from that dataset whose focus is cultural concealment. A total of 199 participants were recruited through professional listservs and snowball sampling; 73 of those recruited were noncompleters (i.e., participants who entered the survey and promptly exited or those who attempted and completed less than 80% of the survey items related to the research questions), and three were multivariate outliers. The final sample consisted of 123 counselor trainees.

Included in the sample were participants who identified as White (74.8%), Asian/Pacific Islander (7.3%), biracial/multiracial (6.5%), Hispanic/Latinx (6.5%), Black/African American (2.4%), Arab (1.6%), and Native American/First Nation (.8%). Ages ranged from 22 to 75 years ($M = 30.09$, $SD = 6.27$). The majority of the participants identified as women (82.9%), men participants were 15.4% of the sample, and 1.6% identified as gender nonconforming. Most identified as heterosexual (77.2%), with 11.4% identifying as bisexual, 4.1% as gay or lesbian, and 7.2% with a different sexual orientation, declining to answer, or were unsure. Christians were 35.8% of the sample, 26.8% with no religion, 8.1% Jewish, 2.4% Muslim, 2.4% Hindu, and 10.4% "other." Based on the MacArthur Scale of Subjective Social Status (Adler et al., 2000), the majority of participants self-rated as being slightly above middle class ($M = 6.32$, $SD = 1.54$).

More than half of the participants (52.2%) were enrolled in PhD programs, 24.4% in PsyD programs, and 23.5% in master's programs. Clinical psychology (44.7%) was the predominant

field represented, followed by counseling psychology at 30.9%, counseling or mental health counseling at 12.2%, social work at 3.3%, marriage and family therapy at 1.6%, and combined school/clinical psychology or other at 4.0%. Participants were in Years 1 through 8 in their respective programs ($M = 3.57$, $SD = 1.49$) and had an average of 29.12 months of clinical training ($SD = 23.33$).

As a part of our data collection process, we primed participants by asking them to identify the aspects of their cultural identities that they find to be most central or important to them. Participants filled in their top identities, and we offer those data here to complement our understanding of the demography and self-definition of the supervisees in the sample. The following represents the breakdown by percentage of what supervisees wrote in: 35.0% gender, 21.1% religion, 15.4% ethnicity, 8.1% race, 4.9% socioeconomic status, 4.1% family values, 2.4% sexuality identity, 2.4% location in the U.S. where one is from, 1.6% age, .8% ability status, .8% size, and .8% trauma survivor. Three participants or 2.4% of the sample did not respond to this question.

Measures

Supervision Cultural Concealment Questionnaires

The Supervision Cultural Concealment Questionnaires (S-CCQ; Appendix A) was modified for the clinical supervision context from the Cultural Concealment Questionnaire (Drinane et al., 2018), a five-item Likert-type scale (from 1 = *strongly disagree* to 5 = *strongly agree*). The questionnaires prompt clients to rate how much they conceal cultural information from their therapist in session. For the CCQ, Cronbach's alpha was reported to be .85 (Drinane et al., 2018). Two supervision specific versions were written for this study: one focused on supervisees and one focused on their clients (items and their means presented in Table 1). The mean for the supervisee-focused scale was 2.32, and the SD was .97. The mean for the client-focused scale was 1.56 and the SD was .67. The two versions of the scale were significantly and positively correlated ($r = .33$). Cronbach's α was .84 for the supervisee-focused S-CCQ and 0.80 for the client-focused S-CCQ. To test our hypotheses, we computed a residual cultural concealment score for each supervisee. These residuals resulted from a regression of supervisee-focused concealment ratings on client-focused concealment ratings. The minimum score for the residual was −2.07, and the maximum was 3.73 ($m = 0$).

Supervisory Satisfaction Questionnaire

Trainees' satisfaction with clinical supervision was measured using the Supervisory Satisfaction Questionnaire (SSQ; Ladany et al.1996), an eight-item self-report questionnaire. Ladany and colleagues reported a Cronbach's α for the SSQ of .96. Items include "Did you get the kind of supervision that you wished?" and "If you were to seek supervision again, would you come back to this supervisor?" Each item is rated on a 4-point Likert-type scale with higher scores indicating higher satisfaction with supervision. The item-level mean for this scale was 3.16, and the SD was .79. In the present study, Cronbach's α for the SSQ was .96, which is in line with other studies reporting αs of .94 to .96 (Schweitzer & Witham, 2018).

