SUPERVISEE AVOIDANT ATTACHMENT AND SUPERVISORS' USE OF RELATIONAL BEHAVIOR: CONTRIBUTIONS TO THE WORKING ALLIANCE

By

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Abstract

Supervision research has demonstrated the importance of a strong supervisory working alliance in the context of clinical training. However, little is known about what specifically occurs in clinical supervision that contributes to a strong supervisory working alliance. The present study of counselor trainees was designed to investigate relations among their avoidant attachment style, perceptions of relational behaviors used by their supervisors in the most recent supervision session, and the supervisory working alliance. Competing hypotheses stated that greater use of relational behavior on the part of supervisors would either mediate or moderate the inverse relationship between trainees' avoidant attachment style and their perceptions of the supervisory working alliance.

Master's and doctoral trainees in the mental health professions were contacted through listservs, training directors, and social media with a link to the web-based study. The measures were the Experiences in Close Relationships Scale-Revised (ECR-R; Fraley, Waller & Brennan, 2000), the Relational Behavior Scale (RBS), which was developed based on Ladany, Friedlander, and Nelson's (2005) Critical Events model of supervision and assesses perceptions of supervisors' use of 5 specific interpersonal behaviors in supervision (exploration of feelings, focus on therapeutic process, attend to parallel process, focus on countertransference, and focus on supervisory alliance), and the Working Alliance Inventory – Trainee version (WAI-T; Bahrick, 1989).

Based on the present sample (N = 141) and a similar earlier sample (total N = 262), a confirmatory factor analysis (CFA) was conducted on the Relational Behavior Scale, which confirmed that a 5-item, one factor solution best fit the data and accounted for 53.38% of the total variance. Results indicated that neither the mediation nor

moderation hypotheses was supported. Specifically, trainees' avoidant attachment style was not significantly related to the supervisory working alliance or to the perceived relational behavior of supervisors. However, a significant positive association ($r = .62$, $p = .0001$) emerged between scores on the RBS and the WAI-T, providing evidence that supervisors' use of specific in-session relational strategies are strongly associated with trainees' more favorable perceptions of the working alliance. Continued study of relational behavior may enhance theories of interpersonal supervision, provide training guidelines for new supervisors, and suggest strategies for purposeful intervention to build strong alliances with trainees, who in turn may use these modeled behaviors to build strong alliances with their clients.

Chapter 1

Introduction

Psychotherapy is an inherently relational process. Therapists who possess strong interpersonal skills have the ability to create strong relationships with their clients. When therapists build good relationships with clients, they strengthen the working alliance, which is defined as an agreement between client and therapist on the goals and tasks of therapy and a strong emotional bond (Bordin, 1979).

The working alliance is an important facet of the therapeutic relationship. Previous research has shown that the alliance, along with some therapist-specific qualities, contribute consistently and considerably to positive client outcomes (Horvath, Del Re, Flückiger, & Symonds, 2011). In other words, it is not only the quality of the working alliance but also some personal aspects of the therapist that influence a client's experience in therapy. Indeed, a recent meta-analysis of 190 studies, Horvath et al. (2011) found that the alliance predicted about 7.5% of the variance in treatment outcomes.

One personal characteristic that seems to contribute to a therapist's ability to form strong working relationships with his or her clients is attachment style (Bowlby, 1969/1982). In fact, studies have shown that therapists' attachment style predicts the strength of the therapeutic alliance (Black, Hardy, Turpin, & Parry, 2005) and level of therapist empathy (Rubino, Barker, Roth, & Fearon, 2000).

The construct *attachment style* comes from Bowlby's (1969/1982) attachment theory, which describes the kinds of relationships that young children develop with their caregivers. Bowlby posited that secure and insecure relational attachments to significant others in adulthood mirror early caregiver attachments. Specifically, a person's

attachment system is said to become activated when he or she experiences stress or has an emotional need. In this circumstance, a securely attached person is likely to seek closeness and comfort from an attachment figure, whereas an insecurely attached person is likely to experience distress and express anxious or avoidant interpersonal behaviors (Bowlby 1969/1982; Shaver & Mikulincer, 2009).

Theoretically, when a person has a secure attachment style, she tends to evaluate herself positively, expects others to be trustworthy and dependable, and is comfortable being emotionally separate from as well as close to others (Sauer, Lopez & Gormley, 2003). On the other hand, individuals with an insecure attachment style tend to evaluate themselves or others negatively and, as a result, may experience separateness or intimacy as difficult or undesirable (Sauer et al., 2003).

In general, research suggests that experienced therapists as well as therapists-in-training who have insecure adult attachment styles tend to form weaker working alliances with clients than therapists with secure attachment styles (Black, et al., 2005; Kaib, 2011; Sauer et al., 2003). This finding is particularly important for training programs in the various mental health professions, i.e., psychology, psychiatry, mental health counseling, social work, and nursing. As gatekeepers for the mental health profession, faculty in professional training programs must ensure that their trainees possess the necessary skills to create strong working alliances in order to conduct effective therapy with clients. It was reasoned that therapists-in-training who have the most difficulty creating strong working alliances with their clients tend to have an insecure attachment style.

There are two insecure adult attachment styles: anxious and avoidant (Bowlby, 1969/1982; Shaver & Mikulincer, 2009). Evidence is scant and mixed on the importance

of insecure attachment style among trainees, but two published studies found that trainees who reported an avoidant attachment style tended to experience weaker working alliances with their clinical supervisors (Bennett, BrintzenhofeSzoc, Mohr & Saks, 2008; Renfro-Michel & Sheperis, 2009).

The primary way that graduate programs train their students to be effective psychotherapists is through the supervision process. In supervision, a more experienced mental health professional provides guidance for conducting therapy to a less experienced therapist-in-training (Bernard & Goodyear, 2009). The supervisory working alliance, a theoretical facet of the supervisory relationship, is comprised of agreement on goals and tasks and the emotional bond between a trainee and her supervisor (Bordin, 1983).

A few studies have investigated the relation of attachment style to the supervisory working alliance. Results have been mixed, however. In the first such study, Epps (1999) reported that securely attached trainees tended to perceive a stronger bond with supervisors than did insecurely attached trainees, regardless of the supervisor's attachment style. Subsequently, however, White and Queener (2003) found no relationship between the supervisory alliance and anxious or avoidant attachment on the part of either trainees or supervisors. More recently, Bennett et al. (2008) reported that trainees with a generally avoidant attachment style were more likely than trainees with either highly anxious or highly secure attachment styles to report an avoidant attachment to the supervisor. Bennett et al. also found that avoidant trainees reported relatively poorer alliances in supervision and viewed their supervisors' style to be less attractive, less interpersonally sensitive, and less task-oriented. Similarly, Renfro-Michel and

Sheperis (2009) investigated the attachment style of master's-level trainees and their perceived bonds with supervisors. Results showed significantly less favorable perceptions of the bond among trainees who had either highly anxious or highly avoidant attachment styles, as compared with more securely attached trainees.

There are some notable problems in the extant studies on trainee attachment and the supervisory working alliance, however, that limit the validity of their conclusions. First, each study used a different measure of adult attachment, constructed based on classical test theory, which has notable limitations, particularly for accurately assessing latent constructs (Fraley, Waller, & Brennan, 2000). Although acceptable reliability estimates were reported for each of these attachment measures, another measure of adult attachment style is preferable, the Experiences in Close Relationships-Revised scale (ECR-R; Fraley et al., 2000), which was constructed using item response theory (IRT; Samejima, 1996). Compared to the instruments used in Bennet et al. (2008), Epps (1999), Renfro-Michel & Sheperis (2009), and White and Queener (2003), the ECR-R discriminates more accurately between anxious and avoidant attachment and has stronger internal consistency estimates (Fraley et al., 2000).

A more recent study (Gunn & Pistole, 2012) constructed a trainee attachment to supervisor measure from the ECR-R and found that more securely attached trainees reported a stronger supervisory alliance. However, it is a conceptual stretch to apply Bowlby's (1988) attachment theory to a work relationship rather than an intimate one, and Gunn and Pistole's author-constructed adaptation of the ECR-R to the supervision context has little psychometric support. Furthermore, attachment to supervisor may be so

similar to the rapport or bond aspect of the alliance so that a significant association between the two measures does not yield meaningful information.

Second, the three previous studies on avoidant attachment in supervision (Epps, 1999; White & Queener, 2003; Renfro-Michel & Sheperis, 2009) used the Supervisory Working Alliance Inventory (SWAI; Efstation, Patton, & Kardash, 1990) to assess the alliance in supervision. Although this measure has been used extensively, it is not entirely reflective of Bordin's (1983) model of the working alliance, the most widely accepted conceptualization of the alliance. For this reason it is difficult to make inferences from the results of studies that used the SWAI. Moreover, Bennett et al. (2008) changed another measure of the working alliance and an attachment measure from their original formats, and their sample was relatively small ($N = 72$) for the multiple analyses that the authors conducted. Third, none of the previous studies investigated the mechanism(s) by which the supervisory alliance may be strengthened for trainees with highly insecure attachment styles.

Due to the minimal and conflicting evidence regarding the relationship of trainees' attachment styles to their perceptions of the supervisory alliance, continued investigation on this topic is needed. Additionally, it seemed important to investigate how supervisors' behavior may contribute to trainees' experiences in supervision, particularly trainees whose avoidant attachment style may create difficulties in the interpersonal context of therapist training. Although two studies (Epps, 1999; White & Queener 2003) investigated supervisors' attachment style, neither found evidence for its importance in maintaining the supervisory working alliance with trainees of any attachment style. For

this reason, the present study focused exclusively the association of trainees' level of avoidant attachment with their perceptions of the supervisory working alliance.

In sum, the present study was designed to extend the literature on attachment theory to the supervision experience of therapists-in-training. Specifically, the goal of the study was to investigate whether a supervisor's use of explicitly relational behavior contributes to a strong alliance with trainees who have an avoidant attachment style using instruments that are more psychometrically and conceptually sound than those used in three previous studies. It was reasoned that the relational styles of trainee and supervisor contribute significantly to the supervisory working alliance, a facet of the supervisory relationship. Based on attachment theory, trainees who have a characteristically avoidant attachment style likely engage in interpersonally dismissive and challenging behaviors within the clinical training environment, such as arguing with supervisors or being excessively independent in their work with clients (Bennett & Saks, 2006; Pistole & Fitch, 2008). If a supervisor ignores these behaviors and their impact on the trainee's relationships with clients, the trainee may struggle to develop and maintain good working alliances with both clients and the supervisor. On the other hand, if the supervisor purposefully uses relational strategies in supervision, effective interpersonal skills are modeled for the trainee, thus potentially enhancing the trainee's ability to build good working alliances in therapy and supervision (Friedlander, 2012; 2014; Friedlander & Shaffer, 2014).

The study was based on a theoretical model of supervision that is explicitly interpersonal (Ladany et al., 2005), as well as pantheoretical and process-oriented. The model was developed based on the reasoning that, as in psychotherapy, certain critical

events take place in supervision that when successfully resolved, result in new learning. Examples of critical events include working through countertransference, reducing role conflict, and addressing a trainee's crisis in confidence.

In order to resolve these kinds of critical events, specific interpersonal sequences can be used. These sequences were identified by Ladany et al. (2005) as *normalizing experience, exploration of feelings, focus on evaluation in supervision, focus on self-efficacy, focus on skill, focus on the therapeutic process, attend to parallel processes, assessing knowledge, focus on countertransference, focus on the supervisory alliance,* and *focus on multicultural awareness*. Theoretically, by using various combinations of these interactional sequences, a supervisor can help a struggling trainee achieve new learning within the supervisory relationship that will then transfer to his or her relationships with clients (Ladany et al., 2005). In other words, creating a strong supervisory alliance is said to foster a trainee's ability to establish and maintain strong therapeutic alliances with his or her clients.

