Attachment Theory as a Framework for Supervision of Supervisors-in-Training

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ATTACHMENT THEORY AS A FRAMEWORK FOR SUPERVISION OF SUPERVISORS-IN-TRAINING

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Abstract

This focus of the study is on the training of new clinical supervisors in health service psychology, specifically the relational processes involved in learning and acquiring competence in clinical supervision. An effective learning environment is critical to supervisor training and development (Borders et al., 2014; Watkins, Budge, & Callahan, 2015) and attachment theory provides a framework for understanding the complex relationship domains and group dynamics inherent to group supervision. Given the recognition that the supervisory alliance is central to the process of competent supervision (APA, 2015), the purpose of this study is to explore the relationship between adult attachment style, the supervisory alliance, and group cohesion among intern supervisors in group supervision of supervision. This is particularly important due to limited research and understanding of the development of clinical supervisors and processes and factors that may impact competent training and practice. The current investigation draws on the relevant research on supervision of psychotherapy, small group dynamics, and attachment theory as a scaffold for understanding group supervision of supervision and supervisor training and development.

Participants in the study (n = 45) consisted of pre-doctoral interns in Health Service Psychology throughout North America who are providing supervision to a counselor trainee and are participating in weekly group supervision of supervision to
enhance their training and development as a clinical supervisor. Participants were recruited through APPIC, professional organizational mailing lists, training director mailing lists, and other online forums used by clinical supervisors. Participants who respond to the invitation to participate in the study were emailed a direct link that took them to the survey page. Participants were directed to read the informed consent statement and indicate their consent by agreeing to complete the survey. Participants completed a Demographic Questionnaire, Experiences in Close Relationships Scale-Relational Structures (Fraley et al, 2011), Working Alliance Inventory – Short Form (WAI-S; Horvath & Greenberg, 1989) and the Group Climate Questionnaire-Short Form (GCQ-S; MacKenzie, 1983; Tschuschke, 2002). Descriptive statistics, correlations, and multiple regression analyses were used to interpret the data. Results of the study indicated that specific-attachment to supervisor was a significant predictor of the supervisory alliance and group climate.
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Chapter One: Introduction

The American Psychological Association (2015) recognizes clinical supervision as a core competency for health service psychologists and a distinct professional practice that requires specialized education and training (APA, 2015; Mann & Merced, 2018). Clinical supervision is the cornerstone for preparing mental health professionals to enter the field and one of the most common clinical activities (Bernard & Goodyear, 2018; Lichtenberg, Hutman, Goodyear, & Overland, 2018). However, supervision education, instruction, and training are limited, variable, and non-standardized across health service psychology doctoral and internship programs (Falender & Shafranske, 2017; Mann & Merced, 2018). This is problematic since research points to the prevalence of harmful and suboptimal supervision (Ellis, 2017; Mann & Merced, 2018). Further, the majority of psychotherapy supervisees will become supervisors and their experiences in supervision affect the value and importance they place on supervision (Bernard & Goodyear, 2018). Given the lack of systematic training and education in supervision, it seems probable that a maladaptive feedback loop is maintained where insufficiently trained supervisors provided suboptimal supervision to trainees, who then enter the field and replicate their experiences in supervision (Falender & Shafranske, 2017; Mann & Merced, 2018). This may have potential negative clinical, legal, and ethical implications for the client, supervisor, and/or trainee as well as the general well-being of the public.
Scholarly opinion has outpaced implementation and empirical support for competency-based supervision practices and training (Falender & Shafranske, 2017). The focus of this study is on novice supervisor training and development, specifically the relational processes involved in learning and acquiring competence in clinical supervision. The investigation is specific to “supervisors-in-training.” Novice supervisors, or supervisors-in-training, are usually advanced doctoral students in health service psychology who oversee the clinical activity of master’s level counseling students or trainees. Supervision of supervision, which also may be referred to as metasupervision, is typically done in a group format and the SIT receive feedback and guidance about their professional development as a supervisor (Bernard & Goodyear, 2018). To minimize confusion, the term Supervisor-in-Training (SIT) will be used to refer to novice supervisors who are in training to become supervisors of psychotherapists.

Chapter One provides background on attachment theory as a framework for the supervisory alliance and group climate in group supervision of supervision. The chapter also includes a statement of the problem, purpose and justification for studying the problem, as well as research questions and hypotheses. Since there is limited empirically support on supervision of supervision, when no research support is available, the Best Practice Guidelines for Clinical Supervision (APA, 2015; Bernard & Goodyear, 2018; Falender & Shafranske, 2017; Borders et al., 2014) was used to inform the current study and an overview of counseling supervision is presented to provide context and rationale for the investigation.
Background

Supervision Training

It has been argued that a prerequisite for being an effective clinical supervisor is knowing how to actively seek out good supervision for yourself (Hawkins, Shohet, Ryde, & Wilmot, 2012). Whereas counseling research focuses heavily on the professional development of new therapists, less attention has been given to fostering competence as a supervisor. Bernard and Goodyear (2018) offered the following definition of supervision based on a review of the relevant literature:

Supervision is an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of the same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purpose of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client that she, he or they see, and serving as a gatekeeper for the particular profession the supervisee seeks to enter. (p. 9)

Clinical supervision is considered a core competency of psychologists and although the American Psychological Association requires doctoral students in health service psychology programs to have some exposure to clinical supervision, a formal class in supervision training is not required (APA, 2015; Bernard & Goodyear, 2018). Recently, the American Psychological Association (2015) adopted guidelines for competency-based clinical supervision. This is important because articulating standards for delivering competent supervision minimizes potential harm to counselor trainees and their clients (APA, 2015; Falender & Shafranske, 2014). However, these guidelines are not reflected in APA accreditation standards for doctoral, internships, and postdoctoral programs in health service psychology (Falender & Shafranske, 2017; Mann & Merced, 2018).
Instead, the APA identified general expectations throughout levels of training: graduate students are “expected to demonstrated knowledge of supervision models” and predoctoral interns are “expected to apply this knowledge in direct or simulated practice with other health service psychology trainees or health professionals” (APA, 2015, p. 18).

Based on a self-study by the APA’s Committee on Accreditation (CoA, 2017), supervision is not explicitly or comprehensively evaluated during initial and renewal applications for doctoral, internship, and postdoctoral programs despite being a core competency (APA, 2017, Mann & Merced, 2018).

The APA’s Guidelines on Supervision (2015) posit that “supervisors seek to attain and maintain competence in the practice of supervision through formal education and training” (p. 36) as a provision of competency-based clinical supervision. However, the definition of formal training in supervision is vague and may range from instruction in didactic seminars, continuing education, or supervised supervision experiences (APA, 2015). The benchmarks for competent supervision practice include: models and theories of supervision; modalities; relationship formation, maintenance, rupture and repair; diversity and multiculturalism; feedback, evaluation; management of supervisee’s emotional reactivity and interpersonal behavior; reflective practice; application of ethical and legal standards; decision making regarding gatekeeping; and considerations of developmental level of the trainee (APA, 2015). Unfortunately, to date there is minimal research on the fidelity of how these principles are taught, applied, and measured in supervision training and practice (Holt et al., 2015).
Although the competence movement has resulted in increased attention to clinical supervision and more opportunities for formal supervision training, there is a significant gap in the literature between conceptual and theoretical models for clinical supervisor development and empirical research for supervision training and practice (Bernard & Goodyear, 2018; Falender & Shafranske, 2017). While conceptual and theoretical models of supervision are important for guiding practice, it is critical that supervision practice and training is informed by research to ensure competent practice. From an ethical viewpoint, it can be argued that in addition to knowledge of supervision theory and research, experiential training in supervision is needed in order to further develop supervisor-specific competencies as well as ensure fidelity in the delivery of competent supervision practices (Bernard & Goodyear, 2014).

Supervisory Relationship and Attachment Theory

The relationship between clinical supervisors and counselor trainees has received the most attention and support in a small but growing body of empirical literature on clinical supervision of counselors or psychotherapists (APA, 2015; Friedlander, 2015). Domain C in The Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) states:

The quality of the supervisory relationship is essential to effective clinical supervision. Quality of the supervision relationship is associated with more effective evaluation, satisfaction with supervision, and supervisee self-disclosure of personal and professional reactions including reactivity and countertransference. The power differential is a central factor in the supervisory relationship and the supervisor bears responsibility for managing, collaborating, and discussing power within the relationship. (p. 35)

Similar to the therapeutic alliance in psychotherapy, the supervisory alliance may be
conceptualized utilizing attachment theory (Watkins & Riggs, 2012; Wrape, Callahan, Rieck, & Watkins, 2017). In addition, supervision of supervision is most commonly delivered in a group format, particularly in internship training sites at university counseling centers and doctoral practica (Bernard & Goodyear, 2018; Crook-Lyon, Presenell, Silva, Suyama, & Stickney, 2011). Given that this type of supervision training is often delivered in a group format, group dynamics literature would seem to be a relevant body of literature to provide some guidance on the practice of group supervision. There is a robust body of support for group cohesion as an essential change process in group counseling and psychotherapy (Burlingame, McClendon, & Alonso, 2011; Gullo, Lo Coco, Di Fratello, Giannone, Mannino, & Burlingame, 2015; Yalom, 2005). Group cohesion refers to a group member’s strong liking towards other group members and the overall group as a whole, specifically an individual’s sense of belongingness within the group. In group therapy, higher levels of group cohesion are associated with openness, vulnerability, and change. Further, many group theorists and researchers equate cohesiveness in group therapy as synonymous with the therapeutic alliance in individual therapy.

Recent empirical literature (Kivlighan, Lo Coco, Gullo, Pazzagli, & Mazzeschi, 2017; Marmarosh, 2017) has pointed to the importance of attachment theory in the research and practice of group psychotherapy. Marmarosh (2017) explains that attachment theory facilitates “a richer understanding of group leadership, group cohesions, and the process of change that occurs during group interactions (p. 157). Given the overlap in similarities between group supervision and group psychotherapy, it
seems that attachment would also play a role in how learning occurs in group supervision of supervision. Attachment theory provides a scaffold for understanding the multifaceted relationship interactions in group supervision of supervisors-in-training.

**Purpose of and Justification of the Study**

The APA’s recognition of supervision as a core competency for psychologists in health service and the implementation of guidelines for competent clinical supervision implies change for many groups of professionals such as accrediting bodies, university training programs, and mental health agencies and hospital settings (Bernard & Goodyear, 2014; Falender, Burnes, & Ellis, 2013). Further research is needed on the training and development of clinical supervisors to inform clinical practice. There are many risks from psychologists who are not properly trained in supervision, including but not limited to high counselor trainee dropout rates, implementation of potentially harmful practices and behaviors, and abuse of power (Bernard & Goodyear, 2014).

The current state of empirical research to inform and guide supervision practice and training is small but growing despite a paradigm shift towards competency-based clinical supervision and training and the recognition of clinical supervision as a core competency for health service psychologists (APA, 2015; Falender & Shafranske, 2017). Although the APA adopted competency-based supervision as a foundation of health service psychology, it is not reflected in the Accreditation Standard for doctoral programs and predoctoral internships limiting implementation of systematic supervision training. As a result of limited, non-standardized formal education and training in competency-based supervision, the supervisory practice seems to be most often based on an
individual’s experiences of being supervised rather than being trained to be a clinical supervisor (Falender & Shafranske, 2017; Mann & Merced, 2018). Clinical supervision research has shown attention to counselor trainee skill acquisition and development at the expense of clinical supervision competence and training (Falender et al., 2013). Furthermore, future research is warranted to address the often ignored differences between counselor trainee competency and supervisor competency (Falender et al., 2013).

Recent developments in the literature on counseling supervision have highlighted the importance of counseling supervision on counselor development, positive client outcomes, and its centrality to counselor education and training (Bernard & Goodyear, 2014; Borders et al., 2014). Falender, Shafranske, and Ofek (2014) proposed a meta-theoretical, interpersonal framework to inform competency based supervision practices and supervisor training and guide future research. Overall, the supervisory relationship has emerged as the one competence that has received the most empirical and conceptual support in counselor supervision (APA, 2015; Bernard & Goodyear, 2014; Falender & Shafranske, 2014). Specifically, the supervisory relationship is central to how learning occurs in supervision of counselor trainees. Further, best practice guidelines suggest that supervisor training and supervision of supervision should be informed by recent developments in counselor supervision, specifically with regards to the supervisory relationship (Borders et al., 2014).

Moreover, a unique characteristic of group supervision is the active participation of group members in the supervision process. Qualitative research on group supervision
of supervision identified several factors that inhibit trainee or student learning in group supervision (Reiser & Milne, 2012). These include “between members” problems, problems with supervisors, trainee anxiety and other perceived negative effects, logical constraints and poor group time management. Based on the group therapy literature, other group dynamics that may impact clinical group supervision include: competitiveness for time, unexpressed expectations, and conflict within the group (Riva, 2014). Given that the relationship is central to the process of supervision, it seems reasonable to assume that the relationship between group members in group supervision is equally important. Since supervision of supervision is most often delivered in a group format (Bernard & Goodyear, 2018), group dynamics and the multiple relationship dynamics in group supervision of supervision is an important area for future research. Given the recognition that the supervisory alliance is central to the process of competent supervision (APA, 20C5), the purpose of this study was to explore the relationship between adult attachment style, the supervisory alliance, and group cohesion among intern supervisors in group supervision of supervision. This research will inform future directions in supervision training and competency among psychologists and help inform guidelines for best practice.

**Research Hypotheses**

In sum, there is limited empirical support for models of clinical supervisor training and development, particularly since most of the core assumptions have been based on conceptual and theoretical knowledge and opinion (Border et al., 2014; Falender & Shafranske, 2017). There is even less support on supervision of supervisors-in-training
(SIT) and specific dynamics and relationship processes that may impact supervisor development and training (Gazzola, De Stefano, Theriault, & Audet, 2013; Mann & Mercad, 2018). A review of relevant literature on counselor supervision, stability of attachment style across relationships and development, and research on small group dynamics informed this study. It was expected that based on a critical analysis of the most current and best available conceptual and empirical support on attachment theory as a framework for clinical supervision of counselor trainees presented in Chapter Two, with consideration to the gaps and shortcomings of the literature, the following research hypotheses were investigated in this study.

*Hypothesis 1.* It was expected that there would be a significant positive relationship between: (a) Scores on the Attachment Anxiety Dimension of the ECR-RS-Global and scores on the Attachment Anxiety Dimension of the ECR-RS-Supervisor, and (b) Scores on the Attachment Avoidance Dimension of the ECR-RS-Global and scores on the Attachment Avoidance Dimension of the ECR-RS-Supervisor.