Working Alliance Inventory–Trainee Version

The Working Alliance Inventory–Trainee Version (WAI-T; Bahrick, 1989) is a 36-item self-report inventory of trainees' experience of their working alliance with their clinical supervisor based on Bordin's (1983) alliance framework. The inventory consists of three subscales that correspond with the components of the working alliance (goals, task, and bond). Items are rated on a 7-point, Likert-type scale, from 1 (*never*) to 7 (*always*); participants are asked to rate how often they think or feel a certain way about their supervisor. For example, items include "I feel uncomfortable with [my supervisor]" and "[My supervisor] and I respect each other." The item-level mean for the full scale was 5.49, and the SD was .98[1]. Previous studies using the WAI-T have reported Cronbach's αs ranging from .90 to .93 (Ladany & Friedlander, 1995; Ladany et al., 1997; Ladany et al. 1999). There was also high internal consistency in the current sample, with a Cronbach's α coefficient of .96.

Data Analysis Considerations

After removing participants who did not complete at least 80% of each measure, Little's missing completely at random was performed to determine whether data were missing completely at random. Because Little's missing completely at random was not significant, expectation maximization was used to impute missing values. Next, three multivariate outliers were removed (Mahalanobis distance ≥ 24.32), and all assumptions of the general linear model were tested and met. Multicollinearity was not a concern between the independent variables despite their conceptual overlap.

Results

A preliminary analysis of all study variables revealed that cultural concealment at these two levels was significantly and negatively correlated with satisfaction with supervision (client level $r = -.37$ and supervisee level $r = -.33$) and with the supervisory working alliance (client level $r = -.48$ and supervisee level $r = -.43$). Our first hypothesis was that when included a model together, supervisee-focused ratings of cultural concealment and client-focused ratings of cultural concealment would both be significantly and inversely associated with satisfaction with supervision. To test this hypothesis, we regressed supervisee-focused and the client-focused ratings of cultural concealment onto satisfaction with supervision. We found the two variables to be significantly and negatively associated with satisfaction with supervision (supervisee-focused: $t = -2.60$, $p < .05$; client-focused: $t = -3.387$, $p < .01$). See Table 2 for the coefficients resulting from this and all subsequent models.

Our second hypothesis mirrored the first and was that supervisee-focused ratings of cultural concealment and client-focused ratings of cultural concealment would both be significantly and inversely associated with ratings of the supervisory working alliance. We engaged in the same analytic process as we did for Hypothesis 1, but we replaced satisfaction with supervision and

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[1] We ran analyses using the full scale score and also using the three subscales. The results did not differ in magnitude or direction, so for the purpose of this paper, we will only present descriptive data and results for the full 36-item scale.

Table 1

Supervision Cultural Concealment Questionnaire Items

Items	M (SD)
Supervisee-focused	
1. I toned down the way I expressed my culture in front of my supervisor.	2.63 (1.33)
2. I hid parts of my culture from my supervisor.	2.43 (1.28)
3. I dodged questions my supervisor asked about my culture.	1.59 (0.94)
4. I did not feel comfortable bringing up topics related to my cultural background.	2.24 (1.23)
5. I did not talk about parts of my cultural identity.	2.71 (1.38)
Client-focused	
1. I toned down the way I discussed my clients' culture in front of my supervisor.	1.88 (1.12)
2. I hid parts of my clients' culture from my supervisor.	1.37 (0.71)
3. I dodged questions my supervisor asked about my clients' cultures.	1.28 (0.58)
4. I did not feel comfortable bringing up topics related to my clients' cultural backgrounds.	1.58 (0.88)
5. I did not talk about parts of my clients' cultural identity.	1.71 (1.11)

instead included the working alliance as the dependent variable in the regression. We found supervisee- and client-focused cultural concealment to be significantly and negatively associated with the supervisory working alliance (supervisee-focused: $t = -3.81$, $p < .01$; client-focused: $t = -4.70$, $p < .01$).