Although Ladany et al. (2005) identified and defined 11 interactional sequences that can be used during critical events, the authors explained that the sequences are not mutually exclusive or exhaustive of the kinds of interactions that take place in resolving critical events from an interpersonal approach. Moreover, the authors did not specify which of the sequences are explicitly relational or interpersonal. Since some of the sequences seemed more relational in nature than others, Shaffer and Friedlander (2012) used a panel of supervision researchers to identify which of the 11 behavioral sequences in Ladany et al.'s interpersonal model were most clearly relational. Results indicated that 5 of the 11 sequences of behaviors were most clearly relational: *exploration of feelings,*

focus on the therapeutic process, attend to parallel processes, focus on countertransference, and *focus on the supervisory alliance*. A scale assessing trainees' perceptions of their supervisors' use of these five relational behaviors, the Relational Behavior Scale (Shaffer & Friedlander, 2012), was used in the present study to assess trainees' perception of their supervisors' use of explicitly relational behavior.

Summary

It has been well established that the quality of the working alliance contributes significantly to client outcomes across treatment approaches and modalities (Horvath et al., 2011). Similarly, research on the supervisory working alliance supports its positive contribution to trainees' experiences in supervision (Ladany & Friedlander, 1995; Ramos-Sanchez et al., 2002), and to the therapeutic alliance that trainees build with their clients (Patton & Kivlighan, 1997; Tracey, Bludworth & Glidden-Tracey, 2012).

Theoretically, in the interpersonal environment of clinical training, trainees' attachment systems are activated by their interactions with clients, colleagues, and supervisors (Bennett & Saks, 2006; Pistole & Fitch, 2008). Research suggests that supervisors should attend to the attachment styles of their trainees (Bennett & Saks, 2006; Pistole & Fitch, 2008) because therapists who have an insecure attachment style tend to have difficulty establishing and maintaining strong working alliances with clients (Black et al., 2005; Kaib, 2011; Sauer et al., 2003).

Little is known, however, about the kinds of behaviors that supervisors use to develop a strong alliance in supervision. Because compared to insecurely attached trainees, securely attached trainees are more likely to form close working relations with their supervisors (Bennett et al., 2008; Epps, 1999; Pistole & Watkins, 1995; Renfro-

Michel & Shepheris, 2009), it seemed important to investigate how the attachment styles of trainees contribute to the strength of the supervisory working alliance.

It was reasoned that supervisors who are able to create strong alliances with trainees who have an avoidant attachment style do so by using the explicitly relational behaviors described in Ladany et al.'s (2005) interpersonal model of supervision. Supervisors who model strong interpersonal skills are theoretically providing the "safe haven" and "secure base" interventions (Bennett & Saks, 2006; Pistole & Fitch, 2008) – emotional support and guidance for exploring clinical interactions with clients - that trainees with avoidant attachment styles may need to enhance their ability to build strong working alliances with clients and supervisors. The five relational behaviors identified by Shaffer & Friedlander (2012) were exploration of feelings, focus on therapeutic process, attend to parallel process, focus on countertransference, and focus on supervisory alliance.

Specifically, use of relational behavior in supervision was predicted to mediate the inverse relation between supervisees' level of avoidant attachment and their perceptions of the supervisory working alliance.

It is possible, however, that relational behavior is not a mechanism by which supervisors build strong alliances with avoidant trainees. Nonetheless, the supervisor's use of relational behavior may contribute to the quality of the working alliance with these supervisees. For this reason, a competing hypothesis stated that relational behavior moderates the inverse association between supervisees' avoidant attachment style and their perceptions of the supervisory alliance.

Chapter II

Literature Review

This chapter reviews the literature on (a) attachment theory and its application to supervision, (b) relevant research on the supervisory working alliance and (c) the interpersonal model of supervision (Ladany et al., 2005) and the construct of relational behavior. The chapter ends with the significance of the present study for theory, research and practice.

Attachment Theory

Bowlby's (1969/1982) theory of attachment has received an overwhelming amount of empirical attention over the past 50 years. Attachment theory describes secure and insecure relationships that infants and children develop with their caregivers, which are ultimately believed to directly influence styles of attachment in adult relationships (Shaver & Mikulincer, 2009). Attachment behaviors are said to be in-born (Bowlby, 1969/1982) and predictable, signaling the activation of the attachment system; the termination of these behaviors happens upon an attachment figure's response (or lack of response). According to attachment theory, the system of attachment activation is necessary for survival because infants are incapable of self-protection and self-soothing, which must be provided by caregivers (Bowlby, 1969/1982; Shaver & Mikulincer, 2009). In childhood, attachment figures are parents or other prominent caregivers; in adulthood, attachment figures can be any number of significant others, such as romantic partners or close friends.

When children's attachment systems are activated by an internal or external stressor, they look for comfort and support from their caregiver by seeking proximity, or

physical closeness (Shaver & Mikulincer, 2009). For young children, the expression of need comes in the form of crying, outstretched arms and searching for the caregiver (Shaver & Mikulincer, 2009). When the attachment system is activated in adults, however, contact tends to be sought with a significant other through conversation. Alternatively, the adult draws on a comforting internal representation of the significant other to soothe the attachment need (Shaver & Mikulincer, 2009).

Theoretically, the quality of an attachment figure's response to the activation of a child's attachment needs is defined by the figure's availability, sensitivity and responsiveness (Bowlby, 1969/1982; Shaver & Mikulincer, 2009). Children are reinforced by the attachment figure's availability, which in turn depends on the caregiver's style of responsiveness. Attachment figures should theoretically create what has been called a *secure base* (Bowlby, 1969/1982; Shaver & Mikulincer, 2009). When a person senses that an attachment figure provides a secure base, she believes that in times of distress, she can find solace, comfort, or assistance from this supportive person, thereby allowing her to turn her attention elsewhere (Shaver & Mikulincer, 2009).

When attachment figures are not appropriately responsive to a child's needs, the child's attachment system is said to become over- or under-activated. Hyperactivation of the attachment system occurs when the attachment figure is unreliable in responding to the attached person. When solace is given unpredictably, an attached child tends to engage in loud and persistent comfort-seeking behaviors (Bowlby, 1969/1982; Shaver & Mikulincer, 2009).

People who have experienced hyperactivation of the attachment system are said to develop an *anxious-ambivalent* style, meaning that they express doubt and anxiety in

close relationships, are fearful of losing the significant other, and can be demanding of the close other's attention (Shaver & Mikulincer, 2009). On the other hand, deactivation of the attachment system occurs when the attachment figure disapproves of or punishes the child. The child then responds by attempting to escape or avoid the attachment figure, whom the child sees as unsympathetic or nonresponsive (Bowlby, 1969/1982; Shaver & Mikulincer, 2009). The result is overly self-reliant behaviors and an attachment style that is said to be *anxious-avoidant* (Shaver & Mikulincer, 2009). People with a highly avoidant attachment style are said to suppress or deny attachment needs and tend to be distant and avoidant of intimacy in relationships (Shaver & Mikulincer, 2009).

Attachment Theory in Supervision

The attachment styles of children and adults have been linked to many phenomena relevant to interpersonal relationships. In the literature on psychotherapy supervision, several authors (Bennett & Saks, 2006; Pistole & Fitch, 2008) conceptualized the supervisor as the attachment figure and the supervisee as the attached person. That is, a supervisor provides support and care to a supervisee who is seeking support or guidance in the training environment. Ideally, supervisors recognize trainees who exhibit insecure attachment styles in their therapeutic and supervisory relationships and respond by intervening when a trainee is struggling with certain tasks in the training environment. These tasks include expressing empathy or setting boundaries with clients, handling conflict with peers, and so on. Supervisors who are particularly attentive to the supervisory relationship may help a trainee with a highly avoidant attachment style by modeling interpersonal behavior that builds a strong working alliance.

For example, a securely attached supervisee who feels particularly anxious about discussing an issue with a client, such as the client's resistance to change, is likely to seek the supervisor's guidance. If the supervisor encourages the supervisee to discuss her anxiety in supervision, the discussion may allay the supervisee's fears, allowing her to return to her work with the client with less anxiety. If the supervisee has an avoidant attachment style, on the other hand, she may be resistant to the supervisor's help by constantly challenging or questioning the supervisor. Although a highly avoidant supervisee can benefit from what attachment theorists call *secure base* interventions (Bennett & Saks, 2006; Pistole & Fitch, 2008), the supervisor may find it difficult to respond appropriately to the trainee's challenges.

Supervisory Working Alliance

The supervisory working alliance, as theorized by Bordin (1983), reflects the working alliance in psychotherapy in its three components: agreement on goals and tasks, as well as a strong relational bond. As a construct, the supervisory working alliance provides an understanding of the interpersonal and working relationship between supervisor and supervisee.

The supervisory alliance is important not simply because it predicts supervisee satisfaction (Inman, 2006; Ladany, Ellis & Friedlander, 1999), but also because strong supervisory alliances can contribute to strong working alliances between supervisees and their clients. Patton and Kivlighan (1997), for example, found that trainees' perceptions of the supervisory alliance were positively associated with their clients' perceptions of the therapeutic alliance. In addition, week-to-week changes in clients' ratings of the

therapeutic alliance were significantly predicted by week-to-week changes in the trainees' ratings of the supervisory alliance.

In a related vein, Tracey, Bludworth, and Glidden-Tracey (2012) found evidence for a bi-directional parallel process, whereby changes in interpersonal interactions in terms of dominance and affiliation in trainees' relationships with clients were mirrored in the trainees' supervision relationships. Moreover, changes in the interpersonal interactions with supervisors influenced client outcome.

These results provided support for the parallel process model of supervision (Doehrman, 1976; Searles, 1955). Tracey et al. (2012) found that therapists' behaviors with their clients became more similar to those of their supervisors over time. In addition, clients and trainees mirrored one another's behavior in therapy and supervision sessions, respectively. Clients tended to report more favorable treatment outcomes when their therapist's behavior closely mirrored that of their supervisors (Tracey et al., 2012). Although the authors did not include measures of the working alliance, the results suggest that an interpersonal focus in supervision affects trainees' interpersonal behavior in psychotherapy. More importantly, outcomes for clients are enhanced when supervisors model effective interpersonal behavior for their supervisees.

Interpersonal Supervision and the Supervisory Working Alliance

Supervision is, by definition, a relational process in which a more senior member of the profession (the supervisor) interacts with and guides a more junior member of the profession (the supervisee) (Bernard & Goodyear, 2009). Supervision is an integral facet of therapist training wherein trainees are encouraged to learn about themselves and the process of therapy and develop tools with which to conduct effective therapy with clients.

Ladany et al. (2005) developed an interpersonal model of supervision based on a critical events analysis of supervision processes. In this model, it is assumed that supervision is inherently relational and that effective supervision involves the resolution of commonly occurring, or “critical” events, such as exploring a supervisee’s countertransference toward a client. According to the model, supervision events involve accomplishing specific tasks, similar to the way in which psychotherapy involves accomplishing specific tasks (e.g., reducing resistance, interpreting transference, and so on).

Theoretically, a trainee with a highly avoidant attachment style may exhibit certain behaviors that fall within critical event domains (Ladany et al., 2005). In general, people with a highly avoidant attachment style tend to be dismissive of closeness in relationships (Shaver & Mikulincer, 2009), struggle to solve problems collaboratively (Corcoran & Mallinckrodt, 2000), and have trouble seeking help from authority figures, like teachers or professors (Larose & Bernier, 2001). In the context of supervision, a highly avoidant trainee may dismiss a supervisor’s observations about the trainee’s countertransference with a client or the trainee’s difficult feelings about conducting psychotherapy. In the critical events model of supervision (Ladany et al., 2005), these behaviors (dismissiveness, difficulty solving problems collaboratively, seeking help) signal that a trainee is struggling. The critical events model suggests specific interpersonal strategies that supervisors can use to help a trainee work through such difficulties.

Ladany et al. (2005) also considered the supervisory working alliance to be integral to the relationship between supervisor and supervisee. The supervisory alliance

mirrors the therapeutic working alliance and is defined by an agreement on goals and tasks and the relational bond between a supervisor and supervisee (Bordin, 1983). Supporting the model, research showed that the supervisory working alliance is related to less trainee role conflict (Ladany & Friedlander, 1995) and may be a protective factor for negative events that arise later in the supervisory relationship (Ramos-Sanchez et al., 2002). In other words, trainees who perceive a strong working alliance with their supervisors seem to be more secure in their role and feel more comfortable addressing difficult topics in supervision.