*Hypothesis 2.* It was expected that Specific Attachment to Supervisor (ECR-RS-Supervisor Attachment Anxiety and Attachment Avoidance Subscales) would explain a significant amount of variance in SIT perceptions of the Supervisory Alliance (WAI-S Total Score) in group supervision of supervision, above and beyond Adult Attachment Style (ECR-RS-Global Attachment Anxiety and Attachment Avoidance).

*Hypothesis 2a.* It was expected that supervisor-specific attachment avoidance would be a significant predictor of the strength of the supervisory alliance. It was expected that supervisors-in-training who have high supervisor-specific avoidance will
report weaker supervisory alliances, than supervisors-in-training with low supervisor-specific attachment avoidance.

*Hypothesis 3.* It was expected that there would be a significant positive relationship between supervisors-in-training’s perceptions of the Supervisory Alliance (WAI-S Total Score) and their perceptions of Group Cohesion (GCQ-S Engagement Subscale) in group supervision of supervision.

*Hypothesis 4a.* It was expected that supervisors-in-training who are high in Attachment Anxiety to Supervisor (ECR-RS-Supervisor Attachment Anxiety) will perceive the supervision group as less Engaged, more Avoidant, and having greater Conflict (GCQ-S Engagement, Avoidant, and Conflict Subscales) than SIT who are low in Attachment Anxiety to Supervisor.

*Hypothesis 4b.* It was expected that supervisors-in-training who are high in Attachment Avoidance to Supervisor will perceive the supervision group as less engaged, more avoidant, and have greater conflict than SIT who are low in attachment avoidance to supervisor.

**Definitions of Terms**

To provide a common understanding of specific terminology, the following definitions are included:

*Attachment-Related Anxiety.* Contemporary theories of adult attachment support a dimensional approach to the measurement of individual differences in attachment style across relationships (Fraley et al., 2011; Fraley et al., 2015). Individual differences in attachment orientation across various relationship domains will be measured by two
variables: attachment-related anxiety and attachment-related avoidance. Attachment-related anxiety refers to an individual’s “working model of self” and variations in the extent in which they feel they are worthy of love, affection, and positive regard (Bartholomew & Horowitz, 1991). With respect to adult attachment style, the anxiety dimension measures the extent to which a person worries that a significant other will abandon or reject her or him (Fraley et al., 2015). This includes an individual’s anxiety perceptions about rejection, lovability, and abandonment in close relationships (Brennan, Clark, & Shaver, 1998) and vigilant attunement to the target figures perceived availability and responsiveness (Fraley et al., 2011; Fraley et al., 2015).

Attachment-Related Avoidance. Attachment-related avoidance represents an individual’s working model of others and “the strategies that he or she uses to regulate attachment behavior in specific relational contexts” (Fraley et al., 2015, p. 356). It is a dimensional measure of avoidance of intimacy and dependence in adult interpersonal relationships (Brennan, Clark, & Shaver, 1998), specifically the extent to which people feel comfortable or uncomfortable being close to and/or dependent on others (Fraley et al., 2011).

Attachment Style. Based on Bartholomew and Horowitz’ (1991) theory of adult attachment there are four categories that may be conceptualized among two dimensions of attachment-related anxiety and attachment-related avoidance: (a) Secure (low anxiety and low avoidance); (b) Preoccupied (high abandonment anxiety and high proximity seeking/low avoidance); (c) Fearful (high abandonment anxiety and high avoidance of intimacy and closeness with others); and (d) Dismissive-Avoidant Attachment (low
anxiety but high avoidance of intimacy and closeness with others). Preoccupied-anxious, dismissive-avoidant, and fearful-avoidant attachment patterns are all types of insecure attachment.

Clinical Supervision. Supervision is “an intervention provided by a more senior member of a profession to a more junior member or members. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the client that he, she, or they see; and serving as a gatekeeper for the particular profession the supervisee seeks to enter” (Bernard & Goodyear, 2018, p. 9).

Group Cohesion. Group cohesion is an essential change mechanism in the group counseling and psychotherapy literature and refers to the sense of belongingness in a group, or the atmosphere that is created and experienced by members of the group (Kivlighan & Paquin, 2010). Mackenzie (1983) described it as the level of engagement and conflict experienced within a group. For the purpose of this study, group cohesion will be examined within the context of group supervision of supervision.

Group Supervision of Supervision. Group supervision is the regular meeting of a group of supervisors-in-training with a designated supervisor or supervisors to monitor the quality of their work and to further their understanding of themselves as supervisors, of the counselor supervisees with whom they work, and of service delivery in general (Bernard & Goodyear, 2014). Group supervision of supervision allows beginning supervisor’s opportunities to receive feedback on their supervisory skills by a more
advanced clinician with the goals of enhancing their knowledge and understanding of specific supervisory related competencies through experiential training (Keenan-Miller & Corbett, 2015).

*Supervisory Alliance.* The supervisory alliance has been operationalized as the goals, tasks, and bonds shared by the supervisee and supervisor in the supervision of novice therapists (Bordin, 1983). The bond component refers to the rapport, liking, trust, and connections between supervisor and supervisee; the goals component refers to mutual agreement and understanding about the objectives of supervision; and the goals component refers to the mutual agreement between the supervisee and supervisor of the activities to be executed in the service of goal attainment (Bordin, 1983).

*Supervisor Competency.* Supervisor competency is defined as requisite knowledge, skills, and attitudes/values required to deliver effective supervision (APA, 2015; Falender et al., 2004,).

*Supervisor Development.* Supervisor development is defined as an individual moving through specific processes, developmental stages, or defined period of growth in their role as a supervisor, with the ultimate goal of becoming a practitioner who possesses the knowledge, skills, and attitudes necessary to competently provide supervision (Barker & Hunsley, 2014; Stoltenberg, McNeil, & Delworth, 1998; Watkins, 2012)

*Supervisor-in-Training (SIT).* An advanced counselor or psychotherapist, who is receiving specific training in supervisory skills, models, and research. Typically, an advanced doctoral student or an unlicensed clinician, supervisors-in-training are
responsible for overseeing the clinical work of beginning counselors-in-training and their clients (Bernard, 2014).

Supervisor of Supervision. Supervision of supervision refers to the oversight of supervisors-in-training by a more advanced and experienced supervisor with the goals of enhancing their knowledge and understanding of specific supervisory related competencies (Stoltenberg & McNeil, 2010). In contrast to coursework or workshops in supervision, this allows beginning supervisors an opportunity to apply the supervision skills and knowledge they have acquired in their formal training and implement various models of supervision under the guidance and support of a more advanced practitioner to ensure effective supervision for a counselor trainee (Keenan & Miller, 2015). Supervision of supervision can include group supervision, individual supervision, and peer supervision. For the purpose of this study, supervision of supervision in a group format will be the focus.

Summary

This chapter provided an overview of the current investigation, background information on competency-based clinical supervision training in health service psychology, the purpose and justification for the study, as well as the research questions and hypotheses that have been examined for the current investigation. Chapter Two will review the relevant literature on the training of new clinical supervisors in health service psychology. Specifically, the relevant research on attachment theory as a framework for understanding group cohesions and the supervisory alliance in group supervision of supervision will be reviewed.
Chapter Two: Review of the Literature

Empirical literature on clinical supervision is limited but developing, and highlights a growing need for supervision training. Over 50% of trainees report having a negative supervisory experience at some point during their clinical training (Ellis, 2010; Ellis et al., 2002). Bernard and Goodyear (2014) argue that being an effective or “good” therapist, while necessary, is not sufficient for being a good supervisor. This is similar to how being a good athlete does not necessarily mean that he or she will be a good coach.

This chapter focuses on the training of new clinical supervisors in health service psychology. More specifically, it underscores the complex relationship domains that are distinct to supervisor training and development. The majority of supervision training is conducted in a group called “group supervision of supervision,” which is made up of a supervising group leader and several supervisors-in-training. These groups meet regularly to discuss issues related to counselor supervision and the oversight of counselor trainees (Bernard & Goodyear, 2018; Bernard, 2014; Ellis & Douce, 1994). This model of providing supervision training in a group sometimes is referred to as “group metasupervision” (Bernard & Goodyear, 2018, p. 294). The literature on competency-based supervision training and practice is limited with scholarly writing and opinion outpacing empirical support and implementation (Bernard & Goodyear, 2018, Falender & Shafranske, 2017).
Despite considerable research attention on clinical supervision between a supervisor and a therapist in the past few years, this research has not generalized to supervision that prepares and trains supervisors. Further, there is limited research on group supervision of supervision, which is the most common modality of supervision training (Bernard & Goodyear, 2018, Crook-Lyon, Presenell, Silva, Suyama, & Stickney; 2011; Riva & Cornish, 2008). Although different, there is some overlap between supervision of early counselors and supervisors in training, especially the importance to both of the supervisory relationship. Therefore, the literature on the supervision of counselors will guide some portion of this review of literature. This chapter emphasizes most heavily the supervisory relationship and how attachment styles impact that relationship as well as how attachment styles are related to group cohesion. An effective learning environment is critical to supervisor training and development (Watkins, Budge, & Callahan, 2015; Borders et al., 2014) and attachment theory provides a framework for understanding the complex relationship domains and group dynamics inherent to group supervision. The current investigation draws on the relevant research on supervision of counselors, small group dynamics, and attachment theory as a scaffold for understanding group supervision of supervision.

**The Supervisory Relationship and Attachment**

The connection between the supervisory relationship and attachment style has been explored, but minimally. Attachment style conveys how individuals relate to others as well as how they relate to themselves. The type of bond that infants form with their primary attachment figure during early childhood influences their ability to form future
attachments and relationships with others, and plays a significant role in cognitive, personality, and social development across the lifespan (Bowlby, 1988). Bowlby (1988) proposed that during the years between infancy and adolescence, children gradually develop expectations of their caregivers based on previous experiences and expectations about their caregivers’ responsiveness and availability and these are incorporated into an internal working model that dictates individuals’ perceptions and behaviors in later relationships.

Seminal research by Smith, Murphy, and Coats (1999) illustrated how an individual’s attachment style influences group dynamics. In the first systematic attempt to apply attachment theory to group processes, Smith et al. (1999) found that higher scores on either group attachment anxiety or group avoidant attachment predicted lower engagement in group activities, more negative evaluations of social groups, and lower perceived support from groups.

Researchers also have demonstrated that insecurely attached clients exhibit specific patterns of behavior in group therapy. Chen and Mallinckrodt (2002) found that individuals high in attachment anxiety display problematic interpersonal behaviors in group therapy, such as non-assertiveness, vindictiveness, and intrusiveness. They may also be easily exploited and/or overly nurturing. The authors suggested that anxiously attached individuals utilize hyperactivating strategies, such as magnifying cries of distress and make strong efforts to obtain comfort from and maintain proximity to attachment figures. Rom and Mikulincer (2003) showed that when compared to securely attached individuals, those high in attachment anxiety exhibited lower appraisal of self-
efficacy in achieving task-oriented group goals, more negative appraisals of self in interaction with others, more negative memories of group interactions, and increased pursuit of positive appraisal from other members in the groups. However, when groups were more cohesive, these negative behaviors diminished. Both of these studies demonstrated that individuals with avoidant attachments displayed maladaptive behaviors in group psychotherapy.

Chen and Mallinckrodt (2002) found that attachment avoidance was negatively correlated with group attraction, a measure of the working alliance in group therapy. Avoidance was also related to increased hostility and dominance in interpersonal interactions, with a strong tendency to remain distant and disengaged while projecting hostility onto the group-as-a-whole. Furthermore, Chen and Mikulincer (2003) reported that avoidant clients displayed increased negative emotions in groups and had worse instrumental and socioemotional functioning when compared to securely attached individuals.

Individuals with attachment avoidance are at risk for experiencing a decrease in the therapeutic alliance and dropping out of treatment (Tasca & Balfour, 2014). Despite outward appearances, these individuals are highly sensitive and tend to react negatively to pressures to self-disclose, to bond with the therapist or group, and to express emotions. Distress caused by such pressures may precipitate premature treatment termination among those high in attachment avoidance (Tasca & Balfour, 2014). As such, Tasca and Balfour (2014) concluded that increased group cohesion and therapeutic alliance is crucial for individuals with insecure attachment styles to benefit from group therapy,
particularly their ability to be engaged and reflective in the group. Currently, there are no empirical studies that have examined attachment style in group supervision of supervision, however, research on small group dynamics with psychotherapists would seem to provide a preliminary guide on processes that may be influential to how supervisors-in-training learn competent supervision skills and professional development.

**Attachment in Counselor Supervision**

As a result of the competency movement in psychology, there has been increased interest in clinical supervision theory and research over the past two decades (Watkins, 2015). Several advancements in counselor supervision theory and research have shed light on the importance of the supervisory relationship in the supervision of new counselors. Most notably, the supervisory alliance in supervision of counselor trainees has received the most attention and empirical support. Borders et al. (2014) recommended that supervision of supervision be guided by the same “best practice guidelines” as the supervision of counselors. Specifically, the supervisory alliance is thought to be central to how learning occurs in supervision of new counselor supervisees (Watkins, Budge, & Callahan, 2015).

**Attachment and the Supervisory Relationship**

This section draws parallels in the supervisory relations when the supervisee is learning to supervise and when the supervisee is learning to become an effective counselor. The quality of the supervisory alliance in the supervision of counselors is a significant predictor of counselor supervisee’s willingness to disclose, internal representations of their supervisor, quality of the working alliance with clients,
satisfaction with counselor supervision, and adherence to treatment protocol (Angus & Kagan, 2007; Geller, Farber, & Schaffer, 2010; Roth & Pilling, 2008). It is considered an essential mechanism in how positive change occurs in counselor supervision (Bernard & Goodyear, 2014). Adapted from the therapeutic alliance in psychotherapy, Bordin (1979, 1983) described the supervisory alliance as consisting of a mutual agreement and understanding between the supervisor and counselor trainee on the goals and tasks of supervision, and the affective bond that develops between them as a result of either working together on a common task to achieve these shared goals or on the basis of a shared emotional experience.