Our third hypothesis was that difference between supervisee-focused ratings of cultural concealment and client-focused ratings of cultural concealment would be significantly and inversely associated with satisfaction with supervision. To test this hypothesis, we computed a residual cultural concealment variable (described earlier) to represent the difference between supervisees' actual ratings of client-focused cultural concealment and what these ratings would have been if predicted from their supervisee-focused ratings of cultural concealment. We then conducted a regression model, whereby the cultural concealment residual was regressed onto satisfaction with supervision. Results indicated that the residual score for cultural concealment was significantly associated with satisfaction with supervision ($t = -2.77$, $p < .01$).

Our fourth hypothesis was that the difference between supervisee-focused ratings of cultural concealment and client-focused ratings of cultural concealment would be significantly and inversely associated with the supervisory working alliance. To test this hypothesis, we utilized a regression model where the residual cultural concealment score was regressed on full scale score derived

from the WAI-T. The results were significant and indicated that the residual score for cultural concealment was also significantly associated with ratings of the working alliance ($t = -3.26$, $p < .01$).

In addition to the tests of our hypotheses, we also conducted exploratory analyses to detect if our results were impacted by supervisee's race, gender, and sexual orientation. We included these identities as covariates and ran the models associated with Hypotheses 3 and 4 again. We did not find race, gender, or sexual orientation to be significant predictors, and including them in the models did not change the results.

Discussion

The present study examined cultural concealment in the context of supervision and its potential to occur on two levels: about the self and about clients. We consider this specific aspect of concealment to be particularly relevant, as clinicians in training are tasked with the lifelong goal of striving toward multicultural competence and refining their multicultural orientation. Absent discussion in supervision about the cultural identities of clients and supervisees alike, this type of work seems much more difficult to accomplish (e.g., "Who am I as a professional and as a cultural being?" and "How does who I am shape the interventions I use and the way my

Table 2

Summary of Regression Models

	Unstandardized coefficients B (SE)	t	p value
Model 1: Satisfaction with supervision			
Constant	4.14 (0.20)	20.61	<0.001
Supervisee-focused concealment	−0.19 (0.07)	−2.60	<0.05
Client-focused concealment	−0.35 (0.10)	−3.38	<0.01
Model 2: Working Alliance Inventory			
Constant	254.15 (8.14)	31.22	<0.001
Supervisee-focused concealment	−19.76 (4.21)	−4.70	<0.001
Client-focused concealment	−11.03 (2.89)	−3.81	<0.001
Model 3: Satisfaction with supervision			
Constant	3.16 (0.07)	45.21	<0.001
Residual for client concealment	−0.33 (0.12)	−2.77	<0.01
Model 4: Working Alliance Inventory			
Constant	197.59 (3.05)	64.77	<0.001
Residual for client concealment	−16.87 (5.17)	−3.26	<0.01

biases emerge?"). This type of examination facilitates the development of culturally attuned therapists, yet much remains to be known about if supervisees feel comfortable and willing to bring their full selves into the process. Although previous studies have examined supervisee nondisclosure about clinical issues, the supervisory relationship, and other process variables associated with supervision (e.g., perceptions of supervisor multicultural competence (Hutman & Ellis, 2020), this study is the first to quantitatively examine cultural concealment and how it influences supervisee perceptions of the experience of being in supervision.

First, and based on the regression models used to test the first and second hypotheses, cultural concealment at these levels was meaningfully associated with two important facets of the supervisory process: satisfaction with supervision and the working alliance. Both supervisee-focused and client-focused cultural concealment were significantly and negatively associated with satisfaction with supervision and with the working alliance. Thus, it appears that supervisee cultural concealment with regard to themselves and their clients is detrimental to the supervisory process. The items that supervisees rated highest with regard to concealment of their own identities were focused on not talking about, toning down, and hiding their cultural selves from their supervisors. However, with regard to their clients, the items that were rated most highly were focused on not talking about, toning down, and not feeling comfortable discussing clients' cultural identities with their supervisors. Although similar and related, these processes are also unique and may be driven by distinct cues or conversational markers that supervisees perceive while engaging in self- and client-related exploration with their supervisors.