As previously mentioned, the supervisory working alliance is not only a critical component of a trainee's learning experiences, but also is an important predictor of the strong therapeutic alliances that trainees seek to build with their clients. Research suggests a demonstrable effect of the supervisory working alliance on the therapeutic working alliance and vice versa (Patton & Kivlighan, 1997; Tracey et al., 2012). That is, a strong working alliance in supervision can enhance a trainee's working alliance with clients, and a strong therapeutic alliance can contribute to a stronger supervisory alliance. In essence, these findings provide evidence for the phenomenon of *parallel process* (Doehrman, 1976; Searles, 1955) between the relational domains of supervision and psychotherapy. More importantly, this research highlights the importance for supervisors to build working alliances with trainees in order to facilitate the trainees' building of strong alliances with clients.

Although research supports the importance of the supervisory working alliance, it is not yet known what takes place in supervision, specifically, that contributes to a strong supervisory alliance. In other words, what do supervisors do with trainees to create a

strong working alliance, particularly with trainees who have a highly avoidant attachment style? Answering this question was the objective of the present study.

Summary and Hypotheses

Among the many personal characteristics that contribute to a strong supervisory working alliance (Bernard & Goodyear, 2009) is attachment style, as reviewed previously in this chapter. To date, however, no studies have identified how supervisors work with highly avoidant trainees to enhance their collaboration and interpersonal connection, assuming that supervisors do recognize trainees who have a highly avoidant attachment style. Because supervision is a relational process that influences a supervisee's relationship with clients (Friedlander, Siegel, & Brenock, 1989; Friedlander, 2012; Ladany et al., 2005; Patton & Kivlighan, 1997; Tracey et al., 2012), it is important to investigate how supervisors go about creating and maintaining strong alliances with supervisees, particularly those who are more vulnerable by virtue of having a characteristically avoidant attachment style.

Although it was predicted that explicitly relational behavior on the part of the supervisor contributes to the supervisee's perception of the alliance, there was little basis for hypothesizing whether relational behavior mediates or moderates the association between avoidant attachment and the alliance. Therefore, two competing hypotheses were tested, as depicted in Figures 1 (mediation) and 2 (moderation). First, it was hypothesized that relational behavior would mediate the relation between supervisees' reported level of avoidant attachment and their perceptions of the supervisory working alliance (H1). Second, the competing hypothesis stated that relational behavior would moderate the relation between trainees' avoidant attachment style and perceptions of the supervisory

working alliance (H2). That is, avoidant attachment would be associated with the supervisory alliance depending on the extent of the perceived use of relational supervisory behaviors.

Finally, due to mixed evidence for the relation between trainee avoidant attachment and perceptions of the supervisory working alliance, and the as yet untested construct of relational behavior, it is possible that each predictor variable may contribute uniquely to the supervisory working alliance, i.e., controlling for the effects of the other. Therefore, if results showed that neither the mediation nor the moderation hypothesis was supported, the main effects for (a) avoidant attachment and (b) perceived use of relational behavior would be investigated for their unique relations with supervisees' perceptions of the alliance. In other words, two sub-hypotheses would be tested if the moderation hypothesis was not supported: First, it was hypothesized that level of avoidant attachment would be negatively associated with perceptions of the supervisory working alliance (H2a). Second, it was hypothesized that perceptions of relational behavior in supervision would be positively associated with perceptions of the supervisory working alliance (H2b).

Chapter III

Method

Participants

Participants in the final sample were 141 master's- and doctoral-level trainees in mental health related fields, including counseling and clinical psychology doctoral programs and master's programs in mental health counseling, social work, and marriage and family therapy. Trainees were recruited through their training program directors to participate in a study of "the types of relationships supervisors build with trainees in supervision."

Participants were required to be at least 18 years old and could be at any level of training, from first-year through pre-doctoral internship, and use any theoretical approach in their clinical work. Other inclusion criteria for participants included current engagement in clinical work with actual clients (i.e., not pre-practicum courses), receiving regular, individual supervision, with the most recent supervision session occurring in the past two weeks. Excluded were post-graduate and licensed mental health professionals and trainees who were not currently seeing clients or who were receiving only case management review, rather than clinical supervision.

Power analysis. A power analysis was conducted to determine the number of participants needed, based on effect sizes from the literature, statistical power of .80 and experimentwise error of $\alpha = .05$, as suggested by Cohen (1992). Effect sizes were calculated from published test statistics and converted to a comparable format (Cohen, 1988).

A review of the literature showed a range of effect sizes for the relationship between trainee attachment style and the supervisory working alliance, including r^2 = .07 (Bennet, et al., 2008), r^2 = .05 (Epps, 1999), and r^2 = .12 and .23 (Renfro-Michel & Sheperis, 2009). Based on Cohen's (1992) recommendations, these effect sizes fall in the medium range for multiple R^2. Consequently, a medium effect size was used in the present power analysis. According to Cohen, to detect a medium effect size (R^2) with 4 predictor variables (2 in each hypothesis), an experimentwise error of $\alpha = .05$, and statistical power of .80, a sample of at least 84 participants would be needed. The present sample of 141 participants exceeded this minimum.

Participant characteristics. As shown in Table 1, the majority of participants had an average age of 28 years (*M* = 27.91, *SD* = 5.06; range 22 – 51) and were European-American/White (77.3%) women (80.9%). Participants also identified themselves as African-American/Black (6.4%), Asian/Asian-American (5.7%), Latino/a or Hispanic (5.0%), Multiracial (2.8%), and Other (2.8%). In terms of training, most were counseling or clinical psychology doctoral students (78.7%), working in college/university counseling centers or community agencies (55.4%), and had had no formal training in supervision (60.3%).

The majority of participants reported that their supervisors were European-American/White (79.9%) women (61.7%) with degrees in counseling or clinical psychology (74.3%), and had had formal training in supervision (75.2%). Participants also identified their supervisors as African-American/Black (2.9%), Asian/Asian-American (5.8%), Latino/a or Hispanic (5.0%), Native American (1.4%), Multiracial (0.7%), and Other (4.3%). On average, participants worked with 6.57 clients per week

(SD = 4.42; *mode* = 7), had nearly two years of clinical experience (M = 21.24 months, SD = 18.52, range 1 – 120 months), spent between 1-2 hours in individual supervision per week (M = 1.71, SD = 3.77), and had been working with their current supervisor for approximately 6 months (M = 5.86, SD = 5.92; range 1 – 36).

Instruments

Experiences in Close Relationships Scale-Revised. The revised version of the Experiences in Close Relationships scale (ECR-R; Fraley, Waller & Brennan, 2000; see Appendix A) was used to assess participants' attachment style in adult relationships. Although the term *insecure* attachment refers to either highly anxious or highly avoidant attachment, previous researchers tend to use the two ECR-R scales separately. Previous assessments of their association showed that the Anxious and Avoidant scales were moderately correlated (*r*s range from .42 to .51; Fairchild & Finney, 2006; Sibley & Liu, 2004; Sibley, Fischer & Liu, 2005). For the present analysis, only the Avoidant scale was used because the limited extant literature suggests that trainees with a highly avoidant style are less likely to report a strong alliance with supervisors.

The ECR-R was selected because it is a direct assessment of adult attachment style, it was developed based on item response theory, and it has ample psychometric support. The original ECR (Brennan, Clark, & Shaver, 1998) was modified by Fraley et al. (2000) and contains two subscales, with a total of 36 items; 18 items assess anxious-avoidant attachment (Avoidance) in a close adult relationship, e.g. "I prefer not to show a partner how I feel deep down." The remaining 18 items assess anxious-ambivalent (Anxiety) attachment, e.g. "I'm afraid that I will lose my partner's love." Items are rated on a Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores indicate

a more anxious or avoidant attachment style; scores for each subscale range from 18 – 126.

In terms of reliability, an estimate for the Avoidance scale was reported as α = .95 (Fraley et al., 2000). Internal consistency estimates have been reported for Avoidance from α = .91 to .94 across multiple studies (Fairchild & Finney, 2006; Sibley & Liu, 2004; Sibley et al., 2005). Convergent validity has been demonstrated between the Avoidance and measures of adult attachment, *r* = .45 to .62 (Sibley et al., 2005), loneliness, *r* = .37; and social support, *r* = -.45 (Fairchild & Finney, 2006).

In the present sample, the internal consistency estimate for the Avoidance scale was α = .93. With respect to descriptive statistics, one of three comparison tests with previously published ECR-R results in Sibley et al. (2005) was found to be significant (see Table 2). Specifically, Sibley et al.'s Study 2 sample item/scale means and standard deviations for the Avoidance scale (*N* = 478; *M* = 35.10, *SD* = 17.82) were found to be significantly lower, *t*(231) = 3.844; *p* < .001; 95%*CI* [-9.82, -3.16], than those in the present study (*N* = 141; *M* = 41.59, *SD* = 17.56). This significant difference may be due to differences in sample sizes and the fact that Sibley et al.'s Study 2 sample was mostly comprised of female undergraduate students, whereas the present sample was primarily female graduate students.

Relational Behavior Scale. The Relational Behavior Scale (RBS; see Appendix B) was used to assess participants' perceived use of relational behaviors by their primary supervisor in their most recent supervision session. The RBS contains 11 items created from Ladany et al.'s (2005) list of interactional sequences that are commonly used in

interpersonally-oriented supervision, 5 of which are relational sequences and 6 of which are filler items, as explained below.

In creating the RBS, Shaffer and Friedlander (2012) used Ladany et al.'s (2005) interpersonal model of supervision to identify specific supervisory behaviors that are most clearly relational in nature. The 11 interactional sequences and their operational definitions from Ladany et al.'s model were used to construct the Relational Behavior Scale. "Focus on Countertransference" for example, was defined by Ladany et al. as a "[d]iscussion of how and why the supervisee's feelings are 'triggered' by a client's behavior or attitude" (p. 15). Each of these items is defined in the measure as the sequences were defined by Ladany et al. All items are rated on a Likert-type scale from 1 (*not at all*) to 5 (*very much*). Higher scores (range 5 – 25) indicate greater use of relational behavior by supervisors in the most recent supervisory session.

In creating the RBS, Shaffer and Friedlander (2012) asked 9 expert supervision researchers to rate each of Ladany et al.'s (2005) 11 sequences on a 1 to 5 scale, where 1 = task-oriented, 3 = both and 5 = interpersonal. Results showed that 5 of the 11 sequences were viewed by these experts as clearly more interpersonal, defined as $Mdn \geq 4$. The 5 relational behaviors were as follows: exploration of feelings, focus on therapeutic process, attend to parallel process, focus on countertransference, and focus on supervisory alliance. (The experts' ratings of the 11 items are summarized in Table C1, Appendix C).

In the present study, a confirmatory factor analysis (CFA) using LISREL was conducted to assess the validity of the five-item Relational Behavior Scale. Scores were those obtained from the present 141 participants along with those of 121 trainees who had

participated in an earlier, unpublished examination of the RBS (Shaffer & Friedlander, 2012), for a total combined *N* = 262.

A maximum-likelihood estimation indicated that the one-factor model was an excellent fit of the data, as indicated by χ^2 (5, *N* = 262) = 11.10; *p* = .049; NNFI = 0.98; GFI = .98; CFI = .99 RMSEA = .068, *p* = .24 and SRMR = .025. Examination of the completely standardized solution Lambda values indicated that the factor loadings for all 5 RBS items were significant at ≥ .67. Moreover, examination of the maximum likelihood solution indicated that the one factor solution accounted for 53.58% of the overall variance in scores.

For the combined sample used in the CFA (*N* = 262), the internal consistency reliability of the 5-item Relational Behavior Scale was *α* =.85. For the present sample alone, the internal consistency estimate was also α = .85. Item-scale correlations on the combined sample indicated that dropping any one of the 5 items would reduce the internal consistency of the RBS (see Table C2, Appendix C). Comparison tests revealed no significant difference in mean scores between the earlier sample of 121 participants in Shaffer and Friedlander (2012) and the present sample of 141 participants (see Table 3).