Pistole and Watkins (1995) explained that the supervisory alliance is the primary vehicle for how learning takes place in counselor supervision and that security from the supervisory relationship allows counselor trainees to take risks in treatment, learn from mistakes, develop their own therapeutic voice, and integrate a clear professional identity as a therapist. By acting as a secure-base, the supervisor is available to the counselor supervisee for support and emotional regularity in times of uncertainty, and new therapists are more likely to rely on their supervisor for guidance and assistance until their skills have developed to allow them to function more independently (Fitch, Pistole, & Gunn, 2010; Watkins, 1995; Watkins & Riggs, 2012). It may be argued that a similar mechanism occurs in supervision when training supervisors when supervisors provide a “secure base” for supervisors-in-training who are overseeing counselor trainees as they acquire competency.
**Supervisor as a Secure Base.** Research supports that supervisors’ global attachment style, or their feelings about close relationships in general, is influential to the supervisory alliance formed with counselor trainees in psychotherapy supervision. Specifically, the supervisory alliance is stronger when counseling trainees perceive their supervisors as having a secure attachment style (Riggs & Bretz, 2006; White & Queener, 2003). Likewise, perceptions of supervisors as having a preoccupied attachment style predicted lower counselor trainee professional development (Foster, Heinen, Lichtenberg, & Gomez, 2006).

White and Queener (2003) examined supervisors’ and supervisees’ perceived ability to form healthy adult attachments and quality of their social networks as related to the supervisory working alliance. In short, these results indicated that supervisors’ attachment style was predictive of both supervisors’ and supervisees’ perceptions of the supervisory working alliance. Supervisors’ ability to trust and rely on others, while also feeling comfortable with intimacy, were related to greater satisfaction with the supervisory alliance as rated by both the supervisee and the supervisor. Not surprisingly, supervisors with weaker abilities to form attachments to others rated their alliance with their supervisee as weaker, and their supervisees also rated their alliance as weaker compared to supervisors with healthier attachment styles. Therefore, White and Queener (2003) concluded from this study that secure supervisor attachment style, but not insecure attachment style, is predictive of the supervisory alliance.

Riggs and Bretz (2006) were specifically interested in how supervisees viewed the supervisory relationship and their perceptions of their supervisors’ attachment style.
Building on previous research by White and Queener (2003), the investigators conjectured that parent-child attachment, pathological attachment behaviors, and adult attachment were predictive of the strength of the supervisory working alliance. Riggs and Bretz (2006) randomly selected 200 internship sites from all 50 states across the country from the 2003 APPIC Match Directory and invited pre-doctoral psychology interns from these sites to participate in an online survey of attachment processes and supervisory experiences. The researchers hypothesized that since the supervisory relationship is hierarchical, memories of greater parental indifference and over-control would be related to more negative ratings of the supervisory alliance. The participants (n=87), who were mostly white and female, were asked to keep their current supervisor in mind while filling out the Supervisory Alliance Inventory (Horvath & Greenberg, 1986, 1989, 1994), Measure of Parental Style (Parker, Tupling, & Brown, 1979), and Reciprocal Attachment Questionnaire (West & Sheldon-Keller, 1994). They were also asked to report their own attachment style and their perceptions of their current supervisor’s attachment style using the Relationship Questionnaire.

Based on results of multivariate analyses of variance (MANOVAs), Riggs and Bretz (2006) found that pre-doctoral psychology intern perceptions of their supervisors’ attachment style was a strong predictor of the quality of the supervisory relationship. Follow up analyses of variance (ANOVAs) indicated that participants who perceived their supervisor to have a secure attachment style were more likely to report higher scores on the Task and Bond Subscales of the Supervisory Alliance Inventory, than participants who perceived their supervisors’ attachment style as dismissive or avoidant.
Another notable study on supervisor attachment style was conducted by Foster, Lichtenberg, Heinen, and Gomez (2006), which examined supervisor attachment style as a predictor of developmental ratings of supervisees. Supervisors with preoccupied attachment style were more likely to give their supervisees lower professional ratings than the supervisors with other attachment styles. Since preoccupied attachment styles are characterized by positive views of others and negative views of self, it is likely that preoccupied supervisors may experience internal conflict between the abilities of their supervisees and their own expertise as a supervisor. The authors speculate that this internal conflict may impair the ability for supervisors with preoccupied attachment styles to evaluate their supervisees in an accurate and unbiased way.

Although the number of studies is small, research consistently points to supervisor attachment style as an influential relationship process in supervision. These studies mentioned above highlight the importance of the supervisors need for self-awareness and insight into how their individual attachment styles may impact the process of clinical supervision.

**Specific Attachment to Supervisor.** Bennett, Mohr, Brintzenhofe-Szoz, and Saks (2008) examined specific-supervisory attachment style and general attachment style among 72 master’s-level social work students and concluded that students with high levels of attachment avoidance were more likely to develop insecure attachment related responses to their clinical supervisor. Additionally, these findings suggest that the students’ supervisory-specific attachment style strongly predicted the supervisory alliance and supervisory style.
In a similar study, Marmarosh et al. (2013) corroborated the importance of supervisor-specific attachment on the supervisory working alliance based on a sample of 57 students in graduate psychology training programs who were receiving weekly supervision from a licensed clinician who supervised their treatment of adult therapy clients. The purpose of the study was to investigate how adult romantic attachment style relates to supervision attachment style and supervisory working alliance. In addition to the supervisory alliance, this study also investigated how adult attachment style and supervisory attachment relate to supervisees’ counseling self-efficacy. Clinical supervision is an important part of training and professional development, and the supervisory relationship often is understood within the context of how trainees acquire clinical competencies. The study was unique in that it looked at global and specific attachment style and how they related to counseling self-efficacy. Marmarosh et al. (2013) concluded that trainees with higher levels of fearful attachment in supervision had lower counseling self-efficacy and weaker supervisory alliance. Gunn and Pistole (2012) found that more secure attachment within the supervisory relationship facilitated rapport and disclosure in supervision.

Unlike previous research on this topic, McKibben and Webber (2017) used a quasi-experimental design to explore how supervisee attachment to supervisor predicted the supervisory alliance after recalling critical feedback from a supervisor. The investigators asked counselor trainees in the experimental group (n=93) to recall critical feedback from a supervisor whereas counselor trainees in the control group (n=86) were asked to list objects in the room. Then, both groups completed the Experiences in
Supervision Scale (ESS; Gun & Pistole, 2012) and the Short Supervisory Relationships Questionnaire (S-SRQ; Cliffe et al., 2016). The authors used multiple regression analyses to examine the effects of thinking about perceived critical feedback as a function of attachment to supervisor on the supervisory relationships. The study found that anxious and avoidant attachment to supervisor negatively predicted the supervisory relationship.

In sum, further understanding of the complex interaction of supervisor and supervisee attachment style is warranted given the centrality of the supervisory alliance in clinical supervision. Supervisors-in-training have the unique characteristic of providing clinical supervision in conjunction with their role as a trainee in supervision of supervision. Increased understanding of the attachment style and its impact on the supervisory alliance may guide future training.

**Supervision of Supervisors**

Although supervisor development in many ways parallels the process of counselor development, it is important to note that supervisors-in-training struggle with unique components distinct to learning how to supervise (Majcher & Daniluk, 2009). This further underscores the idea that counseling experience alone is not sufficient for supervisory competence (Bernard & Goodyear, 2014; Milne & James, 2002). In this section, the unique experiences of supervisors-in-training and supervision of supervision are explored.
Supervisor Training

Competency-based supervision has been widely embraced internationally, however, theoretical literature and scholarly writing has outpaced empirical support and implementation (Falender & Shafranske, 2017). One of the main barriers to the implementation of competency-based supervision is the absence of systematic supervision training. Falender and Shafranske (2017) note the discrepancies between the establishment of standards for clinical supervision competency and their implementation. To further illustrate this point, Simpson-Southward et al. (2017) examined whether supervisors were receiving consistent messages on how supervision should be conducted. Based on a content-analysis of 52 models of supervision, the authors concluded that the broad content of the models was inconsistent and failed to provide a consistent view of the supervisory process or clear direction on how supervision should be conducted.

Mann and Merced (2018) provide an overview of the current state of supervision training, future directions, and recommendations. Based on their synthesis of the literature, the authors conclude that even though supervision is a core competency among APA, there is insufficient evidence related to why or how it is implemented (Mann & Merced, 2018). The authors further identify a “maladaptive feedback loop” of suboptimal supervision practices in health service psychology since there is minimal oversight about supervisor training (Mann & Merced, 2018, p. 98). Mann and Merced (2018) explain that a “maladaptive feedback loop is maintained when insufficiently trained supervisors provide inadequate supervision to supervisees, who then enter the field and replicate that which they are familiar” (p. 98). Given the lack of research on clinical supervision
competency acquisition, evaluation, and maintenance, more research is needed on supervision training, supervisory outcomes, and how it is implemented in both novice supervisors and continuing education and evaluation of licensed psychologists providing supervision (Mann and Merced, 2018).

Despite growing interest in supervision literature, there is not enough methodologically vigorous research to determine if supervision training works. The majority of research has investigated supervisor development, self-report satisfaction with supervision, and the supervisory alliance (Norcross & Popple, 2017). However, the limited research on supervisor training supports its efficacy for supervisor competency development (Milne et al, 2011; Gosselin et al., 2015). Watkins (2017) noted that since supervision is an “educational enterprise,” future research should focus on examining psychotherapy and education theory as well as the needs to develop a “common language” for supervision to further research support and minimize confusion among the field (p. 148).

**Supervisors-in-Training (SIT)**

Growing acknowledgment of psychotherapy supervision as an independent competency has led to an increasing number of training opportunities in supervision, many of which involve trainees providing supervised supervision to other students (Newman, 2013; Watkins, 2017). Supervision of supervision provides the opportunity for SIT to not only master supervision competencies but also find their own voice or style as a supervisor (Bernard & Goodyear, 2018). Bernard and Goodyear (2018) described the importance of attending to parallel process in supervision of supervision. Whereas in
counseling supervision, parallel processes may occur in the client-therapist and therapist-supervisor relationships, these processes become even more complicated when added to these two relationships, the possibility of parallel process can also occur between SIT and their supervisor for group supervision of supervision.

Supervisors-in-training (SIT) often provide supervision to counselor trainees while simultaneously being exposed to supervision literature and research for the first time, which creates an overwhelming experience (Bernard, 2014). SIT often struggle to integrate their knowledge of counseling skills and theory, which is an essential part of clinical supervision, with their developing supervisory competencies, which presents an additional obstacle to learning in supervision training (Bernard, 2014).

DiMino and Risler (2012) observed that anxiety and the need to feel competent may be exacerbated among supervisors-in-training, particularly in health service psychology internship programs. Increased anxiety from the pressures and significance SIT place on the successful completion of their psychology internship may interfere with learning processes in supervision of supervision. Consequently, SIT may feel additional pressure to prove themselves as a “non-student” and more hesitant to admit their weakness or limitations as a supervisor. As a result, SIT may emotionally distance themselves from their supervisor in supervision of supervision in an effort to mask feelings of insecurity and vulnerability (DiMino & Risler, 2014). This anxiety may be further magnified by SIT’s lack of exposure to the literature and research on clinical supervision or experience overseeing the clinical work of a counselor trainee, particularly as doctoral training programs vary in their requirements for supervision training.
(Falender & Shafranske, 2014). Bernard (2014) explains that SITs often feel overwhelmed by the experience of integrating their existing expertise and knowledge of counseling skills with new supervisory-specific skills, while simultaneously providing supervision to a counselor trainee for the first time. Attachment theory may provide a deeper understanding of how SIT cope with stress, and the activation of distancing or other attachment-avoidant behaviors in response to a perceived threat, such as negative feedback from their supervisor (Watkins & Riggs, 2012). Due to the perceived importance of a positive evaluation from their supervisor for supervisor training, SITs may engage in emotionally distancing techniques to defend against feelings of inadequacy and may not view supervision of supervision as a “safe environment,” therefore, compromising the safe base function of the supervisory alliance and disrupting learning processes in supervision of supervision (DiMino & Risler, 2012; Watkins & Riggs, 2012).

Further, DiMino and Risler (2012) pointed out that the multiple roles of the supervisor and supervisor-in-training within the organization may complicate the formation of the relationship in supervision of supervision. For instance, in a qualitative study on group supervision of supervision in a university counseling center, DiMino and Risler (2012) noted an example where the group leader for supervision of supervision with doctoral-level intern supervisors was also the director of the university counseling center. The quality of the SIT’s interactions with their supervisor outside of the group context, such as in agency-wide staff meetings, and perceptions of the power differential further complicated the development of the supervisory alliance. In this case, SIT were
more likely to view their supervisor as an authority figure, which caused tension within the supervisory relationship. As a result, the SIT were dismissive of their supervisor’s feedback and avoided taking risks or sharing vulnerabilities in their professional development as a supervisor (DiMino & Risler, 2012). These examples highlight the hierarchical and evaluative components inherent in the supervisory relationship, their importance to the supervisory alliance, and how they may be exacerbated for supervisors-in-training.

Additionally, DiMino and Risler (2012) also discussed practical considerations for supervision of supervision, the implications for group supervision of supervision, and the formation of the supervisory alliance between a supervisor-in-training and a supervisor. Notably, the authors warned against group supervision of supervision being led by a clinical supervisor for the counselor trainee, who the SIT is overseeing. This may lead to issues of triangulation between the supervisor, supervisor-in-training, and the counselor trainee, as well as inhibit the development of the supervisory relationship between the supervisor and supervisor-in-training (DiMino & Risler, 2012).

Similarly, Borders, Welfare, Sackett, and Cashwell (2017) observed that novice supervisors experienced increased motivation to overcome self-doubt and frustration about giving counselor trainees corrective feedback in counseling supervision when they were provided with support and validation from their faculty supervision in individual supervision as well as their peers in group supervision of supervision. Based on a study of 7 doctoral supervisors’ experiences in individual and group supervision of supervision, Borders et al. (2017) observed that new supervisors often struggled to give supervisees
corrective feedback to counselor trainees and needed assistance gaining insight into their own fears and reluctance. Peer modeling and support in group supervision of supervision helped increase self-reported competence in supervision skills among SIT (Borders, 2017). Borders et al. (2017) described SIT as more likely to implement advanced supervisory skills, such as providing constructive feedback to their counselor supervisees, when they were given validation and support by their faculty supervisor as well as their peers in both individual and group supervision of supervision.

Further, Borders et al. (2017) suggested that SIT were more likely to describe their experience giving corrective feedback in a positive way and then gained furthered confidence and self-efficacy. Another motivating factor for SIT to take action was when their faculty supervisor directly told them to do so, however, in one scenario the authors described that the SIT experience of giving constructive feedback went “less well” and devolved into “confrontation” when there was a miscommunication between the faculty supervisor and supervisor-in-training about the relationship dynamics between the SIT and counselor trainee. This further supports the importance of a good working relationship between peers and faculty supervisors and the supervisor-in-training in supervision of supervision, particularly since supervisory skills are learned through modeling and practice (Borders et al., 2017).