The main hypotheses associated with this study (Hypotheses 3 and 4) were driven by the notion that the relationship between these levels of concealment might also be of significance. Participants reported lower levels of satisfaction with supervision and less strong supervisory working alliances if they concealed more about their clients relative to what they concealed about themselves. Therefore, if supervisees experienced a greater need to hide their identities, and their experience of sharing about their clients is predicated on this, their supervision processes and outcomes were less positive. This makes intuitive sense for several reasons. For example, if supervisees do not feel safe examining their cultural identities with their supervisors (e.g., they feel they must tone down who they are), they also may not feel safe engaging in cultural discussion about their clients. Supervisees may also learn that there is risk inherent in sharing about their own identities and experiences based on their supervisor's commentary about client cultural identities and concerns. Indeed, Gibson et al. (2019) recently found that supervisee nondisclosure was more frequent when supervisors were less relationally focused. Our findings build upon this idea in that if the supervisee-focused concealment is predictive of client-focused concealment, and this influences the working alliance, there is likely a relational dynamic occurring between the supervisee and supervisor that is hindering the expression of needed information across these different levels.

It makes sense that trainees have fears around sharing who they are and also about engaging in a process of exposing who their clients are. Studies have highlighted that trainees experience apprehension, shame, and anxiety regarding self-disclosure (Clevinger et al., 2019; Nelson & Friedlander, 2001; Mehr et al. 2010; Pisani, 2005; Yourman, 2003). In the same vein, sharing related to cultural identities is accompanied by the possibility of being invalidated, dismissed, or microaggressed. Well-intentioned supervisors are not

immune to committing microaggressions even as they attempt to relate to or better understand the trainees they work with. There is limited research exploring the frequency of microaggressions in supervision; however, Hook et al. (2016) reported that 81.7% of racial/ethnic minority clients experience at least one racial microaggression while in counseling. This statistic is striking, and in supervision, it is possible for supervisors to microaggress at the different levels we measured in this study, which is to say, their comments may invalidate client identities, supervisee identities, or both.

Even though psychotherapy is a helping field, these spaces we cultivate within it often lead people to need to protect themselves and shift how they enact the various identities they hold (Cross et al., 2017). Trainees can be at risk of not being heard or given an opportunity to discuss how their identities interact with their clinical work. Conceivably, trainees may be navigating the supervision space with precaution, and they may be discreetly negotiating what to disclose and what parts of themselves or their clients to put forward. It is important to take away that this can translate to trainees feeling as if they did not get the supervisory experience that they wished for or that they did not accomplish the learning they set out to do. The detriment to the overall experience is notable.

Implications for Training

Although supervisees may engage in cultural concealment out for any number of reasons (e.g., out of self-protection, based on the salience of the intersecting identities they hold, in an effort to direct the conversation toward other dynamic therapeutic issues, or because they are less prone sharing in general), it can have the unintended consequence of influencing the development of their professional identity and therapeutic skill. More broadly, nondisclosure in supervision is thought to result in detrimental effects on the supervisee's clinical work as well as on the supervision itself (Amerikaner & Rose, 2012; Bernard & Goodyear, 2019). Accordingly, supervisors must be increasingly mindful of the power dynamic inherent in the supervisory relationship, wherein they assume the role as expert and their trainees as learners. It is the responsibility of supervisors to foster safety and an alliance wherein supervisees can discuss the impact of their own identities and experiences on their clinical work and the supervision process as well as the role of their clients' cultural identities on their presenting concerns and the therapeutic process. Further, supervisors must intentionally engage in self-assessment regarding the impact of their own cultural background, as they may unintentionally facilitate cultural concealment. For example, Duan & Roehlke(2001) found discrepancy whereby supervisors believed they addressed cultural issues more than their supervisees perceived them to be doing so (Duan & Roehlke, 2001). Supervisors should be aware that cultural concealment may occur at multiple levels as discussed herein and therefore preempt connecting conversations about what might be being missed in the supervisory relationship. The S-CCQ may be a useful feedback tool for supervisors to one-on-one to prompt dialogue with their supervisees. Doing so could facilitate opportunities for cultural discussion, repair if it is needed, and a reestablishing of supervision norms that center cultural conversation.