Working Alliance Inventory-Trainee. The total score on the Working Alliance Inventory-Trainee form (WAI-T; Bahrick, 1989; see Appendix D) was used to assess participants' perceptions of the quality of the supervisory working alliance. The WAI-T contains three subscales that assess for supervisor-supervisee agreement on goals, agreement on tasks, and the emotional bond. Each subscale contains 12 items, rated on a 7-point Likert-type scale from 1 (*never*) to 7 (*always*). An item on the Goals subscale is, "The goals of these sessions are important to me." An item on the Tasks subscale is, "I

am clear on what my responsibilities are in supervision." An item from the Emotional Bond subscale is, "(Supervisor's name) and I trust one another." Scores on each subscale are summed and can range from 12 to 84; higher scores reflect more perceived agreement on goals and tasks and a stronger emotional bond. Total scores (ranging from 36 – 252) were used in this study because of the high intercorrelations among the subscales, as reported by Bahrick (1989).

In terms of validity, Walker, Ladany, and Pate-Carolan (2007) found significant positive and negative correlations of the WAI-T subscales with trainees' experiences of gender-related events in supervision. Inman (2006) reported a significant positive relationship between WAI-T scores and satisfaction with supervision and perceived supervisor multicultural competence, and Ladany and Friedlander (1995) found a significant negative relationship between WAI-T scores and perceived role conflict and ambiguity.

Reliability estimates for internal consistency have been reported from $\alpha = .87$ to .90 for all subscales (Inman, 2006; Ladany, Ellis & Friedlander, 1999; Ladany & Friedlander, 1995) and .98 for the total scale (Walker et al., 2007). For the present study, the internal consistency estimate for the full scale WAI-T was $\alpha = .97$. Results of the comparison test (see Table 4) revealed no significant mean differences on the WAI-T between the present sample and those of either Bahrick (1989) or Ellis et al. (2003).

Demographic questionnaire. Participants were asked to provide their race/ethnicity, gender, age, type of training program and degree, theoretical orientation, clinical setting, months of supervised clinical experience, number of clients seen per week, training level (first practicum, second practicum, pre-doctoral internship, etc.), and

prior training or coursework in supervision (yes/no; see Appendix E). Participants were also asked to indicate their supervisor's race/ethnicity, gender, age, years of clinical experience, degree (M.S., M.A., M.Ed., MSW, Ph.D., Ed.D., Psy.D.), licensure (yes/no), previous training in supervision (yes/no), and theoretical orientation. Participants were asked about training in supervision and length of time spent working with their current supervisor.

Procedure

Participants for this web-based study were recruited nationally and through training directors of (a) clinical and counseling psychology doctoral programs, (b) master's programs in mental health counseling, social work, and marriage and family therapy, and (c) doctoral psychology internship programs. Training directors were asked to disseminate the solicitation (see Appendix F) through email listservs or by posting a hard copy of the solicitation request on a bulletin board. Snowball sampling was also used. That is, participants were asked to forward the study link to other trainees using password protected email and social media sites.

Potential participants were informed that participation in the study was voluntary and anonymous, and that they had the right to withdraw at any time or not answer any question. Contact information for the researcher and her faculty supervisor was provided, as well as contact information for the Institutional Review Board at the University at Albany. By clicking "next," participants signaled their informed consent.

The ECR-R, RBS, and SWAI-T were counterbalanced and administered in random order by PsychData software. Email addresses were requested for participants who chose to enter a drawing for $10 gift certificates to an online retailer. The odds of

winning were 1 in 10, based on the number of surveys completed at the end of data collection. Participants were told that their email addresses were not linked to their survey responses, and were asked to forward the study to other potential participants by entering an email address for each potential participant.

Chapter IV

Results

Preliminary Analyses

Missing values. The original sample included 158 participants. Of these, the data for 17 cases were omitted due to significant amounts of missing data, defined as 5% or more of the total items. Of the remaining 141 participants, the final sample used in the major analyses, 33 had at least one missing response; one participant had 3 missing items (3.2%), 5 participants had two missing items (2.1%), and 27 participants had 1 missing item (1.1%).

Little's MCAR test (Little, 1998) indicated that the 33 missing responses were missing completely at random, $\chi^2(2907) = 2982.83$; $p = .160$. Based on this result, expectation maximization was used to impute missing values for these responses, as recommended by Schlomer, Bauman, and Card (2010).

Examination of outliers. Outliers were examined using the DFBETA, distance, influence, and leverage statistics to determine the influence of individual data points. Examination of DFBETA statistics for each of the study variables indicated that no cases were unduly influencing the beta weights in the regression equation. Examination of Cook's distance statistics indicated that no individual case statistics were unduly influencing the raw score regression coefficients. Additionally, the discrepancy between the actual and the predicted values of the criterion variable statistics was determined by examining the externalized studentized deleted residuals plot.

Four cases exceeded the $\alpha = .025$ criteria, $t(138) \pm 2.33$ for studentized deleted residuals. When these cases were examined for contamination, no relationships were found with any of the demographic variables. Examination of the graphical plots of

individual cases on the three study variables, Avoidance (AVOID), Relational Behavior (RB), Supervisory Working Alliance (WAI-T), indicated that each of these four participants indicated extremely low AVOID scores and extremely low SWA scores. Additionally, centered leverage statistics indicated that six cases exceeded the critical value ($3k/n$ = 9/141) = .06. Similarly, when these cases were examined for contamination, no relationships were found with demographic variables. Finally, an examination of the graphical plots indicated that these six participants reported relatively high AVOID scores and relatively high SWA scores.

No overlap existed among the 10 outlier cases, in that each case was evident in only one regression diagnostic category. Thus, all potential outliers were retained in the final sample of 141 participants.

Tests of order effects. The three measures (ECR-R, RBS, and WAI-T) were counterbalanced using a balanced Latin squares approach, whereby each measure preceded and followed every other measure in the study once. Examination of the different orders of administration indicated that the cell sizes were relatively equivalent (31, 33, 40, and 37).

A one-way MANOVA was conducted to determine if there were significant differences among the four different orders of administration. In this analysis, the experimentwise error was set at .05 ($\alpha_{ew} = .05$) to maximize statistical power, Group (levels 1 – 4) was the independent variable, and scores on the ECR-R, RBS, and WAI-T measures were the dependent variables.

Box's M's multivariate test for homogeneity of dispersion matrices was not significant, $M = 21.581$, $F(18, 61338)$; $p = .294$, indicating that the variances among the

groups were equal. Bartlett's test of sphericity was significant, $F(3, 137) = 49.684$; $p = .001$, indicating that a multivariate approach was appropriate for this analysis. Pillai's Trace V revealed a significant omnibus test, $F(9, 411)$, $p = .016$, $\eta^2_{MV} = 0.14$; $\hat{\rho}^2_{MV} = 0.12$, indicating significant differences among the counterbalanced groups.

Examination of the univariate follow-up tests revealed two significant F values. Specifically, the effect sizes for AVOID $F(3, 137) = 3.34$, $p = .02$, $\eta^2 < 0.01$; $\hat{\rho}^2 < 0.01$, and WAI-T $F(3, 135) = 2.87$, $p = .04$, $\eta^2 < 0.01$; $\hat{\rho}^2 < 0.01$ were trivial (see Tables 5 and 6).

Taken together, these results suggested that while order of administration differences existed in the overall MANOVA, there were no substantive differences at the univariate level. It was concluded that a true confound due to order effects was unlikely. Consequently, the major regression analyses were performed as planned.

Descriptive statistics. Table 7 shows the means and standard deviations for the study variables: AVOID $M = 41.59$, $SD = 17.56$; RB $M = 14.20$, $SD = 5.42$, and WAI-T $M = 190.94$, $SD = 37.51$. The table also contains the bivariate intercorrelations, which shows only one significant association, i.e., between RB and WAI-T scores, $r = .62$, $r^2 = .38$ $p < .001$. These statistics also indicate moderate scores on the RBS ($M = 14.20$, where the potential range is 5 to 25) and moderately high scores on the WAI-T ($M = 190.94$, where the range is 36 to 252), suggesting that trainees in this sample perceived a moderate use of relational behavior by supervisors and fairly strong alliances with supervisors. In addition, AVOID scores reflected a potential floor effect ($M = 41.59$, where the range is 18 – 126), suggesting that trainees in this sample identified themselves as having relatively non-avoidant attachment styles.

Test of assumptions. Several preliminary tests indicated that none of the assumptions for multiple regression was violated. First, a visual inspection of the matrix scatterplots, in which the criterion and predictor variables AVOID, RBS, and WAI-T were plotted in relationship to one another, indicated normal distributions. The assumption of normality was also tested by examining three normal probability plots, q-q plots, of the study variables, AVOID, RB, and WAI-T. All three variables followed a linear path, whereby the observed cumulative probability was closely fitted to the expected normal value. These results supported the assumption of normality.

Next, the assumption of homoscedasticity was tested by examining the scatter plots of the standardized residuals and standardized predicted values of each variable and the residual frequency histograms, where each study variable was regressed on the other two. Examination of these plots suggested no violation of the homoscedasticity assumption.

Fourth, the assumption of independence was tested by considering potential confounds in the data collection procedures. It was considered unlikely that the assumption of independence was violated. Participants were solicited through their institutions only once, and no supervisors were requested as participants. It is possible, however, that two or more participants may have had the same primary supervisor. Such an instance would create a potential confound with correlated error terms, but it is not possible to know if this occurred, since the supervisors' names were not provided by participants in order to protect their anonymity.

Major Analyses

The experimentwise Type 1 error rate was set at .05 (α_{ew} = .05; α_{pc} = .01) after correcting for five hypothesis tests in order to ensure maximum statistical power (Holland & Copenhaver, 1988).

Test of mediation model: Hypothesis 1. To test the hypothesis that perceptions of supervisor relational behavior (RB) would mediate the inverse relationship between self-reported avoidant attachment (AVOID) and perceptions of the supervisory working alliance (WAI-T), four regression equations were to be performed, as outlined in Frazier, Tix, and Barron (2004).

AVOID scores were regressed on WAI-T scores (i.e., the direct effect). The squared correlation was nonsignificant and trivial, R^2 = .02 p = .130, $\hat{\boldsymbol{\rho}}^2$ = .01, 95% CI [.00, .07]. Since the direct effect was not supported, no further analyses were conducted. Therefore it was concluded that Hypothesis 1 (H1) was not supported.

Test of moderation model: Hypothesis 2. To test the interaction of Avoidance and Relational Behavior on perceptions of the supervisory working alliance (WAI-T scores), sets were used. That is, the multiple regression equation included the interaction term (AVOID x RB) as one set and the two main effects, AVOID and RB as the second set. Results of this analysis are summarized in Table 8.

Results of the full regression equation were R = .57, F(2, 137) = 21.72, p = <.001, R^2 =.32, $\hat{\rho}^2$ **=** .31. The set for the interaction term was nonsignificant, F(1, 137) = .87, p = .35, $r^{2y}{}_{(INT.AV\ RB)}$ = .00, $\hat{\rho}^{2y}{}_{(INT.AV\ RB)}$ = .00, 95% CI [.00, .00], p = .35. Thus, the moderation hypothesis (H2) was not supported (see Fig. 3).

In the test of sub-hypotheses H2a and H2b (see Fig. 3), the set containing the two main effects was significant, $F(1, 137) = 31.29$, $R^2 = .31$, $\hat{\rho}^2 = .30$, $p < .001$. However, the main effect for AVOID controlling for RB was nonsignificant, $r^{2y}_{(AV.INT\ RB)} = .01$, $p = .29$, $\hat{\rho}^{2y}_{(AV.INT\ RB)} = .00$, 95% CI [.00, .00], $p = .29$, Tolerance = .84, VIF = 1.2. On the other hand, the main effect for RBS scores controlling for AVOID was significant, $r^{2y}_{(RB.INT\ AV)} = .30$, $p < .001$, $\hat{\rho}^{2y}_{(RB.INT\ AV)} = .29$, 95% CI [.13, .54], $p < .001$, Tolerance = .99, VIF = 1.00.