Of note, providing supervision of supervision requires a unique skill set, for which there is little specific training or literature to guide a supervisor in the field of psychology (Borders et al., 2018). Milne (2018) noted other organizational difficulties that are unique to supervision of supervision based on a qualitative study of pre-doctoral
intern’s experience of a supervision rotation during internship. Notably, supervision supervisors struggled with maintaining “appropriate supervision” boundaries with interns who were supervising practicum students in counseling and psychotherapy. For instance, supervisors experienced anxiety related to providing enough distance to monitor practicum students’ clinical activities and client progress without robbing SIT of some of their supervisory responsibilities. Supervisors acknowledged that this difficulty with maintaining boundaries was primarily driven by anxiety related to the welfare of the client. This is an area for further investigation, since supervisors takes on a significant level of responsibility in supervising supervisors-in-training.

O’Donovan et al (2017) observed that supervisor training and competency-based supervision is more robust in international settings. However, there is still a lack of empirical support to guide competency based supervision training. In their 2017 study, the authors investigated a pilot supervision training workshop for experienced and practicing supervisors. This study was also important because it examined experienced and practicing supervisors and emphasized the importance of continuing professional development. Further, the study concluded that supervisor competency increased on measures of observer reports who viewed supervision sessions, but not on supervisor self-report of supervision competencies. However, one of the limitations of the study was the small sample size (n=12) and the limitations in generalizability. There were questions if the study had enough power to detect significant findings and threats to type II error.

**Group Dynamics in Supervision of Supervision.** Another theme that emerged from the literature is the influence of multiple relationships and complex interpersonal
dynamics in group supervision of supervision (DiMino & Risler, 2014; Ellis & Douce, 1994; Watkins, 2015). Group supervision is becoming an increasingly popular format for providing clinical supervision among mental health professionals, particularly in university training programs, university counseling centers, and pre-doctoral internship sites (Bernard & Goodyear, 2014; Riva & Cornish, 1995; 2008). The supervisory relationship and group cohesion are critical to how positive change and learning occurs in small groups.

One of the distinctive characteristics of the group supervision format is the unique blend of supervision training and group dynamics. Group cohesion refers to a sense of togetherness or community within a group (MacKenzie, 1983; Yalom, 1986). Sodno et al. (2014) described it as the “working alliance in group therapy.” Currently, there is limited information on group cohesion in group supervision of SIT, however, conceptual and theoretical literature has emphasized group process issues as being a significant barrier to clinical supervisor training and development (DiMino & Risler, 2014; Ellis & Douce, 1994). Notably, competitiveness between group members has emerged as a reoccurring trend in the literature, especially for supervisors-in-training during their internship year (Ellis & Douce, 1994).

Ellis and Douce (1994) explained that working through the dual dichotomies of competitiveness and group support in group supervision is a contributing factor in novice supervisor development. Additionally, Gazolla et al. (2013) and DiMino and Risler (2014) both identified managing relationship dynamics with the members of a
supervision group in supervision training as a notable area of difficulty and source of insecurity and anxiety in describing challenges faced by supervisors-in-training.

In spite of the considerable body of research on the supervisory relationship and its importance to clinical supervision of counselor trainees, group cohesion has been an overlooked factor in group supervision of supervision research and literature. Drawing from the group counseling and psychotherapy and small group dynamic literature, insecure attachment style appears to impact group member behavior and perceptions of group cohesion (Marmarosh, 2015; Tasca, Balfour, Ritchie, & Bissada, 2007). Furthermore, preliminary research supports group member attachment as having an impact on group member behaviors such as engagement in group processes, perceptions of the group cohesion and supervisory alliance, and beliefs about conflict and tension within the overall group (Marmarosh & Tasca, 2013). Given the power of group cohesion, it is essential that it receive more research attention to further understand its impact on group supervision of supervision.

**Summary**

In sum, clinical supervision practice and training should be driven by theory, best available research, and clinical expertise (Borders et al., 2014; Cummings, Ballantyne, and Scallion, 2015). The recognition of clinical supervision as a distinct competency, requiring specific training, knowledge, and skills and its centrality to counselor training and education has led to increased attention from counselor educators, administers, accreditation bodies, and licensing boards (Borders et al., 2014). As such, two trends in the evolution of the field of clinical supervision have emerged: (a) the need for empirical
research and support to validate the efficacy of clinical supervision and (b) focus on supervisor training and the development of the supervisor. The focus of this study is on supervision training and development, specifically supervision of supervisors-in-training in a group format.

Attachment theory has been used to conceptualize infant-caregiver relationships, adult romantic relationships, the relationship between therapist and client in psychotherapy, and even more recently the relationship between a supervisor and a counselor in psychotherapy supervision. Research has shown that secure, avoidant, and anxious internal working models influence relationships over the lifespan (Dykas & Cassidy, 2011; Fraley et al., 2011). Attachment theory provides a useful framework for understanding interpersonal and group dynamics and provides a theoretical framework for understanding the complex relationship processes in group supervision of supervision. Chapter Three outlines the methodology of the study and explicates the research design, research sample, procedures, measures, and statistical analyses that were used in the study.
Chapter Three: Methodology

The following chapter describes the research design, sample characteristics, procedures, measures, and statistical analyses for the current study. The purpose of the current study was to examine relationship processes in supervision training that impact supervisor development among new supervisors-in-training in group supervision. The current investigation utilizes a quantitative correlational design to examine the supervisory alliance and group climate as a function of attachment-related variables in group supervision of supervision. Correlational research is an effective way to explore complex relationships among multiple variables, and describe and predict factors that relate to outcome (Creswell, 2011). Yalom (2005) stated that “a supervised clinical experience is a sine qua non in the education of the group therapist” (p. 515). As with most supervision research and training, supervisors are involved with training individual (and group) psychotherapist. Yet it is the research on the supervisor that lacks attention. As of yet, only limited attention has addressed the development and training of competent clinical supervisors, and for that matter, even models of supervisor training are lacking. Typically, when models have been applied to supervisor training, they have been generalized from those on training psychotherapists. Given the vital importance of competent supervisors, and of the supervisory relationship that is key in supervision,
investigations that pinpoint the components that lead to effective training of supervisors-in-training are needed.

This dissertation study investigates two elements in the supervision of novice supervisors. One variable, attachment, looks at the types of connections between the SIT and the supervisor of that training. The second variable, group cohesion, explores the perceived relationship that the SIT has with the other SITs that are members of the same group supervision. In other words, this study attempted to provide some clarity on the complex relationship between attachment style, perceptions of the supervisory alliance, and group cohesion among supervisors-in-training who are being supervised in a group format.

**Participants**

Participants (n=45) in this study were predoctoral interns in health services psychology across North America who were providing supervision to a counselor trainee and participating in weekly group supervision of supervision to enhance their training and development as a clinical supervisor. In order to determine the number of participants to recruit for this study, a power analysis using G*Power (Faul, Erdfelder, Buchner, & Lang, 2009) was conducted. Based on a linear multiple regression model with 4 independent variables (i.e., global attachment anxiety, global attachment avoidance, supervisor-specific avoidance, and supervisor-specific anxiety) with the total score on Working Alliance Inventory-Short Form as the criterion variable and the power set at .80, it was determined that a minimum of 45 participants would be required to detect a medium effect size, $F^2 = .30$ (Cohen, 1988).
In total 56 participants began the survey; however, 11 participants were excluded from the study due to missing data. In this study, 36 participants identified as female (80%) and 9 identified as male (20%). This is representative of the gender composition of students in doctoral training programs in health service psychology. The ethnic and racial distribution of the participants was 75% White/Caucasian (n=33), 6.8% Asian/Asian American (n=3), 4.5% Hispanic/Latino (n=2), 2.3% Native American (n=1), and 11% Other (3 participants identified as biracial and 2 participants identified as Middle Eastern). One participant chose not to identify their race or ethnicity. The sample is consistent with the demographics reported by the APA self-study on predoctoral interns in health service psychology (APA, 2015). The majority of the participants were in training programs in clinical psychology (n= 28, 62.2%), followed by counseling psychology (n=16, 35.6%), and school psychology (n=1, 2.2%). The participants identified as either being in a PhD program (n=21, 46.7%) or a Psy.D. program (n=24, 53.3%). The mean age for participants was 29.68 years with a range of 26 to 38 years. (See Table 1)

**Setting.** The majority of participants in the study identified their current predoctoral internship site as a university/college counseling center (n = 27, 60%), followed by hospital (n = 8, 17.8%), community mental health setting (n = 5, 11.1%), or VA (n=2, 4.4%). In addition, three participants (6.7%) identified their predoctoral internship site as “other.” The majority of participants met weekly (73.3%) for group supervision of supervision, followed by every 2 weeks (11.1%), once per month (8.9%), and other (6.7%). The average duration of group supervision of supervision sessions was
1.5 hours. Table 2 provides an overview of the demographic information collected from participants in the study.

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<tr>
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<th>Frequency</th>
<th>Percentage</th>
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*Note: *One participant did not provide their race or ethnicity
Table 2: Training Experiences

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<td>Supervision of Supervision *</td>
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</table>

*Note: Participants were asked to identify “all that apply”
Instruments

**Experiences in Close Relationships.** The Experiences in Close Relationships Scale-Relational Structures Questionnaire (ECR-RS; Fraley, Niedenthal, Marks, Brumbaugh, & Vicary, 2006; Fraley, 2014; Fraley et al., 2016) is a self-report instrument designed to assess attachment patterns in a variety of close relationships. It was abbreviated from the Experiences in Close Relationships Scale-Revised (ECR-R) and has been administered as a measure of attachment orientation within the context of a specific relationship. Factor analyses identified two dimensions, attachment-anxiety and attachment-avoidance, used to measure differences in individual attachment patterns. The Anxiety Subscale measures fears of being abandoned or rejected by others, whereas the Avoidance Subscale taps into fears of intimacy and emotional closeness. The instrument consists of 9-items and Fraley et al. (2011, 2016) stated that the items are written in such a way that they can be adapted for a variety of different interpersonal targets and the measurement of attachment patterns across several different kinds of relationship.

For the purpose of this study, the items were adapted to measure supervisors-in-trainings’ perceptions of specific attachment to their supervisor for group supervision of supervision (ECR-RS-Supervisor; See Appendix G). Examples of the items include: “It helps to turn to my supervisor in times of need,” “I find it easy to depend on my supervisor,” and “I don’t feel comfortable opening up to my supervisor.” A slightly modified version of the items designed to measure global or general attachment styles (ECR-RS-G; See Appendix F) was used as a measure of SIT adult attachment style, which refers to their feelings about close relationships in general. These 9-items are
similar in theme to those used to measure relationship-specific attachments, but specific variations have been made to probe an individual’s general attachment orientation (Fraley et al., 2016). Examples of items on the ECR-RS-G include: “I usually discuss my problems and concerns with others” and “I’m afraid that other people may abandon me.” Items are rated on a 7-point Likert scale, from 1 (strongly disagree) to 7 (strongly agree). The first 6 items make up the Attachment Avoidance Subscale of the ECR-RS with the first four items reverse scored, then averaged to produce a total subscale score where high values reflect greater attachment avoidance. The last 3 items are averaged to produce a subscale score on the Attachment Anxiety Dimension.

Despite only having 9 items, Fraley, Heffernan, Vicary, and Brumbaugh (2011) reported alpha coefficients ranging from .85-.91 for the attachment and avoidance dimensions of the ECR-RS across multiple relationships. Further factor analyses also showed high reliability coefficients for avoidance and anxiety (.85 and .88, respectively) when the instrument was used to measure global or general attachment. The test-retest reliability over 30 days of the individual scales range from .65 for the domain of romantic relationships, including individuals who experienced breakups during the 30-day period, to .80 in the parental domain (Fraley et al., 2016).

**Working Alliance Inventory – Short Form.** The Working Alliance Inventory – Short Form (WAI-S; Horvath & Greenberg, 1989; Tracey & Kokotovic, 1989) is a 12-item questionnaire and has been adapted and used for measuring the supervisory alliance in clinical supervision (Bennett et al., 2008; Dickson et al., 2011). It is grounded in Bordin’s (1983) conceptualization of the supervisory alliance and consists of three
subscales measuring supervisor-supervisee agreement on goals, agreement on tasks, and affective bond. Items are rated on a 7-point Likert scale, from 1 (not at all true) to 7 (very true), which are then averaged to produce a total scale score where high values reflect perceptions of a strong supervisory working alliance. All 12 items are summed and then averaged to produce a Total Score on the WAI-SR. The measure has strong psychometric properties. The abbreviated WAI-S has good convergent and divergent validity with other measures of supervision processes and the supervisory alliance and Cronbach’s alpha for the full-scale range from .92 to .95 across various populations (Bennett et al., 2008; Tracey & Kokotovic, 1989). For the purpose of this study the total scale was used to measure supervisory alliance (See Appendix I).

The Group Climate Questionnaire-Short Form. The Group Climate Questionnaire-Short Form (GCQ-S; MacKenzie, 1983; Tschuschke, 2002) is one of the most frequently used measures of group cohesion. The GCQ is a self-report measure and consists of 12-items that assess group members’ perceptions of the climate within a group (See Appendix H). It assesses three dimensions of group climate: engagement, avoidance, and conflict. The factor structure was replicated by Johnson et al. (2006) in a study of counseling groups at a university counseling center. The Engagement Scale consists of 5 items and assesses the sense of closeness, group members’ attempts to understand the meaning of behavior, the importance of the group for its members, a willingness to challenge one another, as well as self-disclosure. The Avoidance Scale includes 3 items that reflect the degree of reluctance among the group members to assume responsibility for psychological change. Finally, the Conflict Scale reflects the presence of interpersonal
friction and is comprised of 4 items. It involves anger within the group, distance between the members, distrust, and tension among the members. Items for each subscale are summed then averaged to produce a mean Engagement, Conflict, and Avoidance Subscale Score. Construct validity for the GCQ-S has demonstrated links to outcome and Kivligan & Goldifine (1991) reported strong reliability coefficients alphas for the subscales (.94 for Engagement, .92 for Avoidance, and .88 for Conflict). For the purpose of this study, all three subscales were used as criterion variables.

**Demographic Questionnaire.** A Demographic Questionnaire was also included to assess the following variables: age, gender, ethnicity, doctoral degree program (See Appendix A), and previous supervision training and experience, including formal coursework or workshops. Participants were asked if they had previous experience providing clinical supervision, and if so, information pertaining to the frequency and number of counselor trainees that were supervised, setting, and format of supervision also was collected.