We emphasize the importance of orienting to identity because patterns of cultural concealment may come with the risk of parallel process. Parallel process occurs when supervisees either adopt with their supervisor their clients' ways of being in therapy, or they adopt with their clients their supervisors' way of being in

supervision. In the latter, supervisors whose approach contributes to cultural concealment may also unwittingly be modeling ways of being that lead to client cultural concealment with their supervisees. Thus, multidimensional cultural sharing in supervision is important not only to supervision processes and outcomes but also to the psychotherapy process, given that cultural concealment in psychotherapy is negatively related to client outcomes (Drinane et al., 2018).

Strengths and Limitations

The present study must be interpreted within the context of its methodological strengths and limitations. Limitations include that the study was based on self-report data and was conducted ex post facto, in that we accessed retrospective accounts of one half of the supervisory dyads. As is true for the interpretation of all data collected in this fashion, it was not possible for us to determine if supervisees responded to the items generally or with particular moments in mind. Cultural concealment may be a phenomenon that is consistent within a supervisory relationship or that changes as trust is built or potentially undermined from meeting to meeting. Therefore, our study should be thought of as preliminary, in that it does not capture the richness of the relational dynamics occurring in the way that longitudinal or qualitative assessment of cultural concealment would and that it is unidimensional in its sole focus on cultural concealment. Further, we do not have information about the identities that are shared or that are not shared within the supervisory dyads, so we cannot make inferences about if demographic matching might have influenced the extent to which supervisees concealed in this context. In addition, there is the possibility of bias within our sample due to the somewhat high rate of noncompleters, which could be due to the length of the supervision survey and could also represent a subset of supervisees with shared characteristics who persisted in filling out the associated scales (i.e., those who were most dissatisfied with supervision). As well, the sample was relatively homogenous in terms of race, gender, and sexual orientation, which may explain why we did not find any of these demographic variables to be significant covariates in our regression models.

In terms of strengths, this is the first study that we are aware of to focus specifically on concealment or nondisclosure of identity factors. We did so two dimensionally to align with the existing body of literature on nondisclosure in supervision; however, we also accounted for the interrelated nature of cultural processes in supervision (which can be observed in the significant and positive correlation between the versions of the S-CCQ). Our sample was large enough for sufficient statistical power and was relatively diverse in terms of field of study, degree of study, and age. Despite its homogeneity otherwise, supervisees within our sample did vary in what they considered to be their most salient cultural identity (with 10 identities listed). Moreover, this study provided an important first look at the complexity and implications of supervisee cultural concealment in supervision.

Future Directions

Given the dynamic nature of the supervisory relationship, next steps for understanding cultural concealment will involve measuring it over time and in conjunction with related constructs. For example, it would be useful to assess supervisee disclosure, concealment, and nondisclosure more broadly in an effort to determine if sharing/withholding identity information functions independently from sharing/withholding about other topics. Future research should seek to examine not only which aspects of identity supervisees are concealing about themselves and about their clients but also other characteristics of the supervisees and supervisees (i.e., cultural identities, multicultural orientation, training experiences, supervision styles, and developmental levels, for example). Moreover, the present study demonstrated the significance of the relationship between the two levels of concealment, and between concealment and supervisory processes and outcomes, and next steps should involve the analysis of factors that might mediate this relationship. Doing so could guide how we conceptualize best practices for training supervisors around these issues. If data from large enough samples can be collected, researchers should also attend to the effects of demographic match on cultural concealment and use multilevel modeling to understand within and between supervisor effects. These methods would allow for a more complex, nuanced understanding of supervisee cultural concealment. Given the findings from the present study, as well as the observed detrimental impact of cultural concealment on psychotherapy (Drinane et al., 2018), it essential that we continue to cultivate this line of research in the service of supervisee development and the provision of equitable client care.

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