These results indicated no multicollinearity between the two predictor variables, i.e., scores on AVOID and RBS were independent of one another. The results also suggested that although sub-hypothesis H2a was not supported, i.e., avoidant attachment did not uniquely predict perceptions of the supervisory alliance, sub-hypothesis H2b was supported. That is, participants' reports of their supervisors' use of relational behavior significantly and uniquely predicted their perceived supervisory alliance. Taken together, the latter results indicate that the contribution of avoidant attachment to the supervisory alliance was negligible; that is, regardless of participants' level of avoidant attachment, the use of relational behavior in supervision had a positive association with their perceived supervisory working alliance.

Chapter V

Discussion

Two competing hypotheses were tested to examine the role of trainees' perceptions of their supervisors' in-session use of relational behavior in relation to self-reported avoidant attachment and perceptions of the supervisory working alliance. One hypothesis examined use of relational behavior as a mediator, whereas in the other hypothesis, use of relational behavior was tested as a moderator of avoidant attachment. Two sub-hypotheses examined the main effects of avoidant attachment and relational behavior in relation to alliance perceptions.

Results indicated that although participants' perceptions of their supervisors' relational behavior were strongly and directly associated with perceptions of the supervisory working alliance, relational behavior neither moderated nor mediated the hypothesized inverse relationship of avoidant attachment style with alliance perceptions. In fact, in contrast to some previous literature with supervisees, no significant relationship emerged between participants' avoidant attachment style and perceptions of the supervisory working alliance.

On the other hand, use of relational behavior, a new construct that was based on Ladany et al.'s (2005) interpersonal approach to critical events in supervision, was significantly and uniquely associated with perceptions of the supervisory alliance. In other words, when participants viewed their supervisors as having used more of five key behaviors (exploration of feelings, focus on therapeutic process, attend to parallel process, focus on countertransference, and focus on supervisory alliance) in their most recent

supervision session, they were likely to perceive the working relationship with their supervisors to be favorable.

Theoretical Implications

The present study improved on previous supervision research by using more psychometrically sound measures of two variables, adult attachment style (ECR-R) and the supervisory working alliance (WAI-T). Comparisons of descriptive statistics with these measures indicated that the present mean scores were similar to those obtained in the earlier samples for both measures. These comparisons support the validity of the present results and suggest cautious interpretation of previous research supporting the attachment-alliance relationship in supervision.

Although a few previous studies found significant associations between trainee attachment and the supervisory working alliance, others found no association between attachment and the alliance (Bennett et al., 2008; Epps, 1999; Renfro-Michel & Sheperis, 2009; White & Queener, 2003). The mixed results may have been due to the use of less robust measures of attachment and alliance. The ECR-R (Fraley et al., 2000) was chosen for this study because it was created using IRT (Samejima, 1996; a more psychometrically-sound procedure than tests created using classical test theory), it has robust reliability and validity estimates, and it had not previously been used to study the attachment-alliance relationship in supervision. The WAI-T (Bahrick, 1989) was chosen for this study because it was theoretically derived from Bordin's (1983) model of the supervisory working alliance, which guided the present study's theorizing. In addition, the WAI-T had not been used in previous attachment-alliance studies versus the Efstation

et al., (1990) measure, which does not fully reflect Bordin's (1983) theory and was used in other investigations of the attachment-alliance relationship.

The ECR-R asks respondents to consider attachment behavior related to a romantic relationship. It seems likely that romantic attachment, as measured by the ECR-R and other measures of adult attachment, is simply not relevant to the supervision alliance. Based on the limitations of previous studies that have found a relationship between avoidant attachment style - both romantic and supervisory attachment - and the supervisory working alliance (e.g., small sample sizes, inflated Type I error rates, less robust measures of attachment and the alliance, and potentially confounded constructs), the present study's lack of significant relationship between these variables provides more evidence that adult romantic attachment is not meaningfully related to the quality of the working alliance between trainees and their supervisors.

To date, this was the first study to operationalize supervisor behaviors that characterize interpersonally-oriented supervision. It has been found that a supervisor's interpersonally-sensitive style (Friedlander & Ward, 1984) contributes to trainees' satisfaction (Fernando & Hulse-Killacky, 2005), perceptions of a favorable and collegial supervisory relationship (Friedlander et al., 1989), perceptions of a strong supervisory alliance (Ladany, Mori & Mehr, 2013), as well as supervisors' perceptions of the alliance (Ladany, Walker & Melincoff, 2001). Trainees perceive supervisors who lack an interpersonally-sensitive style to be unwilling to work through difficulties in the supervisory relationship and even at times to be hostile (Nelson & Friedlander, 2001). Supervisors perceived as more interpersonally sensitive were also perceived as using more relational behavior (Shaffer & Friedlander, 2012).

Given previous research findings regarding the positive contributions of an interpersonally-sensitive supervisory style (Friedlander & Ward, 1984) to the supervisory relationship, it is important to understand specifically how supervisors cultivate and communicate this style of interaction with trainees. Specifically, the Relational Behavior Scale used in the present study attempts to operationalize five common behaviors used by supervisors who are perceived to rely on this style of interaction in supervision. Understanding how supervisors actually behave in supervision provides clearer guidelines for training new supervisors to learn to conduct relational and responsive supervision (Friedlander, 2014; Friedlander & Shaffer, 2014).

The Relational Behavior Scale was carefully constructed using expert ratings of 11 supervisor interactional sequences as described by Ladany et al. (2005). Experts were asked to rate the interactions as more clearly interpersonal in nature, task-oriented, or some combination of both. Results of this analysis showed that five behaviors emerged as more clearly interpersonal. Then, trainees were asked in two separate studies to rate their current supervisor from their most recent supervision session on the use of all 11 interactional sequences. Based on the combined sample, a confirmatory factor analysis revealed that the five behaviors comprised a single construct ("relational behavior"), accounting for 53.58% of the total score variance. Confirmatory factor analysis is considered a robust scale development tool, given that it is theory- and hypothesis-driven, rather than exploratory in nature (Kahn, 2006; Worthington & Whittaker, 2006).

Based on the present results, the RBS suggests which specific behaviors are most likely to facilitate trainees' perceptions of a strong supervisory working alliance. The supervisory alliance has been found to play a significant role in trainees' clinical

experiences (Ladany & Friedlander, 1995; Patton & Kivlighan, 1997; Ramos-Sanchez et al., 2002; Tracey et al., 2012). For this reason, it is important for supervision theory to include specific strategies for enhancing the supervisory working alliance. In sum, the present results improve our understanding of what actually takes place in interpersonally-oriented supervision, as outlined by Ladany et al. (2005), by suggesting five specific sequences of behaviors that characterize an interpersonally-sensitive supervisory style (Friedlander & Ward, 1984), which in turn is most likely to facilitate the development and/or maintenance of a strong supervisory working alliance.

Practical Implications

The present study found no significant relationship between trainees' avoidant attachment style and their perception of the supervisory working alliance. The sample was comprised largely of young, white, women doctoral trainees who were early in their training. Avoidant attachment scores showed a floor effect, while the supervisory working alliance was rated highly overall. Taken together, these results suggests that, for this population, attachment style (at least with respect to romantic partners) is not meaningfully related to the perception of a strong supervisory working alliance.

In their critical events model of supervision, Ladany et al. (2005) outlined 11 interactional sequences that commonly take place in clinical supervision. The Relational Behavior Scale used in the present study highlights five of these sequences (exploration of feelings, focus on therapeutic process, attend to parallel process, focus on countertransference, and focus on supervisory alliance) as particularly important in interpersonally-oriented supervision. Further, results of this study showed that these trainees' perceptions of supervisors' use of these five sequences were strongly related to

trainees' perceptions of a strong supervisory working alliance. This study prompted participants to rate the most recent supervision session, suggesting that these five behaviors influence a strong in-session alliance. However, trainees' perceptions of the supervisory working alliance may fluctuate over time.

Understanding what behavioral strategies most contribute to a strong supervisory alliance is important for clinical and supervision training. The supervisory alliance has an impact on trainee as well as client outcomes. When trainees perceive a strong supervisory alliance, they tend to experience more satisfaction in training (Inman, 2006; Ladany et al., 1999). In addition, the supervisory alliance is positively associated with the therapeutic alliance (Patton & Kivlighan, 1997), and interpersonal interactions in supervision transfer to the therapeutic relationship and influence clients' therapeutic outcomes (Tracey et al., 2012).

In addition, the association between relational behavior and the supervisory working alliance may provide a guide for clinical supervisors who hope to enhance their alliance with trainees, or repair an alliance rupture (Friedlander, 2014). Moreover, the five interactional sequences integral to relational behavior may serve as a guide to beginning supervisors learning to conduct supervision.

Ladany et al. (2005) described seven critical events that frequently arise in supervision: remediating skill difficulties and deficits; heightening multicultural awareness; negotiating role conflicts; working through countertransference; managing sexual attraction; repairing gender-related misunderstandings; and addressing problematic emotions, attitudes and behaviors. In each change process model for resolving these seven critical events, Ladany et al. (2005) used at least one (and typically

more than one) of the five relational behaviors, suggesting that these behaviors are the cornerstone of interpersonally-oriented supervision. For new supervisors, learning to attend to the cues, or markers, that supervisees communicate in supervision provide an opportunity to intentionally engage in interpersonally-oriented supervision and maintain a strong working alliance.

Limitations

In terms of limitations, the present ex post facto design precludes the interpretation of causal relationships between the variables. Additionally, all measures used in the study were self-report questionnaires, which can introduce common method variance and a mono-method bias. It is possible that trainees were not be able to accurately report their attachment style or recall their supervisors' relational behaviors.

Moreover, several demographic characteristics of the sample, such as gender, theoretical orientation, race/ethnicity, and clinical experience, need to be considered in interpreting the results and the limits to generalizability. In future research, demographic variables could be investigated as characteristics that may influence trainees' perceptions of relational behavior and the alliance.

Sample limitations were also present. The sample was one of convenience, and participants may have been trainees who were particularly interested in supervision, introducing a non-random sample bias. In addition, results should be considered cautiously due to the sample's demographic composition, which was largely white, female doctoral psychology trainees in counseling psychology programs whose supervisors were also white women. Indeed, it is possible that the present results may have appealed most strongly to female trainees and supervisors, given its relational nature.

Additionally, as participants were recruited by university training directors, it is possible that some trainees reported on their experience with the same supervisor, introducing a non-independence bias with correlated error terms. Finally, although trainees were sampled in order to maximize the study's internal validity and its applicability to clinical training, the results cannot be generalized to post-graduate professionals in supervision.

Another limitation is the assumption that the ECR-R, which asks respondents to report on romantic relationship attachments, accurately reflects attachment to parent figures and to other important figures, such as supervisors. Longitudinal studies support the developmental assumption (Grossman, Grossman, & Waters, 2006; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000, but there is limited evidence that attachment style is indeed stable over the lifespan.

Finally, although the face and factorial validity of the RBS has been established, and its significant relation with the supervisory alliance also supports its construct validity, there is limited psychometric support for the measure. For this reason, the present results should be interpreted cautiously pending further research.

Recommendations for Future Research

Given the lack of relationship found between adult romantic attachment style and the supervisory working alliance in the present study, future researchers may wish to investigate attachment in a more supervision-specific context, as did Gunn and Pistole (2012). Alternately, researchers could use more objective measures of attachment, such as interviews. Finally, replicating the current study's findings on a different population of trainees who are older and more diverse, or with working mental health professionals,

may reveal differences in the importance of attachment to the supervisory working alliance.