**Procedures**

The study was conducted using Qualtrics Survey Software, an online survey method. Approval from University of Denver’s Institutional Review Board (IRB) was obtained prior to recruiting participants for this study. Participation in the study was voluntary and anonymous. Inclusion for participation included pre-doctoral interns in health services psychology (clinical, counseling, school) that were providing counseling or psychotherapy supervision to counselor trainees and were receiving group supervision of supervision to further develop competency in supervision skills and intervention, as
well as develop a deeper understanding of supervision theories and models. A list of the predoctoral internship training sites is available in the Association of Psychology Postdoctoral and Internship Centers’ (APPIC) Directory. Each of these sites has a training director and all of the Training Directors of APPIC accredited sites (N=563) were contacted. In addition to the APPIC Directory, a request for participation was sent to training directors via the Association of Counseling Center Training Agencies (ACCTA) Listserv. Many sites do not provide actual supervision to meet the competency requirement for predoctoral internships. They may provide role-play supervision or peer supervision and many of the sites that do supervision do not do supervisor training in a group. Therefore, it is impossible to calculate the response rate. A recruitment email (along with a link to the survey; Appendix B) was sent to training directors of these sites requesting that they (the training directors) forward the email and recruitment information to the psychology interns at their site who were providing supervision to counselor trainees and who were receiving supervision of their supervision by a clinician in a group format. The recruitment email included a description of the current study, including potential risks and benefits, and a statement assuring anonymity. Interested participants were asked to click on a URL link for the survey, and were directed to the Participant Information Letter (Appendix C). Informed consent (Appendix D) was assumed for participants who clicked on the button to proceed to the anonymous questionnaire portion of the survey. The survey was done anonymously online and participants were reminded that they could skip questions or leave the survey at any time. Supervisors-in-training were asked to complete the ECR-RS (global attachment and
attachment to supervisor), GCQ-S, WAI-S, and a brief Demographic Questionnaire. In total, it took approximately 10-15 minutes to complete these forms. At the end of the Qualtrics Survey, the participants had the option to enter into a raffle for one of five $25 Amazon gift cards. To ensure that the responses were not connected to the participants, a separate Qualtrics Survey was set up for participants who wished to participate in the drawing. If participants chose to provide their information for the raffle, the name was known but that name could not be connected to their survey. Out of the 56 participants that started the survey, only 24 participants entered the raffle. Names were randomly chosen and gift cards were distributed to five of the 24 participants. A reminder email (Appendix E) was sent to Training Directors two weeks after the first email for dissemination to supervisors-in-training.

**Summary**

Despite increased interest and attention to clinical supervision over the past two decades, there is limited research and support for supervisor development and training. (Holt et al., 2015). Given the recognition of the supervisory alliance as vital in supervision of counselor trainees, this preliminary study focuses on the relational processes impacting group supervision of supervision. Although there are several models of supervisor development, there is minimal research supporting their efficacy (Cummings, Ballantyne, & Scallion, 2015). The purpose of this study was to examine the relationship between attachment style, group cohesion, and the supervisory relationship among supervisors-in-training in supervision of supervision. Chapter Four provides an overview of the results, preliminary analyses, and main analyses for the study.
**Chapter Four: Results**

This chapter presents an overview of the data analyses and results from the hypotheses. Preliminary data analyses are reviewed, including missing data, power, and normality assumptions. The main analyses include Pearson’s correlations and multiple regression. Supplemental analyses are provided when appropriate. Statistical analyses for this study were conducted with the Statistical Package for the Social Sciences (SPSS). The alpha level was set at 0.05. Correlation coefficient size followed the recommendations of Cohen (1988) and was considered small if $r = .20$ to .39, moderate if $r = .40$ to .69, large if $r = .70$ to .89, and very large if $r = .90$ to 1.0. Please refer to Table 3 for a list of hypotheses, variables, and statistical tests used for each one.
<table>
<thead>
<tr>
<th>Table 3: Planned Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypothesis</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td><strong>Hypothesis 1:</strong> It is expected that there will be a significant positive relationship between:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>a. Scores on the Attachment Anxiety Dimension of the ECR-RS-Global and scores on the Attachment Anxiety Dimension of the ECR-RS-Supervisor</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>b. Scores on the Attachment Avoidance Dimension of the ECR-RS-Global and scores on the Attachment Avoidance Dimension of the ECR-RS-Supervisor</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td>c. It is expected that there will be no relationship between Attachment Avoidance Subscale Scores on the ECR-RS-Global and Attachment Anxiety Subscale Scores on the ECR-RS-Supervisor</td>
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<tr>
<td></td>
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<tr>
<td><strong>Hypothesis 2:</strong> Scores on the ECR-RS-Supervisor (Anxiety and Avoidance) will explain a significant amount of variance in SIT perceptions of the Supervisory Alliance, above and beyond scores on the ECR-RS-Global (Anxiety and Avoidance)</td>
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<tr>
<td>Hypothesis 3: There will be a significant positive relationship between SIT perceptions of the supervisory alliance and group cohesion</td>
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</tbody>
</table>

**Hypothesis 4: Attachment Avoidance and Attachment Anxiety to Supervisor (Scores on ECR-RS-Supervisor) will explain a significant amount of variance in SIT perceptions of group climate**

**Series of Multiple Regression Analyses**

<table>
<thead>
<tr>
<th>a. SIT who are high in attachment anxiety to supervisor will perceive the supervision group as less engaged, more avoidant, and having greater conflict than SIT who are low in attachment anxiety to supervisor.</th>
<th>Predictor Variables:</th>
<th>Criterion Variables:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ECR-RS-Supervisor Anxiety Subscale Scores</td>
<td>GCQ-S Engagement Subscale</td>
</tr>
<tr>
<td></td>
<td>ECR-RS-Supervisor Anxiety Subscale Scores</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome Variables:</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAI-S Total Score</td>
</tr>
</tbody>
</table>
b. SIT who are high in attachment avoidance to supervisor will perceive the group as less engaged, more avoidant, and having greater conflict than SIT who are low in attachment avoidance to supervisor.

<table>
<thead>
<tr>
<th>Predictor Variables:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ECR-RS-Supervisor Anxiety Subscale Scores</td>
</tr>
<tr>
<td>• ECR-RS-Supervisor Anxiety Subscale Scores</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Criterion Variables:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• GCQ-S Conflict Subscale Score</td>
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<table>
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<tr>
<th>Predictor Variables:</th>
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<td>• ECR-RS-Supervisor Anxiety Subscale Scores</td>
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<tr>
<td>• ECR-RS-Supervisor Anxiety Subscale Scores</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Criterion Variables:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• GCQ-S Avoidant Subscale Score</td>
</tr>
</tbody>
</table>
Preliminary Analyses

Missing Data

Forty-five participants entered the study and completed informed consent, demographic questionnaires, and self-report measures. Eleven other persons entered the study but did not complete 75% of the survey and were removed from the data set. Prior to conducting statistical analyses, the measures for the 45 participants were examined for missing data using a complete casewise analysis and found that only 17 of the 2240 total items were missing (0.765%). Missing data were spread across two different measures. One participant had 4 missing items which occurred across 4 different measures. Another participant skipped the last self-report measure of the survey (WAI-S) and had 13 missing items. Since less than 1% of data was missing, regardless of the missed data mechanism used (e.g., MCAR, MAR, or MNAR), the impact on the estimates was negligible. Therefore, a complete case analysis (listwise deletion) was performed in SPSS (Allison, 2001).

Main Analyses

This section reviews the primary analyses used to test the four hypotheses of this study. The analyses were performed in Statistical Package for the Social Sciences (SPSS). To determine if gender influenced the results, a series of independent t-tests were compared for each variable of interest and between male and female. The findings found no significant differences for gender on the variables of interest. Additionally, one-way ANOVAs found no difference between variables of interest and race/ethnicity, internship
site, or program types and a simple linear regression did not find a difference among variables of interest and age.

Means, standard deviations, skewness, kurtosis, and histograms for the 8 indicators were also examined to test for assumptions of normality. The skewness and kurtosis for each variable was examined and there were no values greater than an absolute value of one, suggesting reasonably normal distributions, except for total scores on the WAI-S (Sk = -1.41) and GCQ-Conflict Subscale (Sk = 1.89). Due to violations in the assumptions of normality, square root transformations of these scales were computed. The subsequent regression analyses were conducted using both the non-transformed and transformed scores and this was not found to make any significant differences to the overall amount of variance explained or the individual regression coefficients. Thus, for simplicity, only the non-transformed scores are reported.

**Hypothesis One**

It was expected that there would be a significant positive relationship between: (a) Scores on the Attachment Anxiety Dimension of the ECR-RS-Supervisor and Scores on the Attachment Anxiety Dimension of the ECR-RS-Global and (b) Scores on the Attachment Avoidance Dimension of the ECR-RS-Supervisor and Scores on the Attachment Avoidance Dimension of the ECR-RS-Global. Pearson’s correlations were used to examine the variables and correlation coefficients for all relationships. Means, standard deviations and correlations for Adult Global Attachment and Supervisor Specific-Attachment and their corresponding subscales (Attachment Avoidance and Attachment Anxiety) are presented in Table 4. Intercorrelations between attachment
variables and other variables of interest (Total Score on the WAI-S and GCQ Subscales) are also provided.

The first set of hypotheses examined the bivariate correlations between SIT adult attachments (ECR-G-Anxious and ECR-G-Avoidance) and their specific attachments to their supervisors (ECR-S-Anxious and ECR-S-Avoidance). Hypothesis 1a) found a significant moderate positive correlation between adult attachment anxiety and anxious attachment to the supervisor ($r = .606, p < .01$). In other words, SIT who reported higher levels of attachment anxiety in their adult relationships were more likely to report higher levels of attachment anxiety in their relationship with their supervisor for group supervision of supervision. This hypothesis was supported.

Hypothesis 1b) found that adult attachment avoidance and avoidant attachment to the supervisor ($r = .425, p < .01$) was also significant. Therefore, individuals with global attachment avoidance were more likely to report higher levels of attachment avoidance in their relationship with their supervisor for group supervision of supervision. Similarly, SIT with low global attachment avoidance were more likely to self-report lower scores on the Avoidance Attachment Dimensions of the ECR-RS-Supervisor. This hypothesis was supported.

As predicted for Hypothesis 1c, there was no significant relationship between the ECR-RS-Global Anxiety Subscale and ECR-RS-Supervisor Avoidance Subscale ($r = .030, p = .847$) and the ECR-RS-Global Avoidance and ECR-RS Supervisor Anxiety Subscales ($r = .247; p = .102$). These findings are consistent with previous research on global and relationship-specific measures of attachment (Fraley et al., 2011).
Table 4: Means, Standard Deviations, Intercorrelations for Adult Global Attachment, Attachment to Supervisor, WAI-S, and GCQ

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>M</th>
<th>SD</th>
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</thead>
<tbody>
<tr>
<td>Adult Global Attachment Dimension</td>
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<tr>
<td>1. Anxious Attachment</td>
<td>1.00</td>
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<tr>
<td>2. Avoidant Attachment</td>
<td>.247</td>
<td>1.00</td>
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<tr>
<td>Supervisory Attachment Dimensions</td>
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</tr>
<tr>
<td>3. Anxious Attachment</td>
<td>.606**</td>
<td>.076</td>
<td>1.00</td>
<td></td>
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<tr>
<td>4. Avoidant Attachment</td>
<td>.030</td>
<td>.425**</td>
<td>.308*</td>
<td>1.00</td>
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<td></td>
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<tr>
<td>Supervisory Relationship</td>
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<tr>
<td>5. Total working alliance</td>
<td>-.427**</td>
<td>-.037</td>
<td>-.639**</td>
<td>-.387**</td>
<td>1.00</td>
<td></td>
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<tr>
<td>Group Climate</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>6. Engagement</td>
<td>-.207</td>
<td>-.321*</td>
<td>-.393**</td>
<td>-.426**</td>
<td>-.507**</td>
<td>1.00</td>
<td></td>
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<tr>
<td>7. Conflict</td>
<td>.366*</td>
<td>.134</td>
<td>.447*</td>
<td>.225</td>
<td>-.504*</td>
<td>-.588**</td>
<td>1.00</td>
<td></td>
<td></td>
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<tr>
<td>8. Avoiding</td>
<td>.343*</td>
<td>.152</td>
<td>.316*</td>
<td>.118</td>
<td>-.355*</td>
<td>-.432**</td>
<td>.741**</td>
<td>1.00</td>
<td>3.17</td>
<td>.98</td>
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</tbody>
</table>

Note. N=45
*p < .05.  **p<.01
Hypothesis Two

It was predicted that specific Attachment to Supervisor (ECR-RS-Supervisor Avoidance and Anxiety Subscale Scores) would explain a significant amount of variance in the Supervisory Alliance (WAI-S Total Score) above and beyond Adult Attachment Style (ECR-RS-Global Avoidance and Anxiety Subscales). Specifically, (a) supervisors-in-training with higher levels of Attachment-Avoidance and Attachment-Anxiety to their supervisor were expected to report lower scores on the WAI-S, than SIT with lower Attachment-Anxiety and Attachment-Avoidance to Supervisor. A hierarchical multiple regression analysis was used to examine this research question and Table 5 summarizes the results.

First, a correlation matrix was run to establish the existence of relationships between predictor and criterion variables (Table 4). Based on the pattern of observed correlations, a series of multiple regressions were run and the model $r^2$ values were inspected to determine whether attachment style explained some portion of the variation in the supervisory working alliance. In Step 1, SIT scores on the ECR-RS-Global Avoidance and Anxiety Dimensions were entered as the predictor variables. Scores on the ECR-RS-Supervisor Avoidance and Anxiety Dimensions were added as predictor variables in Step 2. The criterion variable was the Total Score on the WAI-S.

To ensure the model was accurate, multicollinearity was tested by assessing the variance inflation factors (VIFs), the reciprocal of tolerance, which measures how much the variance estimated coefficients are increased if there is no correlation among the predictor variables (O’Brien, 2007). It is believed this was important, given the
significant correlation between adult attachment and supervisory attachment. If no predictor variables were correlated, then all the VIFs would equal 1. If a VIF is equal to or greater than 3, there is minimal collinearity associated with that variable. The VIFs were all < 2, indicating multicollinearity was not likely to negatively influence the validity of the regressions, and VIFs are reported within Table 4. Homoscedasticity was examined via several scatterplots and these indicated reasonable consistency of spread through the distributions.