Since relational behavior is a new construct and this was the first extensive use of the Relational Behavior Scale, the measure shows promise for future research directions. First, this study should be replicated and extended to enhance the validity of the RBS, as well as providing more evidence of attachment style and its utility in understanding the supervisory relationship. Second, the RBS may facilitate research focused on behaviors that supervisors use in interpersonal supervision. The present study revealed some evidence for the positive contribution of relational behavior in a cross-section (the most recent session) of supervision sessions. Further research could investigate differences in the use of relational behavior among a different cross-section of supervision sessions, or longitudinally over time. For instance, supervisors may use relational behavior more specifically during certain periods (e.g., beginning stages of supervision) or more generally over the course of supervision. Alternatively, supervisors may use more or less relational behavior, depending on the level of trainee development (e.g., beginner, advanced, intern), the client being discussed, the genders of the supervisor and trainee, or the supervisor's and trainee's theoretical orientation.

Additionally, the significant results of this study may encourage researchers to expand theory and scale construction on other useful supervisory behaviors. The present findings indicate that relational behavior is positively related to the supervisory working alliance, but there are likely other important behaviors that supervisors use that contribute to a strong working alliance. For example, behaviors that facilitate task-oriented learning for trainees may be important in particular learning situations, e.g., crisis and risk

assessment, writing assessment reports, or working with agencies and professionals outside the clinical training institution. In these instances, a more task-oriented approach to supervision may contribute to favorable perceptions of the supervisory working alliance.

On the other hand, researchers could investigate whether there are "exceptional supervisors" who tend to use relatively more relational behavior than others. If so, how do these supervisors learn to conduct relationally oriented supervision? Many supervisors, particularly those who were trained in decades past, may have not had formal training in supervision, since training in supervision is a relatively new requirement in APA-accredited programs, yet these supervisors may have learned to implement relational strategies in supervision some other way.

The RBS can also be used to investigate Ladany et al.'s (2005) critical events model in a task analytic fashion, by studying the specific relational interactions in supervision that lead to predictable in-session outcomes, providing more support for the theory. For instance, are there typical behaviors or sets of behaviors that are used to successfully resolve trainee difficulties within a multicultural critical event?

More research is needed to replicate the significant relationship found in this study between relational behavior and the supervisory alliance. New research may include other important supervisory variables, such as trainee satisfaction or non-disclosure, or even harmful and inadequate supervision (Ellis et al., 2013) as they relate to RBS scores. For instance, are trainees more satisfied with training when supervisors use relational behavior? Do trainees disclose less information to supervisors who tend to

use less relational behavior? Or, do trainees who experience their supervision experience to be harmful or inadequate perceive less relational behavior from supervisors?

Similarly, it is important to understand differences between supervisors who use relatively more relational behaviors and those who use less and how this difference may influence trainees' development and therapeutic alliances with clients. Studies of parallel process (Friedlander et al., 1989; Patton & Kivlighan, 1997; Tracey et al., 2012) provided evidence for the impact of the supervisory relationship on the therapeutic relationship. Researchers may consider using the RBS in conjunction with measures of the therapeutic alliance or in-session therapeutic behavior to understand how relational behavior on the part of the supervisor may affect a trainee's behaviors within and across therapy sessions.

Finally, the five relational behaviors themselves merit further study. For instance, under what circumstances do supervisors choose to focus on trainee countertransference? The critical events model of supervision (Ladany et al., 2005) suggests some predictable interactional sequences, i.e., sequences of behavior, for resolving certain types of critical events in supervision. It may be useful to understand whether or not there are predictable choice points in supervision that indicate a preference for using one relational behavior versus another. It is possible that supervisors use relational strategies in a predictable way, which may facilitate theory-building around interpersonal supervision, as well as guiding training for novice supervisors.

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Table 1

Participant Characteristics

Variable	*M*	*SD*	%
Age	27.91	5.06	
Months of supervised experience	21.24	18.52	
Gender			
Female			80.9
Male			14.2
Other (unspecified)			5.0
Race/Ethnicity			
African-American / Black			6.4
Asian / Asian-American			5.7
European American / White			77.3
Latino-a or Hispanic			5.0
Multiracial			2.8
Other			2.8
Graduate Degree Program/			
Ph.D./PsyD/Ed.D./D.S.W			78.7
M.S./M.A./M.Ed./MSW			21.3
Type of Training Program			
Counseling Psychology			44.7
Clinical Psychology			34.0
Counseling / Clinical Mental Health Counseling			13.5
Counselor Education			1.4
Marriage/Couples and/or Family Therapy			0.7
Other (Applied Behavioral Science, Combined)			5.7
Current Year in Training Program			
First			7.8
Second			35.5
Third			22.7
Fourth			12.8
Fifth			9.2
Sixth			10.6
Seventh			1.4

Variable	*M*	*SD*	%
Training Level – Doctoral			
First practicum			24.4
Advanced practicum			45.9
Pre-doctoral internship			12.6
Master's internship			10.4
Post-doctoral fellowship			.01
Other			.05
Number of Clients Per Week	6.57	4.42	
Participant's Theoretical Orientation			
Psychodynamic/Interpersonal			19.9
Humanistic (Gestalt, Existential, Rogerian, Process-Experiential)			17.7
Cognitive / Cognitive-Behavioral			30.5
Integrative/Eclectic			22.0
Family Systems			2.1
Other			7.8
Supervisor's Theoretical Orientation			
Psychoanalytic			1.4
Psychodynamic/Interpersonal			18.6
Humanistic (Gestalt, Existential, Rogerian, Process-Experiential)			12.1
Cognitive / Cognitive-Behavioral			35.7
Integrative/Eclectic			15.7
Family Systems			2.9
Other			13.6
Supervisor Gender			
Female			61.7
Male			37.6
Other			0.7
Supervisor Race/Ethnicity			
African-American / Black			2.9
Asian / Asian-American			5.8
European-American / White			79.9
Latino-a or Hispanic			5.0
Native American			1.4

Variable	*M*	*SD*	%
Multiracial			0.7
Other			4.3
Supervisor Degree			
M.A./M.S./M.Ed.			17.0
M.S.W.			5.0
Ph.D./PsyD/Ed.D.			73.8
Other (MD, Doctoral Candidate)			4.3
Supervisor's Degree Field of Study			
Counseling or Clinical Mental Health Counseling			7.9
Counselor Education			4.3
Counseling Psychology			28.6
Clinical Psychology			45.7
Marriage/Couples and/or Family Therapy			1.4
Social Work			5.0
Other (School Counseling, Applied Behavioral Science, Psychiatry)			7.1
Hours in Individual Supervision per Week	1.71	3.77	
Clinical Training Setting			
College / University counseling center			27.7
VA medical center			5.7
Outpatient clinical in a medical center			9.9
Community clinic or agency			27.7
Adolescent residential or group home			0.7
Adult residential or groups home			3.5
Public or private school (K-12)			7.8
Independent practice			2.1
Other (Forensic, Corrections, Women's Shelter Military Treatment Facility, Research Clinic, In-home Care, Inpatient/Outpatient)			14.9
Months working with Supervisor	5.86	5.92	
Participant Training in Supervision			
Yes			39.7
No			60.3

Variable	*M*	*SD*	%
Supervisor Training in Supervision			
Yes			73.0
No			24.1
No answer			2.8

Note. N = 141.

Table 2

Item and Scale Comparisons of the ECR-R Avoidance Scale

Study	*M*	*SD*
Sibley et al. (2005)		
Study 1 (*N* = 172)	37.08	20.34
Study 2 (*N* = 478)	35.10**	17.82
Study 3 (*N* = 82)	36.54	20.88
Present Sample (*N* = 141)	41.59	17.56

Note. Scale scores computed from item means and standard deviations for the AVOID scale, as reported by Sibley et al. (2005). ** $p < .001$.

Table 3

Comparison Tests with the RBS

Study	*M*	*SD*
CFA (*N* = 262)	14.23	5.39
Present sample (*N* =141)	14.20	5.42

Note. Comparison with the present sample was nonsignificant, $t(401) = .05$, $p = .95$

Table 4

Comparison Tests for the WAI-T

Study	*M*	*SD*
Bahrick (1989) – Pre (N = 10/7)	213.4/204.5	23.2/39.9
Bahrick (1989) – Post (N = 10/7)	206.6/208.8	27.9/34.2
Bahrick (1989) – Post-Post (N = 10/7)	205.2/200.8	28.0/46.3
Ellis et al. (2003)	197.06	36.62
Present sample (N = 141)	190.94	37.51

Note. In the rows with Bahrick's (1989) data, the means and standard deviations refer to those in the experimental/control groups. All comparisons with the present sample were nonsignificant at $p < .01$.

Table 5

Results of the Tests of Order Effects

Measure	Multivariate *F* (*df*)	Univariate *F* (*df*)	η^2	$\hat{\rho}^2$
MANOVA	2.30 (9, 411)*		.14	.120
AVOID		3.34* (3, 137)	.001	.001
RB		1.61 (3, 137)	.000	.000
WAI-T		2.87* (3, 137)	.001	.001

Note. *N* = 141. AVOID = Avoidance scale on the Experiences in Close Relationships-Revised (ECR-R; Fraley, et al, 2000); RB = Relational Behavior Scale; WAI-T = Working Alliance Inventory – Trainee (Bahrick, 1989). * $p < .05$

Table 6

Means and Standard Deviations for Tests of Order Effects

	AVOID		RB		WAI-T	
Order of Administration	*M*	*SD*	*M*	*SD*	*M*	*SD*
1	39.00	14.32	14.76	5.47	191.73	31.41
2	44.85	18.22	13.06	5.17	175.59	40.12
3	46.58	21.34	13.48	5.82	194.06	32.82
4	35.47	12.55	15.53	4.99	200.59	41.57
Total sample	41.59	17.56	14.20	5.42	190.94	37.51

Note. Orders of administration were 1 = ECR-R, RBS, WAI-T (n = 31); 2 = WAI-T, RBS, ECR-R (n = 33); 3 = WAI-T, ECR-R, RBS (n = 40); 4 = RBS, ECR-R, WAI-T (n = 37); N = 141.

Table 7

Means, Standard Deviations, and Intercorrelations of the Major Variables

Variable	AVOID	RB	WAI-T	*M*	*SD*
AVOID	--			41.59	17.56
RB	-0.03	--		14.20	5.42
WAI-T	-0.13	0.62***	--	190.94	37.51

Note. *N* = 141. AVOID = Avoidance scale of the Experiences in Close Relationships Scale – Revised (Fraley, et al., 2000; range 18 to 126). RB = Relational Behavior Scale (range 5 – 25). Working Alliance Inventory – Trainee (Bahrick, 1989; range 36 to 252). ***$p < .001$.

Table 8

Results of the Moderation Analysis

Variables	*F(df)*	*t(df)*	*p*	95% CI	r^{2y}	$\hat{\rho}^2$
Set 1						
AVOID x RB	(2, 137) = 21.72		.35	[.00, .00]	.00	.00
Set 2						
AVOID, RB	(1, 137) = 31.30		.001			
AVOID		(139) = -1.07	.29	[.00, .00]	.01	.00
RB		(139) = 7.81	.001	[.13, .54]	.30	.29

Note. $N = 141$; r^2 statistics are squared semi-partial correlations.

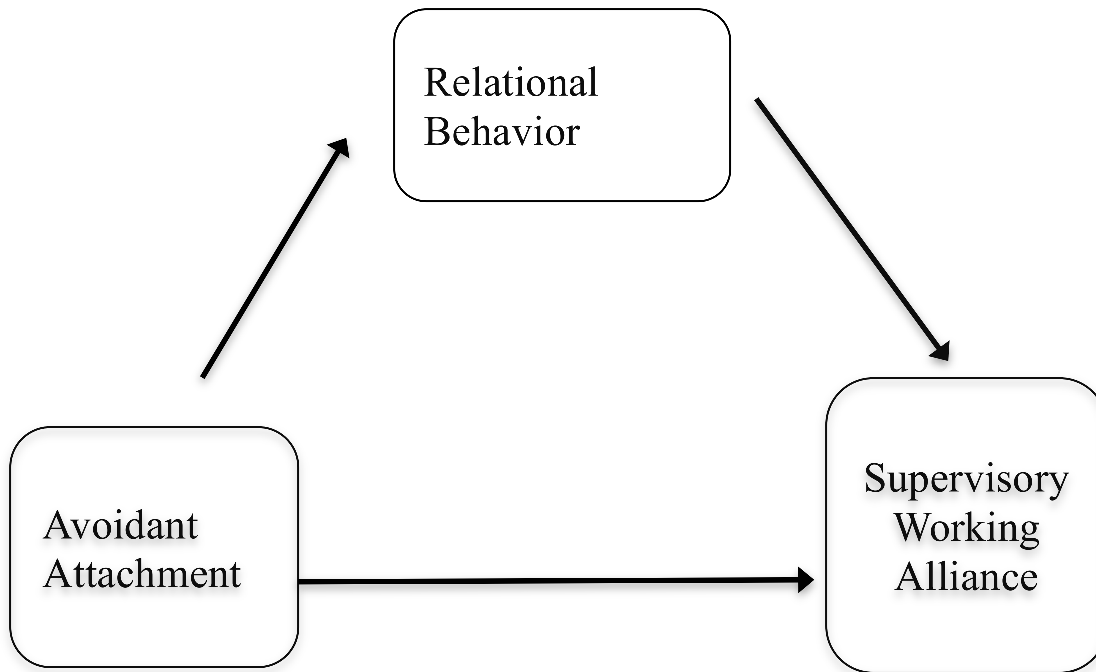

Figure 1

Theorized Model for Hypothesis 1 (Mediation)

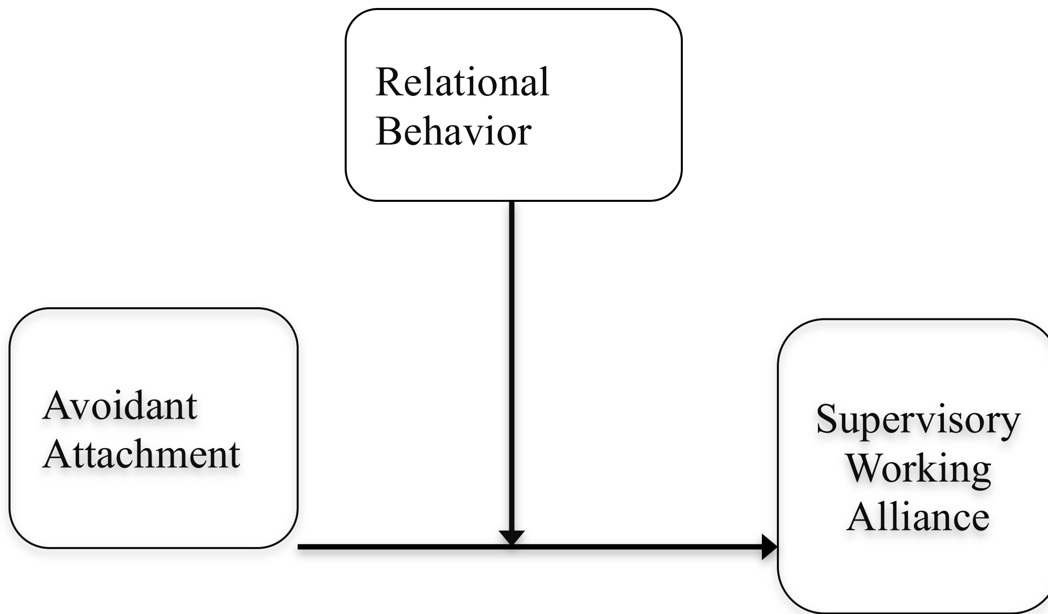

Figure 2

Theorized Model for Hypothesis 2 (Moderation)

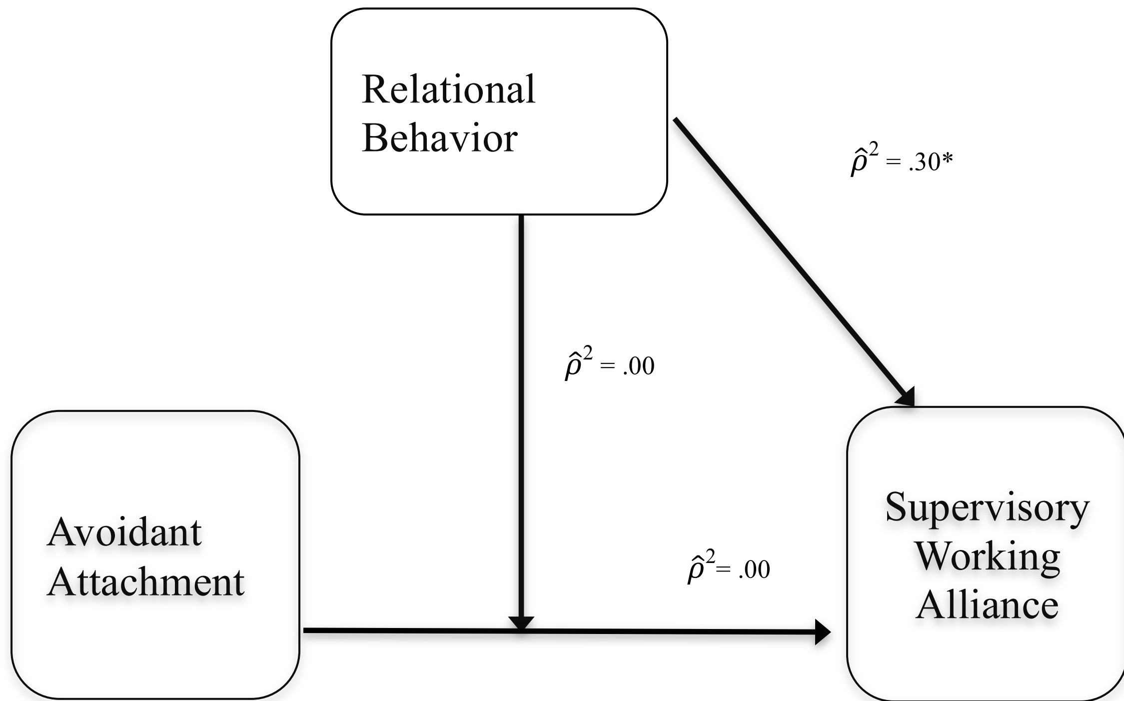

Figure 3

Results of the Moderation Tests. * $p < .01$.

Appendix A

Experiences in Close Relationships Scale -Revised

The statements below concern how you feel in emotionally intimate relationships. We are interested in how you *generally* experience relationships, not just in what is happening in a current relationship. Respond to each statement selecting a number on the scale to indicate how much you agree or disagree with the statement.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Neutral	Slightly Agree	Somewhat Agree	Strongly Agree
1	**2**	**3**	**4**	**5**	**6**	**7**

1. I'm afraid that I will lose my partner's love.

2. I often worry that my partner will not want to stay with me.

3. I often worry that my partner doesn't really love me.

4. I worry that romantic partners won't care about me as much as I care about them.

5. I often wish that my partner's feelings for me were as strong as my feelings for him or her.

6. I worry a lot about my relationships.

7. When my partner is out of sight, I worry that he or she might become interested in someone else.

8. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.

9. I rarely worry about my partner leaving me.

10. My romantic partner makes me doubt myself.

11. I do not often worry about being abandoned.

12. I find that my partner(s) don't want to get as close as I would like.

13. Sometimes romantic partners change their feelings about me for no apparent reason.

14. My desire to be very close sometimes scares people away.

15. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.

16. It makes me mad that I don't get the affection and support I need from my partner.

17. I worry that I won't measure up to other people.

18. My partner only seems to notice me when I'm angry.

19. I prefer not to show a partner how I feel deep down.

20. I feel comfortable sharing my private thoughts and feelings with my partner.

21. I find it difficult to allow myself to depend on romantic partners.

22. I am very comfortable being close to romantic partners.

23. I don't feel comfortable opening up to romantic partners.

24. I prefer not to be too close to romantic partners.

25. I get uncomfortable when a romantic partner wants to be very close.

26. I find it relatively easy to get close to my partner.

27. It's not difficult for me to get close to my partner.

28. I usually discuss my problems and concerns with my partner.

29. It helps to turn to my romantic partner in times of need.

30. I tell my partner just about everything.

31. I talk things over with my partner.

32. I am nervous when partners get too close to me.

33. I feel comfortable depending on romantic partners.

34. I find it easy to depend on romantic partners.

35. It's easy for me to be affectionate with my partner.

36. My partner really understands me and my needs.

Appendix B

Relational Behavior Scale

Supervisory Behaviors – Trainee Form

Think about your most recent supervisory session with the supervisor who 1) provides you with individual supervision and 2) if you have more than one, the supervisor whom you know best.

Please read the following descriptions of behavior and thinking back to your most recent supervisory session, identify how much your supervisor employed each type of behavior where 1 = not at all and 5 = very much

Behavior	Description
Normalizing Experience	A discussion of how your experience, (either as a therapist, colleague, or supervisee) is typical and developmentally expected or appropriate
Exploration of Feelings	Typically, but not exclusively, a here-and-now focus. Your supervisor helps you explore your feelings about the client, the therapeutic relationship or process, about the your progress in training, or about your personal issues.
Focus on Evaluation	Discussion of your performance in therapy, in supervision, and as a professional. May involve a discussion of feedback, critical and positive, either summative or formative.

Focus on Self-Efficacy	A discussion of your sense of confidence in your therapeutic skills (either specifically or globally), sense of self as a professional, or ability to function in various roles (e.g., therapist, student, supervisee, colleague).
Focus on Skill	Discussion of the how, when, where, and why of conceptual, technical and interpersonal skills. May include role-playing with you or a discussion of how to apply theory to your specific therapy interventions.
Focus on the Therapeutic Process	A discussion about what is taking place between you and the client, i.e., the kinds of interactions that occur, the strength of the therapeutic alliance, and how the client sees the your behavior in relation to self and *vice versa*.
Attend to Parallel Processes	A discussion that draws your attention to similarities between a specific therapeutic interaction you have with your client and the supervisory interaction you have with your supervisor. Parallel processes may originate in either interaction and be mirrored in the other.

Assessing Knowledge	Evaluating the degree to which you are knowledgeable in areas relevant to the case(s) under discussion. Knowledge bases include ethics, research, and theory as applied to practice.
Focus on Countertransference	Discussion of how and why your feelings and /or personal issues are “triggered” by a client’s behavior or attitude.
Focus on the Supervisory Alliance	Discussion of aspects of the relationship you have with your supervisor related to agreement on the tasks and goals of supervision (including evaluation), as well as to the emotional bond between you and your supervisor. May either be a “checking in” about the alliance or an explicit discussion about what is taking place or should take place in supervision, including a focus on your or your supervisor’s feelings about your relationship.
Focus on Multicultural Awareness	Discussion of your self-awareness in relation to individuals who are similar and different from you in terms of gender, race, ethnicity, age, sexual orientation, religion, disability, family structure, or socioeconomic status.

Note. The five relational behaviors are exploration of feelings, focus on therapeutic process, attend to parallel process, focus on countertransference, and focus on supervisory alliance

Appendix C

RBS Pilot Study Data

Table C1

Expert Ratings for Ladany et al.'s (2005) 11 Interactional Sequences

Interpersonal	*Mdn*	Task-Oriented	*Mdn*
Exploration of Feelings	5	Focus on Skill	1
Focus on Therapeutic Process	4	Assessing Knowledge	1
Attend to Parallel Process	4		
Focus on Countertransference	5		
Focus on Supervisory Alliance	5		

Note: ≥ 4 = Interpersonal, ≤ 2 = Task-Oriented, 3 = mixed or unclear; $N = 9$.

Table C2

Squared Multiple Correlations and Cronbach's Alpha if Item Deleted for the RBS

RBS Item	R^2	α if item deleted
Exploring Feelings	.845	.798
Focus on Therapeutic Process	.751	.830
Focus on Parallel Process	.758	.829
Focus on Countertransference	.811	.811
Focus on the Supervisory Alliance	.784	.826

N = 262 (141 participants in the present sample, 121 in the former sample (Shaffer & Friedlander, 2012). $\alpha = .85$.