The results of the hierarchical regression revealed that global adult attachment anxiety and avoidance, the first step of the regression, accounted for nearly 19% of the variance in the supervisory alliance ($r^2 = .186, F(2, 41) = 4.683, p = .015$). The second step of the regression, which included specific-supervisor attachment anxiety and avoidance, was significant for variance in the prediction of the supervisory alliance, above and beyond global attachment anxiety and avoidance ($r^2 = .478, \Delta r^2 = .292, F(2, 39) = 8.937, p = .001$). Specifically, SIT who were higher in anxious attachment to supervisor reported lower scores ($\beta = - .429$) on self-reports of the supervisory alliance in group supervision of supervision than supervisors-in-training with low anxious attachment to supervisor (See Table 5). Further, global and supervisor-specific attachment anxiety explained 41% of the variance in the supervisory alliance ($r^2 = .412, F(2,41) = 14.389, p = .001$). This hypothesis was supported. In other words, Supervisor-Specific Attachment Anxiety and Avoidance explain a significant amount of variance in SIT perceptions of the working alliance, above and beyond their adult attachment style. Please refer to Table
Table 5: Hierarchical Regression Analysis Predicting WAI-S from Adult Attachment and Attachment to Supervisor

<table>
<thead>
<tr>
<th>Step/Variable Entered</th>
<th>$R^2$</th>
<th>Adjusted $R^2$</th>
<th>$\Delta R^2$</th>
<th>$\Delta F$</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$\rho$</th>
<th>VIF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion = WAI-S</td>
<td>.186</td>
<td>.146</td>
<td>.186</td>
<td>4.683</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Step 1 (adult attachment)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>.</td>
<td></td>
<td>.440</td>
<td>-3.049</td>
<td>.004*</td>
<td>1.050</td>
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<tr>
<td>Avoidance</td>
<td>.</td>
<td></td>
<td>.059</td>
<td>.406</td>
<td>.687</td>
<td>1.050</td>
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<tr>
<td>Step 2 (supervisory attachment added)</td>
<td>.478</td>
<td>.425</td>
<td>.292</td>
<td>10.923</td>
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<tr>
<td>Anxiety</td>
<td>.</td>
<td></td>
<td>-.429</td>
<td>-2.643</td>
<td>.012*</td>
<td>1.969</td>
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<tr>
<td>Avoidance</td>
<td>.</td>
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<td>-.320</td>
<td>-2.217</td>
<td>.032*</td>
<td>1.553</td>
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</tbody>
</table>

*p < .05
Table 6: Stepwise Multiple Regression Analysis Predicting WAI-S from Adult Attachment and Attachment to Supervisor

<table>
<thead>
<tr>
<th>Step/Variable Entered</th>
<th>$R^2$</th>
<th>Adjusted $R^2$</th>
<th>$\Delta R^2$</th>
<th>$\Delta F$</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$</th>
<th>VIF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion = WAI-S</td>
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<td></td>
</tr>
<tr>
<td>Model 1 (adult attachment)</td>
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<td>.163</td>
<td>.183</td>
<td>9.388</td>
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<td></td>
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</tr>
<tr>
<td>ECR-G-Anxiety</td>
<td>.</td>
<td></td>
<td>- .427</td>
<td>-3.064</td>
<td>.004*</td>
<td></td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td>Model 2 (supervisory attachment added)</td>
<td>.412</td>
<td>.384</td>
<td>.230</td>
<td>16.031</td>
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<tr>
<td>ECR-G Anxiety</td>
<td>.</td>
<td></td>
<td>-.076</td>
<td>-.512</td>
<td>.611</td>
<td></td>
<td></td>
<td>1.537</td>
</tr>
<tr>
<td>ECR-S Anxiety</td>
<td></td>
<td></td>
<td>- .594</td>
<td>-4.004</td>
<td>.000**</td>
<td></td>
<td></td>
<td>1.537</td>
</tr>
</tbody>
</table>

* $p < .05$  ** $p < .01$
Hypothesis Three

It was expected that there would be a significant positive linear relationship between scores on the WAI-S Total Score ($M = 5.019$, $SD = .671$) and scores on the GCQ-S Engagement Subscale ($M=4.637$, $SD=1.116$). As predicted, a significant moderate positive relationship was found between both variables ($r = .507; p = .001$). In other words, there was a significant positive relationship between the SITs’ perception of the supervisory alliance and group cohesion in group supervision of supervision. As such, SIT who self-reported stronger working alliances with their supervisor also perceived the supervision group as more engaged. The correlations, means and standard deviations for WAI-S Total Score and the GCQ-Engagement Subscale are reported in Table 4 along with the intercorrelation between these two variables and the other variables of interest in this study.

Hypothesis Four

It was expected that supervisor-specific attachment avoidance and attachment anxiety would explain a significant amount of variance in supervisors-in-trainings’ perceptions of group climate in group supervision of supervision. This assumption was examined utilizing a series of multiple regression analyses to test the relationships between variables (See Table 7). In these equations, scores on the GCQ-S Subscales were input as the criterion variable in a series of three linear regression analyses (Avoidant, Engagement, and Conflict). The predictor variables were scores on the ECR-RS-Supervisor Subscales (Avoidance and Anxiety). Hypotheses were tested by examining the change in $r^2$ and associated significance of change in the $F$ value. The standardized beta
weights and significance for each attachment dimension are also reported. Assumptions for multicollinearity and normality were met (VIF = 1.105, Tolerance=.905).

The combination of Anxious Attachment to Supervisor and Supervisor-Specific Avoidance accounted for 25.7% of the variation in GCQ-Engagement ($r^2 = .257$, $F(2,42) = 7.726$, $p = .002$). Supervisor-Specific Attachment Anxiety ($\beta = .289$, $t = -2.064$, $p = .002$) and Attachment Avoidance ($\beta = -.337$, $t = -2.41$, $p = .02$) were both significant predictors of Group Engagement. The combination of Supervisory Attachment Anxiety and Supervisory Avoidance accounted for 20.8% of the variation in GCQ-Conflict ($r^2 = .208$, $F(2,42) = 5.527$, $p = .007$). Supervisory Attachment Anxiety ($\beta = .418$, $t = 2.893$, $p = .006$) was a significant predictor of Group Conflict. Therefore, SIT with higher supervisor-specific attachment anxiety perceived higher conflict in group supervision of supervision. Attachment Avoidance did not add unique predictive power when Attachment Avoidance was held constant ($\beta = -.096$, $t = .665$, $p = .051$). Anxious attachment to Supervisor contributed 10% of the variance for SITs perceptions of group avoidance ($r^2 = .100$, $F(1,43) = 4.78$, $p = .034$). Avoidant Attachment to supervisor was not a significant predictor of group avoidance ($\Delta r^2 = .000$, $p = .884$) above and beyond Anxious Attachment to Supervisor and did not add unique predictive power when variables were held constant ($\beta = .023$, $t = .147$, $p = .884$).
Table 7: Hierarchical Multiple Regression Analysis Predicting Group Climate from Attachment to Supervisor

<table>
<thead>
<tr>
<th>Step/Variable Entered</th>
<th>$R^2$</th>
<th>Adjusted $R^2$</th>
<th>$\Delta R^2$</th>
<th>$\Delta F$</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$</th>
<th>VIF</th>
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<tr>
<td>Criterion: GCQ</td>
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<tr>
<td>1. Engagement</td>
<td>.257</td>
<td>.222</td>
<td>.257</td>
<td>7.260</td>
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<td></td>
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<tr>
<td>ECR-S-Angiosity</td>
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<td></td>
<td></td>
<td></td>
<td>-.289</td>
<td>-2.064</td>
<td>.045*</td>
<td>1.105</td>
</tr>
<tr>
<td>ECR-S-Avoidance</td>
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<td></td>
<td></td>
<td></td>
<td>-.337</td>
<td>-2.410</td>
<td>.020*</td>
<td>1.105</td>
</tr>
<tr>
<td>2. Conflict</td>
<td>.208</td>
<td>.171</td>
<td>.230</td>
<td>5.527</td>
<td>.418</td>
<td>2.893</td>
<td>.006*</td>
<td>1.105</td>
</tr>
<tr>
<td>ECR-S-Angiosity</td>
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<td></td>
<td></td>
<td></td>
<td>-.096</td>
<td>.665</td>
<td>.510</td>
<td>1.105</td>
</tr>
<tr>
<td>ECR-S-Avoidance</td>
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<tr>
<td>ECR-S-Angiosity</td>
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<td>.023</td>
<td>.147</td>
<td>.884</td>
<td>1.105</td>
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<tr>
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* $p < .05$.  ** $p < .01$. 
Summary

Out of the 56 participants who initially joined this study, 45 participants completed the survey. An *a priori* power analysis demonstrated that the suggested sample size was adequate to have some confidence in avoiding a Type 2 error. Participants were not found to be different on any of the variables studied based on demographic information. All normality assumptions were tested to control and the residuals were normally distributed.

Four hypotheses were tested. Hypothesis 1 showed a moderate significant relationship between global adult attachment style and supervisor-specific attachment style. This is consistent with previous research on supervisory attachment and counselor training (Marmarosh et al., 2013; Watkins & Riggs, 2012). Specifically, there is a significant moderate positive relationship between supervisor-specific attachment anxiety and global attachment anxiety ($r = .606; p < .01$). Similarly, there is also a significant moderate positive correlation between supervisor-specific attachment avoidance and global attachment avoidance ($r = .425, p < .01$).

For Hypothesis 2, it was found that Supervisor-Specific Attachment explained a significant amount of variance in SIT perceptions of the Supervisory Alliance, above and beyond Global Adult Attachment. Specifically, supervisor-specific attachment anxiety was a significant predictor of SIT perception of the Supervisory Alliance, ($\beta = -.429, t = -2.643, p = .012$).

Hypothesis 3 postulated that there would be a significant positive relationship between SIT perceptions of the Supervisory Alliance (WAI-S Total Score) and SIT
perceptions of Group Cohesion (GCQ-Engagement Subscale). This hypothesis was supported by the data and a significant moderate positive relationship between SIT perception of the supervisory alliance and group cohesion in group supervision of supervision was found \(r = .507, p = .001\).

Hypothesis 4 stated that Attachment Avoidance and Attachment Anxiety to Supervisor (Scores on ECR-RS-Supervisor) would explain a significant amount of variance in SIT perceptions of group engagement, group conflict, and group avoidance. The data did not support this hypothesis, and the results showed that supervisor-specific attachment anxiety and avoidance was not a significant predictor of SIT perceptions of avoidance (GCQ-Avoidance Subscale) within the climate of group supervision of supervision, \(r^2 = .101, F(2,42) = 2.348, p = .108\). However, attachment anxiety \(\beta = .418, t = 2.893, p = .006\) was a significant predictor of group conflict.

Chapter 5 discusses the implications of the results from this research, addresses limitations of the study, provides ideas for future research, and outlines recommendations from this study for group supervision of supervision.
Chapter Five: Discussion

This study is the first to look at attachment styles and group cohesion with a sample of supervisors-in-training (SIT) who are learning how to supervise in a supervision group. Findings provide preliminary information on the relationship dynamics that influence SIT. The instruments provided data on SIT specific attachment to their supervisor for group supervision of supervision and their global attachment style in close relationships in general, as well as their perceptions of group cohesion (engagement, conflict, and avoidance) and the supervisory working alliance in group supervision of supervision. The methodology of the study addressed the research questions and provides future directions for competency-based supervision training and practices as informed by relationship dynamics. Based on recommendations by Fraley et al. (2015), correlation and multiple regression analyses were used to describe attachment patterns among the dimensions of anxiety and avoidance, and then mapped on to the four attachment styles as outlined by Bartholomew and Horowitz (1991).

Adult Attachment Style and Supervisor-Specific Attachment

One of the unique characteristic of the supervisory relationship is how supervisors can act as a secure-base for training clinicians since the clinicians are often vulnerable and rely on the felt security of their supervisors for emotional regulation and professional development (Pistole & Fitch, 2008). The importance of the secure base is essential in the
supervisory relationship and one reason why there needs to be a strong emphasis on training supervisors to offer this component to their SITs. Like novice counseling trainees, beginning supervisors struggle with anxiety, shame, guilt, and embarrassment (Goodyear & Bernard, 2014). In addition, this time of professional development for SIT often is marked by a need to prove themselves to their supervisors and establish themselves as competent professionals (Dimino & Risler, 2014; Gazzola, Thériault & Audet, 2013).

More recent research on specific-attachment patterns and global attachment patterns suggest that internal working models may vary across different relationship domains. For instance, an adult may have a secure global attachment style, but a dismissive-avoidant attachment to a romantic partner (Hudson, Fraley, Chopik, & Heffernan, 2016). The desire for autonomy and independence during young adulthood (Erikson, 1968) may reflect normal increases in parent-specific avoidance, particularly as peer relationships become increasingly more important and influential for identity development (Hudson et al., 2016). Similarly, as career generativity and caregiver responsibilities, such as raising children or providing care for aging parents, become more central in mid-to-late adulthood, individuals may have less time and effort to invest in other relationships, such as with their romantic partners or peers, which may further explain increases in attachment specific avoidance with age (Hudson et al., 2016). Therefore, it may be that SIT are likely to follow a similar pattern and report higher levels of attachment-avoidance in their relationship with their supervisor for group supervision.
of supervision, particularly as they struggle with issues of autonomy and dependence in the development of their professional identify (Stoltenberg, McNeil, & Delworth, 2010).

Extensive research on attachment patterns in close adult relationships recommends that attachment style is best captured along two dimensions: attachment-related anxiety and attachment-related avoidance (Brennan, Clark, & Shaver, 1998; Fraley, Heffernan, Vicary, & Brumbaugh, 2011; Fraley, Hudson, Heffernan, & Segal, 2015). In this study, global attachment patterns and specific-attachment to supervisor were measured using the Experiences in Close Relationships-Relationship Structures (ECR-RS; Fraley et al., 2011). Based on recommendations by Fraley et al. (2015), correlations and multiple regression analyses were used to describe attachment patterns among the dimensions of anxiety and avoidance in a continuous fashion.

For Hypothesis 1, the results of the study suggest that there is a moderate positive correlation between supervisor-specific attachment and global attachment dimensions. SIT exhibited attachment patterns within the supervisory relationship that were consistent with their own perceived attachment style in other significant relationships. This is finding is consistent with previous research findings on relationship-specific and global attachment styles that a common relational pattern likely cuts across a person’s various relationships (Fraley et al., 2015, Fraley et al., 2011). Yet, there also is a great deal of within-person variance, such as when an individual has a secure attachment to a parent and an insecure attachment to a romantic partner (Fraley et al., 2011).

Congruent with previous research examining the supervisory relationship and attachment variables in counselor supervision (Bennett, 2008; Marmarosh et al., 2013;
Watkins & Riggs, 2012), Hypothesis 2 found that specific-attachment to supervisor was a significant predictor of the supervisory alliance, above and beyond global attachment style. This finding is in accordance with previous research demonstrating that relationship-specific measures of attachment are greater predictors of interpersonal outcomes (e.g., perceptions of the supervisory working alliance) than more broad or global measures of attachment (Fraley et al., 2011). If this holds up in future research, it would point to the importance of attending to attachment-based processes as they are activated in group supervision of supervision to help promote a secure learning environment. Further, the findings of Hypothesis 2 suggest that SIT with secure attachment to the supervisor (low scores on both the Attachment Anxiety and Attachment Avoidance Dimensions of the ECR-RS-Supervisor) reported higher scores on self-report measures of the supervisory alliance in group supervision of supervision than SIT with a highly fearful attachment to their supervisor (SIT with high scores on both the Attachment Anxiety and Attachment Avoidance Dimensions of the ECR-RS-Supervisor). This finding underscores the difficulty that some SIT may have in developing a connection to a supervisor based on their attachment style. It also may point to the critical nature of understanding fearful attachment when considering how to develop a strong base or trust and cohesion in group supervision of supervision. Insecure attachment style may complicate some SIT from seeking support and guidance from their supervisors and consequently impact their counselor trainee and hence the client of the counselor trainee creating a domino effect.
The Supervisory Relationship and Group Climate

Training in supervision is most often delivered in a group format and therefore, group dynamics and the multiple relationship dynamics in group supervision of supervision are important areas for future research. A unique characteristic of group supervision is the active participation of group members in the supervision process. Qualitative research on group supervision of supervision identified several factors that inhibit trainee or student learning in group supervision (Dimino & Risler, 2011). This includes “between members” problems, problems with supervisors, trainee anxiety and other perceived negative effects, logical constraints and poor group time management. Other group dynamics that may also inhibit trainee learning and development in group supervision include: competitiveness for time, group attention and status, ‘group think,’ unexpressed expectations and conflict within the group (Riva, 2014). The results of this study highlight the importance of the supervisory working alliance and group cohesion in group supervision of supervision.

This study also was interested in how supervisor-specific attachment avoidance and attachment anxiety influenced SIT’s perceptions of group climate in group supervision of supervision. Hypothesis 3 found that there was a significant moderate, positive relationship between SIT perceptions of group cohesion and their perceptions of the supervisory alliance. Therefore, it may be assumed that SIT who are more engaged in their group, and describe their group as engaged, are more likely to report having a stronger relationship with their supervisor.
Furthermore, Hypothesis 4 proposed that specific-attachment to supervisor was a significant predictor of group climate. Specifically, it was expected that both Supervisor-Specific Attachment Avoidance and Anxiety would be a significant predictor of SIT’s perceptions of group engagement, conflict, and avoidance in group supervision of supervision. The data indicated that SIT with a secure attachment to their supervisor were more likely to perceive the supervision group as more engaged than SIT with preoccupied attachment to their supervisor for group supervision of supervision. These findings are critical for leaders working in a group, and specifically in this study for group supervisors of SITs. Group members do better when they see the supervisor as a secure base and the other SITs as engaged.

Interestingly, SIT with either highly preoccupied or fearful attachment to their supervisor (e.g., individuals with high levels of supervisor-specific attachment anxiety) were more likely to perceive greater conflict in group supervision of supervision than SIT with lower scores of supervisor-specific anxious attachment. One possible explanation for this finding is the activation of insecure attachment patterns to help regulate affect in the face of stress in supervision or group. For instance, SIT who are anxiously attached might engage in more dependency behaviors such as seeking closeness or approval from their supervisor or other group members to help minimize and cope with distress related to conflict (Riggs & Watkins, 2012). Similarly, they may be more sensitive to conflict and more likely to interpret neutral or ambiguous interpersonal interactions as a form of rejection or abandonment. This is vital so supervisors can be aware of this pattern and respond accordingly to help promote learning within the supervision group. However,
Hypothesis 4 was not fully supported. Specific attachment to supervisor was not a significant predictor of SIT perceptions of avoidance in group supervision of supervision. One possible explanation is that SIT with higher scores on Group Avoidance may be “checked out” or disengaged from the group and training experience overall, and less likely to value their relationship with their supervisor or other group members in group supervision of supervision.

**Limitations and Strengths of the Study**

Overall, the strengths of a correlational design are that it is cost-effective, generalizable, reliable, and versatile (Creswell, 2011). Limitations include issues with validity. One limitation is that SIT complete self-report questionnaires on themselves and their supervisor. This methodology can produce inaccurate responses. For instances, participants may choose to respond to the measures in a more socially desirable way, which may reduce the validity of the results. It is possible that participants may be hesitant to rate their relationship with their supervisor negatively due to the hierarchical nature of the supervisor-supervisee relationship or participants may be hesitant to respond honestly about themselves because they want to view themselves as a competent practitioner.

Although these types of biases are possible, an attempt to reduce them included having an anonymous survey which was done to help participants feel more comfortable discussing their professional, academic, and personal relationships in a more candid way. The use of self-report methods was chosen because it appeared to be the best method for obtaining a diverse array of information about the supervisor-supervisee relationship and
further understand the real world circumstances that impact novice supervisor
development. Self-report was selected after careful consideration of alternative methods,
as it is the best way to obtain information from the SIT that could not be obtained by
observation or other methods.

Another significant limitation to self-report is that characteristics of the
respondents could limit the results. It is possible that those participants who responded to
the survey were different from those who chose not to complete the survey and those who
did not respond at all. Research by Gall, Borg, and Gall (1996) found that volunteers are
likely to be a biased sample of the target population. Their research found that voluntary
participants tend to be higher in their need for social approval than non-volunteers. The
tendency to answer questions in a socially desirable way presents a threat to the validity
of the study, particularly since it is not possible for this study to determine whether
participant volunteers differ from non-participant volunteers in a clinically meaningful
way. Similarly, another limitation of the study is the absence of intact group supervision
of supervision groups. Future research examining attachment and relationship dynamics
across several distinct supervision of supervision groups may provide further insight into
the process of supervision training and group climate.

An additional limitation to the current study is related to issues of measurement.
Bordin (1983) adapted the concept of the supervisory alliance from the collaborative
working alliance in psychotherapy. However, the supervisory relationship is inherently
hierarchical and evaluative in nature (Bernard & Goodyear, 2014). Currently, no
measures of the supervisory alliance in supervision of SIT have been established
specifically for use in group supervision of supervision. This study draws on the best available research and literature on clinical supervision, small group dynamics, and attachment theory. Due to the overall lack of research in this area, caution needs to be taken in the interpretation and reporting of results.

In addition, the non-experimental design of the present study limits any inferences about the directionality of the relationship between attachment style, group climate, and the supervisee-supervisor relationship. From a theoretical standpoint, it may be argued that since attachment style is developed during infancy, it is more likely to influence group climate and the supervisee-supervisor relationship in supervision of supervision but more research is needed to support this assumption as it relates to supervision training and development. Recent literature (Wrape et al., 2017; Riggs & Watkins, 2012; Watkins, 2015;) suggests that the supervisor-supervisor relationship may not be a “full blown” attachment relationship but rather the attachment behavioral system may be activated and enacted within the context of the supervisee-supervisor relationship, particularly during times of stress or conflict. Furthermore, given the inherent vulnerability and evaluative components of supervision, the attachment behavioral system is likely to be frequently activated in trainees who are new to supervision (or psychotherapy) or who are attending supervision within the context of training (Driver, 2005; Wrape et al., 2017). Given the co-variance between attachment style and relationship dynamics within supervision, further research is warranted to understand cause and effect.
Implications for Clinical Practice

Notably, this study examines relational factors that contribute to the process of supervision and specific mechanisms of the supervisory relationship that facilitate professional development, skills acquisition, and learning among novice supervisors in training. This study points to ways supervisors may facilitate SIT professional development by being attentive and alert to attachment cues, and deciphering and responding to those behaviors in a way that takes into consideration the individual differences in trainee attachment style. Watkins (1995) argued that this felt security from the supervisory relationship allows trainees to take risks in treatment, learn from mistakes, develop their own therapeutic voice, and integrate a clear professional identity. By acting as a secure-base, the supervisor is available to the trainee for support and emotional regularity in times of uncertainty, and new supervisors are more likely to rely on their supervisor for guidance and assistance until their skills have developed to allow them to function more independently (Fitch et al., 2010; Watkins, 1995; Watkins & Riggs, 2012).

While there is ample research on the importance of fostering a strong supervisory relationship (e.g., Bernard & Goodyear, 2018), research is negligible on the barriers to forming a secure relationship and how individual attachment patterns may hinder trainees’ professional development (Marmarosh et al., 2013). Supervisors have a powerful impact on novice supervisor’s professional development and help clarify when a new supervisor may be avoiding giving challenging feedback to a counselor trainee, overlooking parallel processes, or attempting to pacify conflict rather than explore it. A
supervisor who acts as a safe haven for a new supervisor has the ability to help regulate a
SIT’s anxiety, assist the SIT in managing the welfare of both the client and the counselor
trainee, and facilitate professional competency development. In contrast, supervision
supervisors who are perceived as threatening to SIT may result in supervisees avoiding
disclosure of their weaknesses in group supervisions of supervision or become more self-
critical and less focused on the client or trainee.

Overall, the results of the study suggest the importance of group cohesion and the
supervisory alliance in group supervision of supervision. This highlights the importance
of the role of the supervisor of SIT in group supervision of supervision to develop trust
and cohesion during the early stages of group formation. Another important area of
consideration is how the supervisor’s attachment style may influence group dynamics,
specifically how insecure attachment may impede learning and supervisory skills
acquisition among SIT.

**Recommendations for Future Research**

Little is known about the practice of group supervision of group supervisors. This
study pointed to the importance of training clinical supervisors. This is the first study that
examined attachment style as a framework for group supervision of supervision and it
can be seen as a preliminary investigation in this area. Future research will want to
explore more deeply the relationship between the group supervisor and the SIT. It will be
beneficial to include information across several sessions in group supervision of
supervision and track how attachment style may play out across the life of the group, and
look at specific methods to decrease avoidance and anxiety for the SIT. As expected,
cohesion was an important component in how group members responded. More research that focuses on multiple sessions, includes the group supervisor and the SIT in the information gathered, and addresses specific techniques that quell high anxiety and avoidance will add considerable knowledge to training of supervisors.

Research literature that focuses on the effectiveness of supervision training is still quite limited, but it is developing. Competency-based supervision provides a framework of accountability, ensuring the protection of the client, trainee, and public. In addition, supervisors uphold the standards of the profession by serving as a gatekeeper to the profession (APA, 2015). It can easily be argued that more research is needed on the specific components of supervisor training that contribute to the development of competent supervisors (Farber & Hazanov, 2014; Falender & Shafranske, 2012; Milne & Reiser, 2012).

**Conclusions**

It is exciting to begin to gain information on supervision of supervision and more specifically group supervision of supervision. An aim of this research was to shine a spotlight on the training of supervisors which has been almost totally ignored. There is limited empirical support for models of clinical supervision training and development, particularly since most of the core assumptions have been based on conceptual and theoretical knowledge and opinion and empirical support on psychotherapy supervision and therapist development and training (Border et al., 2014). Likewise, there is little attention on specific dynamics and processes that may impact supervisor development.
and training (Gazzola et al., 2013). All of these areas are vital in an understanding of the components and variables that operate in group supervision of supervision.

As an educational process, Fitch, Pistole, and Gunn (2010) argued that, “Clinical supervision occurs in a hierarchical relationship, in which supervisors have training, evaluation, and gatekeeping responsibilities” (p. 20). In the past few decades, developmental models of supervision have gained popularity. However, these models overlook the relational processes that impact supervisee training and professional development in favor of skills acquisition (Ladany, 2002). Developmental models of supervision have also been criticized for ignoring the mechanisms for learning (Holloway, 1987).

Fitch, Pistole, and Gun (2010) provide a model of clinical supervision that is rooted in attachment theory. The Attachment Caregiver Model of Supervision (ACMS; Fitch, Pistole, & Gun, 2010) emphasizes the attachment and caregiver processes in the supervisor-supervisee relationship and their link to learning. It can be assumed that like novice counseling trainees, beginning supervisors also struggle with anxiety, shame, guilt, and embarrassment (Goodyear & Bernard, 2014). In addition, this time of professional development for supervisors-in-training is often marked by a need to prove themselves to their supervisors and establish themselves as competent professionals (Dimino & Risler, 2014; Gazzola, Thériault & Audet, 2013). This study provided some attention and directions into competency-based supervision training and the practices that may aid in increasing fidelity and integrity of supervision training.
References


Marmarosh, C., Nikityn, M., Moehringer, J., Ferraioli, L., Kahn, S., Cerkevich, A., . . . Hilsenroth, Mark J. (2013). Adult attachment, attachment to the supervisor, and
the supervisory alliance: How they relate to novice therapists’ perceived counseling self-efficacy. *Psychotherapy*, 50(2), 178-188.


Appendix A

Demographic Questionnaire

The purpose of this form is to gather basic information that will be relevant to the study. All of the questions pertaining to personal information are optionally supplied. Please note that you will not be excluded from participation in this study based on any of the information below, should you choose not to provide it.

Section A: Demographic Information

1. What is your gender?
   - Male
   - Female

2. How old are you?
   ___ Years

3. What is your ethnicity? (Please check all that apply)
   - White/Caucasian
   - African-American
   - Asian-American
   - Hispanic/Latino
   - Native American
   - Other: __________

4. What type of graduate training program are you in?
   - PhD
   - PsyD
   - Master’s Level (MA/MS/MSW)
   - Non-Degree
   - Postdoctoral Fellowship
   - Other: ______________________

5. What area is your graduate study in?
   - Clinical Psychology
   - Counseling Psychology
   - School Psychology
   - Combined Program (Please Specify)
   - Assessment
   - Family and Marital Counseling
   - Social Work
   - Other: ______________________
6. Please describe your current internship/training site:
   - [ ] College/University Counseling Center
   - [ ] Community Mental Health
   - [ ] VA
   - [ ] Hospital
   - [ ] Private Practice
   - [ ] Other: __________________________

Section B: Previous Supervision Training and Experiences

7. Please describe your formal and informal training experience in clinical supervision (Check all that may apply):
   - [ ] Formal Classwork
   - [ ] Previous Experience Providing Supervision (Practicum)
   - [ ] Informal Workings or Training
   - [ ] First time providing supervision
   - [ ] Other: __________________________

8. Previous Supervisory Experience:
   How many PhD students have you supervised: __________
   How many MA students have you supervised: __________

9. Please describe any other clinical supervision experiences that you have had that may be relevant.

   __________________________
   __________________________
   __________________________
   __________________________
   __________________________
   __________________________
   __________________________
   __________________________

10. On a scale of 1-10, how confident are you in your abilities as a clinical supervisor?

    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
    |---|---|---|---|---|---|---|---|---|----|
    | Not at all confident | | | | | | | | | |
    | Somewhat confident | | | | | | | | | |
    | Completely confident | | | | | | | | | |

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Section C: Current Experience in Group Supervision of Supervision

11. At your current training site, how often do you meet for group supervision of supervision?
   - Weekly
   - Every 2 weeks
   - Once per month
   - Other: ________

12. At your current training site, what is the duration of your group supervision of supervision sessions?
   - 1 hour duration
   - 1.5 hours duration
   - 2 hours duration
   - Other: ________

13. Please describe the group composition in group supervision of supervision:
   - Psychology interns only
   - Interns and other doctoral students
   - Interns and master’s-level students
   - Other (interns and staff, med students)

14. Number of group members in group supervision of supervision:
   - 2 group members
   - 3 group members
   - 4 group members
   - 5 group member
   - 6 group members
   - Other (please specify): ______

15. Please describe the activities of group supervision of supervision at your current training site. (Check all that apply)
   - Listened to audiotapes of members’ supervisory skills
   - Watched videotapes of members’ supervisory skills
   - Role plays of members’ supervisory skills
   - Read a book or article about supervision research and/or theory
   - Case presentation

16. Do you have co-leaders for group supervision of supervision?
   - Yes
   - No
17. On a scale of 1-10, how **competent** is your supervisor for group supervision of supervision?