Table C3

Participant Characteristics for the Combined Sample Used in the CFA

Variable	*M*	*SD*	%
Age	28.27	5.90	
Months of Supervised Experience	23.27	18.99	
Gender			
Female			83.7
Male			13.6
Other			2.7
Race/Ethnicity			
African-American / Black			6.2
Asian / Asian-American			6.2
European American / White			76.4
Latino-a or Hispanic			5.4
Multiracial			3.1
Other			2.7
Type of Training Program			
Community or Mental Health Counseling			14.0
Counseling Psychology			57.0
Clinical Psychology			24.4
Marriage/Couples and/or Family Therapy			0.4
Social Work			0.4
Counselor Educator			0.8
Other			3.1
Graduate Degree Program			
M.S./M.A./M.Ed./MSW			18.5
Ph.D./PsyD/Ed.D./D.S.W			79.2
Other			2.3
Current Year in Training Program			
First			10.9
Second			31.4
Third			22.1
Fourth			13.2

Characteristic	*M*	*SD*	%
Fifth			10.5
Sixth			8.5
Seventh			1.9
Eighth			0.4
Other			1.2
Training Level – Doctoral			
Doctoral First practicum			22.7
Doctoral Advanced practicum			49.8
Pre-doctoral internship			6.8
Doctoral internship			7.6
Post-doctoral fellowship			0.8
Doctoral Other			2.4
Training Level – Master's			
Master's First practicum			3.2
Master's Advanced practicum			0.8
Master's internship			5.6
Master's Other			0.4
Number of Clients Per Week	6.8	4.9	
Trainee Theoretical Orientation			
Psychodynamic/Interpersonal			19.8
Humanistic (Gestalt, Existential, Rogerian, Process-Experiential)			17.9
Cognitive / Cognitive-Behavioral			25.7
Integrative/Eclectic			26.8
Family Systems			3.1
Other			6.6
Supervisor Theoretical Orientation			
Psychoanalytic			3.1
Psychodynamic/Interpersonal			19.9
Humanistic (Gestalt, Existential, Rogerian, Process-Experiential)			11.7
Cognitive / Cognitive-Behavioral			29.7
Integrative/Eclectic			16.8
Family Systems			3.1

Characteristics	*M*	*SD*	%
Other			15.6
Supervisor Gender			
Female			57.3
Male			42.3
Other			0.4
Supervisor Race/Ethnicity			
African-American / Black			4.3
Asian / Asian-American			4.7
European American / White			80.1
Latino-a or Hispanic			4.3
Native American			0.8
Multiracial			1.2
Other			2.3
Not sure			2.3
Supervisor Degree			
M.A./M.S./M.Ed. in Counseling or Mental Health Couns.			17.8
M.A./M.S./M.Ed in Marriage/Couples and/or Family Therapy			6.6
M.S.W.			71.7
Ph.D./PsyD/Ed.D.			3.9
Individual Hours in Supervision per Week			
1			71.6
2			22.8
3			3.2
4			1.6
5+			0.8
Clinical Training Setting			
College / University counseling center			29.5
VA medical center			6.2
Outpatient clinical in a medical center			8.9
Inpatient unit in a medical or state hospital			3.1
Community clinic or agency			27.9
Adolescent residential or group home			1.9
Adult residential or groups home			1.9
Public or private school (K-12)			5.4

Characteristics	*M*	*SD*	%
Independent practice			2.7
Other			12.4

Note. *N* = 262

Appendix D

Supervisory Working Alliance Inventory

Trainee Form

Instructions: The following sentences describe some of the different ways a person might think or feel about his or her clinical supervisor. As you read the sentences, mentally insert the name of your supervisor in place of _______ in the text.

Use the following seven-point scale to describe each statement as it relates to your clinical supervisory relationship.

1--------2--------3--------4--------5---------6-------7

Never Rarely Occasionally Sometimes Often Very Often Always

If the statement describes the way you always feel (or think), select "Always"; if it never applies to you, select "Never". Use the words in between to describe the variations between these extremes.

Please work fast: Your first impressions are what are wanted.

	Never		Sometimes				Always
1. I feel uncomfortable with ____.	1	2	3	4	5	6	7
2. ____ and I agree about the things I will need to do in supervision.	1	2	3	4	5	6	7
3. I am worried about the outcome of our supervision sessions.	1	2	3	4	5	6	7
4. What I am doing in supervision gives me a new way of looking at myself as a counselor.	1	2	3	4	5	6	7

5. ____ and I understand each other.	1 2 3 4 5 6 7
	Never Sometimes Always
6. ____ perceives accurately what my goals are.	1 2 3 4 5 6 7
7. I find what I am doing in supervision confusing.	1 2 3 4 5 6 7
8. I believe ____ likes me.	1 2 3 4 5 6 7
9. I wish ____ and I could clarify the purpose of our sessions.	1 2 3 4 5 6 7
10. I disagree with ____ about what I ought to get out of supervision.	1 2 3 4 5 6 7
11. I believe the time ____ and I are spending together is **not** spent efficiently.	1 2 3 4 5 6 7
12. ____ does not understand what I want to accomplish in supervision.	1 2 3 4 5 6 7
13. I am clear on what my responsibilities are in supervision.	1 2 3 4 5 6 7
14. The goals of these sessions are important to me.	1 2 3 4 5 6 7
15. I find what ____ and I are doing in supervision is unrelated to my concerns.	1 2 3 4 5 6 7
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.	1 2 3 4 5 6 7
17. I believe ____ is genuinely concerned for my welfare.	1 2 3 4 5 6 7
18. I am clear to what ____ wants me to do in our supervision sessions.	1 2 3 4 5 6 7

19. _____ and I respect each other.	1	2	3	4	5	6	7
20. I feel that ____ is not totally honest about his or her feelings toward me.	1	2	3	4	5	6	7
21. I am confident in ____'s ability to supervise me.	1	2	3	4	5	6	7
22. ____ and I are working towards mutually agreed upon goals.	1	2	3	4	5	6	7
23. I feel that ____ appreciates me.	1	2	3	4	5	6	7
24. We agree on what is important for me to work on.	1	2	3	4	5	6	7
25. As a result of our supervision sessions, I am clearer as to how I might improve my counseling skills.	1	2	3	4	5	6	7
26. ____ and I trust one another.	1	2	3	4	5	6	7
27. ____ and I have different ideas on what I need to work on.	1	2	3	4	5	6	7
28. My relationship with ____ is very important to me.	1	2	3	4	5	6	7
29. I have the feeling that it is important that I say or do the 'right' things in supervision with ____.	1	2	3	4	5	6	7
30. ____ and I collaborate on setting goals for my supervision.	1	2	3	4	5	6	7
31. I am frustrated by the things we are doing in supervision.	1	2	3	4	5	6	7
32. We have established a good understanding of the kinds of things I need to work on.	1	2	3	4	5	6	7
33. The things that ____ is asking me to do don't make sense.	1	2	3	4	5	6	7

Item							
34. I don’t know what to expect as a result of my supervision.	1	2	3	4	5	6	7
35. I believe the way we are working with my issues is correct.	1	2	3	4	5	6	7
36. I believe ____ cares about me even when I do things that he/she doesn’t approve of.	1	2	3	4	5	6	7

Appendix E

Demographic Questionnaire

1. Please indicate your gender identity:

    female

    male

    transgender

    other

2. Please indicate your age ___

3. Please indicate your race/ethnicity:

    African-American / Black

    Asian/Asian-American

    European American / White

    Latino-a or Hispanic

    Native American

    Native / Pacific Islander

    Multi-racial

    Other: ____________

4. Graduate training program in which you are currently enrolled:

    Counseling or Clinical Mental Health Counseling ___

    Counselor Education

    Counseling Psychology ___

    Clinical Psychology ___

    Marriage/Couples and/or Family Therapy ____

    Social Work _____

    Other _____

5. Degree you are seeking in your graduate program:

    M.S. / M.A. / M.Ed. /MSW____ (if yes, go to 5a)

5a. Please indicate your current training level:

First practicum ___

Advanced Practicum ____

Master’s internship ____

Other _____

Ph.D. /PsyD/ Ed.D./ D.S.W/ ____ (if yes, go to 5b)

5b. Please indicate your current training level:

First practicum ___

Advanced Practicum ____

Pre-doctoral internship ____

Doctoral internship ____

Post-doctoral fellowship ____

Other _____

6. In what year of graduate training are you currently? _____
7. Approximately how many months of supervised clinical experience do you have?___
8. On average, how many clients do you see each week (total)? _____
9. Please indicate your primary theoretical orientation:

Psychoanalytic

Psychodynamic/interpersonal

Humanistic (Gestalt, Existential, Rogerian, Process-experiential)

Cognitive/Cognitive-Behavioral

Integrative/Eclectic

Family systems

Other: ____________________________

10. To the best of your knowledge, what is your supervisor's primary theoretical orientation?

    Psychoanalytic

    Psychodynamic/interpersonal

    Humanistic (Gestalt, Existential, Rogerian, Process-experiential)

    Cognitive/Cognitive-Behavioral

    Integrative/Eclectic

    Family systems

    Other: ______________________________

11. To the best of your knowledge, what is your supervisor's gender identity?

    female

    male

    transgendered

    other

12. To the best of your knowledge, what is your supervisor's race/ethnicity?

    African-American / Black

    Asian/Asian-American

    European American / White

    Latino-a or Hispanic

    Native American

    Native / Pacific Islander

    Multi-racial

    Other: _____________

13. To the best of your knowledge, what is your supervisor's highest degree?

    M.A./M.S./M.Ed.

    M.S.W.

    Ph.D. / PsyD / Ed.D

    Other_____

14. To the best of your knowledge, what is/was your supervisor's field of study?

Counseling or Clinical Mental Health Counseling ___

Counselor Education

Counseling Psychology ___

Clinical Psychology ___

Marriage/Couples and/or Family Therapy ____

Social Work _____

Other _____

15. Please indicate the number of hours per week that you receive individual supervision: _____

16. Please indicate the setting that best describes your current primary clinical placement:

College/university counseling center

VA medical center

Outpatient clinic in a medical center

Inpatient unit in a medical center or state hospital

Community clinic or agency

Shelter

Adolescent residential group home

Adult residential group home

Adult Assisted Living Facility

Public or private school (K-12)

Independent practice

Other_____

17. Have you ever had training or taken a course on clinical supervision? Yes/No

18. To the best of your knowledge, has your supervisor had training in supervision?

Yes/No

19. Approximately how many months have you been engaged in supervision with your current, primary supervisor? _____

Appendix F

Solicitation

Hello!

I am inviting graduate students in supervised clinical settings to participate in this study on the types of relationships supervisors build with trainees in individual supervision. I am hoping that results of this study will help to clarify how supervisors respond to trainees' needs in supervision. The results of the study will hopefully provide an empirical foundation for further inquiry into specific elements of the supervisory relationship.

I am a fourth-year counseling psychology PhD student at the University at Albany, State University of New York. I am excited about this research and I hope that you will be, too!

I realize that time is a precious thing for students in graduate training programs, so I would be extremely grateful if you would consider spending 20 - 30 minutes filling out this online survey and/or passing it along to any graduate students who are currently in supervised clinical settings. For every 10 people who complete the survey, one person will be randomly selected to receive a $10 gift card to amazon.com. You will have the opportunity to provide your email address at the end of the survey in order to enter the drawing. Email addresses will be stored in a separate database from survey responses.

If you have a moment, please consider participating and/or passing this along to anyone who is 1) a graduate student in the helping professions, and who is 2) in an individual supervision relationship in a practicum or internship.

Participation in this study is voluntary and anyone can withdraw at any point. Also, your responses will be anonymous.

Please paste the following URL into your browser:

If you have any questions concerning your rights as a research participant or if you wish to report any concerns about the study, please contact me at kshaffer@albany.edu or by phone (xxxxxx), or contact my faculty advisor, Dr. Myrna Friedlander, at mfriedlander@albany.edu. You may also contact the Office of Regulatory Research Compliance at the University at Albany, LCSB 28, 1400 Washington Avenue, Albany, NY 12222 (518-442-9050 or 800-365-9139); email orrc@uamail.albany.edu).

Thank you very much for your help! It is greatly appreciated.

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