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<tr>
<td><strong>Not at all</strong></td>
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<td><strong>Somewhat</strong></td>
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<td><strong>Competent</strong></td>
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</table>

18. How many group supervision of supervision sessions have you had with this group leader?

_______ Sessions

19. On average, how beneficial is your current experience in group supervision of supervision in your work with your supervisee or counselor trainee?

- [ ] Not at all
- [ ] Slightly
- [ ] Moderately
- [ ] Very
- [ ] Extremely

20. On average, how would you describe the quality of group supervision of supervision at your current training site?

- [ ] Excellent
- [ ] Above Average
- [ ] Average
- [ ] Below Average
- [ ] Poor
Section C: Current Experiences in Group Supervision of Supervision

21. Overall, how you think group supervision of supervision is going at your current training site.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

22. In your opinion, please describe how well you connect with your cohort (e.g., other members of your training program at your current site).

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Appendix B

Recruitment Email

Dear Training Directors,

My name is Alyssa Fredricks and I am a doctoral candidate in the University of Denver’s Counseling Psychology Program. With the APA competency related to supervision, I am interested in the relationship between supervisors-in-training (your pre-doctoral psychology interns) and their supervisor who is training them to become supervisors. This topic has not received any attention and it is hoped that through this research we will learn about the relationship variables related to the supervisory alliance and group cohesion. We hope that it will contribute to knowledge about supervisory training and development. This research is under the direction of my dissertation advisor Dr. Maria Riva, PhD who is the Training Director in the Counseling Psychology Program at the University of Denver. Given that much of supervision training is conducted in a group setting, often call “group supervision of supervision,” I am surveying pre-doctoral psychology interns who are learning how to supervise and that training is done in a group. If your internship site provides training for interns on how to supervise and it is done in group supervision of supervision, I would be very appreciative if you would send out this attachment to all your pre-doctoral interns. The attachment consists of a brief introduction and a link to an anonymous Qualtrics survey. This survey has IRB approval. Thank you so much for your help.

Sincerely,

Alyssa Fredricks, M.S./Ed.S.
Doctoral Candidate in Counseling Psychology
University of Denver
Alyssa.Fredricks@du.edu
561-843-3733

Maria T. Riva, Ph.D.
Training Director and Faculty
Counseling Psychology, University of Denver
Maria.Riva@du.edu
303-871-2484
Appendix C

Participant Information Letter

Dear Pre-Doctoral Interns,

Hello. My name is Alyssa Fredricks and I am a doctoral candidate in the University of Denver’s Counseling Psychology Program. With the APA competency related to supervision, I am interested in the relationship between supervisors-in-training (pre-doctoral psychology interns) and their supervisor who is training them to become a supervisor. This topic has not received any attention and it is hoped that through this research we will learn about the relationship variables related to the supervisory alliance and group cohesion. We hope that it will contribute to knowledge about supervisory training and development. This research is under the direction of my dissertation advisor Dr. Maria Riva, PhD who is the Training Director in the Counseling Psychology Program at the University of Denver. Given that much of supervision training is conducted in a group setting, often call “group supervision of supervision,” I am surveying pre-doctoral psychology interns who are learning how to supervise and that training is done in a group.

If you are a pre-doctoral psychology intern and are obtaining training for supervising another person, and that supervision is done in a group (“group supervision of supervision”), I am hoping you will complete a brief, anonymous Qualtrics survey. The survey will take about 10-15 minutes to complete, and if you choose to participate you can skip any questions or leave the survey at any time. You also can choose to be entered into a drawing for one of five $25 Amazon gift cards by providing your email address in a separate link at the end of the survey. Remember, participation in this study is totally voluntary. To complete the survey, just click on the link below or copy and paste it into your internet browser:

https://udenver.qualtrics.com/jfe/form/SV_7VRC7EahtY5R3Dv

Thank you so much for considering participating! Since I requested your internship training director to forward along this invitation to participate, I do not have access to your individual contact information. Therefore, if you have any question or concerns, please feel free to reach out to me at Alyssa.Fredricks@du.edu or Dr. Maria Riva at Maria.Riva@du.edu.

Sincerely,
Alyssa Fredricks, M.S./Ed.S.
Doctoral Candidate in Counseling Psychology
University of Denver
Alyssa.Fredricks@du.edu
561-843-3733
Appendix D

University of Denver
Consent Form for Participation in Research

Title of Research Study: “Attachment Theory as a Framework for Supervision of Supervisors-in-Training”

Researcher(s): Alyssa Fredricks, MS/EdS, Department of Counseling Psychology, University of Denver; Maria Riva, PhD, Department of Counseling Psychology, University of Denver

Study Site: University of Denver

Purpose
You are being asked to participate in a research study. The purpose of this research is to explore the experiences of supervisors-in-training in group supervision of supervision, and identify what relationship factors, if any contribute to novice supervisor training and development. The information gathered may improve competent supervision training and practice. The research is being conducted by Alyssa M. Fredricks, M.S./Ed.S., a doctoral candidate from the University of Denver, and is supervised by Maria T. Riva, Ph.D., a faculty member of the College of Education at the University of Denver.

Procedures
If you participate in this research study, you will be invited to reflect on your experiences with your current or recent supervisor for group supervision of supervision. If you have multiple supervisors, please choose the one considered to be your primary supervisor for group supervision of supervision. You will be asked to reflect upon your overall experience with this supervisor. This study will be conducted by an online survey using Qualtrics Survey Software. The survey should take about 10-15 minutes to complete. This survey will be done anonymously, and you can skip any questions or leave the survey at any time.

Voluntary Participation
Participating in this research study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. You may choose not to answer any survey question for any reason without penalty or other benefits to which you are entitled. Study participants must be 18 years of age, or 19 years of age in the state of Nebraska.

Risks or Discomforts
The are no major anticipated risks in this study. Although minimal, a potential risk may be some minor psychological discomfort as you reflect upon your supervisory experience and close relationships. However, we anticipate this is outweighed by the gains of
discovering and learning about aspects of supervision you may not have considered. All information gathered from this survey is anonymous which will help protect privacy yet anytime persons respond to an online survey, there is the potential for loss of privacy.

**Benefits**
There are no direct benefits to participating in this study, but the results of this research may provide preliminary insight into the relationship dynamics that influence supervisors-in-training and may be used to provide future directions for competency based supervision training and practices.

**Incentives to participate**
At the end of the study, the participants will have the option to enter a raffle for one of five $25 Amazon gift cards. To ensure the anonymity of the participants, a separate Qualtrics Survey will be set up for participants who wish to participate in the drawing by entering their email address. Once data collection has been completed, four email addresses will be selected at random to receive the gift cards. The participants will be notified via the email addresses provided, and the gift cards will be sent electronically to the participants’ email addresses.

**Confidentiality**
All Information gathered from this study will be coded so that you are represented with a unique identifying number that will not reveal any identifying information, including your IP address. If you choose to enter the gift card lottery, your email address will be kept only until the study is complete. Your individual identity will be kept private when information is presented or published about this study.

Before you begin, please note that the data you provide may be collected and used by Qualtrics Survey Software as per its privacy agreement. This research is only for U.S. residents over the age of 18. Please be mindful to respond in private and through a secured Internet connection for your privacy. Your confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties.

**Questions**
If you have any questions about this project or your participation, please feel free to ask questions now or contact Alyssa Fredricks at alyssafredricks@du.edu or Maria Riva, PhD at Maria.Riva@du.edu at any time.

If you have any questions or concerns about your research participation or rights as a participant, you may contact the DU Human Research Protections Program by emailing IRBAdmin@du.edu or calling (303) 871-2121 to speak to someone other than the researchers.
Please take all the time you need to read through this document and decide whether you would like to participate in this research study. If you decide to participate, your completion of the research procedures indicates your consent. Please keep this form for your records.
Appendix E

Follow Up Email to Training Directors

Dear Training Directors,

I hope this email finds you well. I am writing to you to follow-up on the invitation to recruit pre-doctoral psychology interns for participation in research on supervisor training and development. If you have sent this information to your students, thank you so much. If you have not been able to send this information yet, I would be very appreciative if you would send out this attachment to all of your pre-doctoral interns who are participating in group supervision of supervision.

The attachment consists of a brief introduction and a link to an anonymous Qualtrics survey. This survey has IRB approval. Thank you so much for your help. If you have any questions, please do not hesitate to reach out. I sincerely thank you for your time and contribution to my research.

Sincerely,

Alyssa Fredricks, M.S./Ed.S.
Doctoral Candidate in Counseling Psychology
University of Denver
alyssafredricks@du.edu
561-843-3733

Maria T. Riva, Ph.D.
Training Director and Faculty
Counseling Psychology, University of Denver
Maria.riva@du.edu
303-871-2484
Appendix F

EXPERIENCES IN CLOSE RELATIONSHIPS-RELATIONSHIP STRUCTURE-GLOBAL

This questionnaire is designed to assess the way in which you mentally represent important people in your life. Please read each of the following statements and rate the extent to which you believe each statement best describes your feelings about close relationships in general. Using the 1 to 7 scale, after each statement write a number to indicate how much you agree or disagree with the statement.

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<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>strongly agree</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>It helps to turn to people in times of need.</td>
</tr>
<tr>
<td>2</td>
<td>I usually discuss my problems and concerns with others</td>
</tr>
<tr>
<td>3</td>
<td>I talk things over with people.</td>
</tr>
<tr>
<td>4</td>
<td>I find it easy to depend on others.</td>
</tr>
<tr>
<td>5</td>
<td>I don’t feel comfortable opening up to others.</td>
</tr>
<tr>
<td>6</td>
<td>I prefer not to show others how I feel deep down.</td>
</tr>
<tr>
<td>7</td>
<td>I often worry that other people do not really care for me.</td>
</tr>
<tr>
<td>8</td>
<td>I’m afraid that other people may abandon me.</td>
</tr>
<tr>
<td>9</td>
<td>I worry that others don’t care about me as much as I care about them.</td>
</tr>
</tbody>
</table>
Appendix G

EXPERIENCES IN CLOSE RELATIONSHIPS-RELATIONSHIP STRUCTURES-SUPERVISOR

Please answer the following questions about your current supervisor for supervision of supervision. Using the 1 to 7 scale, after each statement write a number to indicate how much you agree or disagree with the statement.

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</table>

*strongly disagree*  *strongly agree*

1. It helps to turn to my supervisor in times of need.
2. I usually discuss my problems and concerns with my supervisor.
3. I talk things over with my supervisor.
4. I find it easy to depend on my supervisor.
5. I don’t feel comfortable opening up to this person.
6. I prefer not to show my supervisor how I feel deep down.
7. I often worry that my supervisor doesn’t really care for me.
8. I’m afraid my supervisor might abandon me.
9. I worry that my supervisor doesn’t care about me as much as I care about him or her.
Appendix H

GROUP CLIMATE QUESTIONNAIRE

- Please answer the following questions about your current experiences during group supervision of supervision.
- Read each statement carefully and as you answer the question think of the group as a whole.
- For each statement fill in the box under the MOST APPROPRIATE heading that describes the group during the most recent session.
- Please mark only ONE box for each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all (1)</th>
<th>A Little Bit (2)</th>
<th>Somewhat (3)</th>
<th>Moderately (4)</th>
<th>Quite a Bit (5)</th>
<th>A Great Deal (6)</th>
<th>Extremely (6)</th>
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<tbody>
<tr>
<td>1. The members liked and cared about each other</td>
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<td>2. The members tried to understand why they do the things they do, tried to reason it out…</td>
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<td>3. The members avoided looking at important issues going on between themselves…</td>
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<td>4. The members felt what was happening was important and there was a sense of participation</td>
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<td>5. The members depended upon the group leader(s) for direction…</td>
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<td>6. There was friction and anger between the members…</td>
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<td>7. The members were distant and withdrawn from each other…</td>
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<td>8. The members challenged and confronted each other in their efforts to sort things out…</td>
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<td>9. The members appeared to do things the way they thought would be acceptable to the group</td>
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<td>10. The members rejected and distrusted each other</td>
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<td>11. The members revealed sensitive personal information or feelings…</td>
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<td>12. The members appeared tense and anxious…</td>
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Appendix 1

THE WORKING ALLIANCE INVENTORY-SHORT FORM

The following statements describe some of the ways a person may feel about his/her supervisor.

As you read the sentences, mentally insert the name of your CURRENT supervisor for group supervision of supervision in place of __________ in the text.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
<th>Always</th>
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<tbody>
<tr>
<td>1. My supervisor and I agree about the things I need to do in supervision.</td>
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<td>2. What I am doing in group supervision of supervision gives me a new way of looking at myself as a supervisor</td>
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<td>3. I believe my supervisor likes me.</td>
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<td>4. My supervisor does not understand what I want to accomplish in supervision.</td>
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<td>5. I am confident in my supervisor’s ability to supervise me.</td>
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<td>6. My supervisor and I are working upon mutually agreed upon goals.</td>
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<td>7. I feel that my supervisor appreciates me.</td>
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<td>8. We agree on what is important for me to work on.</td>
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<td>9. My supervisor and I trust one another.</td>
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<td>10. My supervisor and I have different ideas on what I need to work on.</td>
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<td>11. We have established a good understanding of the things I need to work on.</td>
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<td>12. I believe the way we are working with my issues is correct.</td>
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