Attachment Processes in the Supervisory Relationship: An Exploratory Investigation

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How do relational characteristics of clinical trainees and supervisors influence the supervisory relationship? Following suggestions that attachment theory might shed light on this question, the authors asked doctoral-level psychology interns (N = 87) to complete an online survey about attachment processes and supervision experiences. Findings indicated that perceived supervisor attachment style was significantly associated with supervision task and bond. Regardless of their own attachment style, participants reporting secure supervisors rated the supervisory bond higher than participants reporting insecure supervisors. Results of path analyses suggested that parental indifference, compulsive self-reliance, and perceived supervisor attachment style may be particularly important in shaping the supervisory alliance. Implications for training and supervision are discussed.

Keywords: attachment, supervision, working alliance, supervisory relationship

Clinical supervisors are responsible for the education, guidance, and encouragement of the trainees they supervise (Ramos-Sanchez et al., 2002). Because supervisory relationships during training shape the emerging professional identities of aspiring psychologists, they may be the most formative relationships of our professional lives. Consequently, it is critical for supervision to provide positive learning experiences. Yet, regardless of similarities between supervisors and their trainees in theoretical orientation, personality, or relational style, sometimes a positive supervisory working alliance between trainees and their supervisors can remain elusive. It is paradoxical that, at other times, in spite of seemingly important individual differences between supervisor and supervisee, the supervisory dyad develops into an exceptionally positive relationship. Very little empirical research has explored the impact of individual and interpersonal factors on the supervisory alliance, possibly because of the lack of a suitable theoretical framework. Experts, however, have suggested that attachment theory may provide a suitable theoretical foundation from which to conceptualize the supervisory relationship (Pistole & Watkins, 1995; Watkins, 1995). This project was guided by the key question, In what ways do attachment processes influence supervisees’ perceptions of the working alliance?

Bordin (1983) argued that the quality of the working alliance was far more vital to positive trainee outcomes than the particular supervision model or approach. Bordin theorized that the relationship between trainees and their supervisors could best be described as a type of attachment bond based on a foundation of mutual trust, which facilitates agreement and understanding of the supervision tasks and goals. Consequently, the attachment processes activated in the supervisory relationship may play a crucial role in determining the effectiveness of the supervisory relationship (Epps, 1999), Horvath and Greenberg (1986) refined Bordin’s conceptualization of the working alliance and provided the following operational definitions: (a) Supervisory tasks are the behaviors within session perceived by both members as relevant and efficacious, and for which each member accepts responsibility; (b) the supervisory bond involves “issues of mutual trust, acceptance and confidence” (p. 224); and (c) supervisory goals are the outcomes mutually agreed upon by supervisor and supervisee as the targets of intervention.

Bordin (1983) further proposed that there was a correlation between the quality of the supervisory alliance and supervisee development. Subsequently, much of the supervision literature focused on formulating developmental models to explicate the underlying processes of both supervisee and supervisor development (Hess, 1987; Stoltenberg & Delworth, 1987; Watkins, 1990). By comparison, relatively little attention was paid to the interpersonal characteristics of clinical trainees and supervisors. However, Borders (1989) suggested that the supervisory alliance was influenced by supervisee characteristics, such as interpersonal maturity, clinical experience level, and relational style. As a result, when tailoring supervision to the needs of individual trainees, an understanding of individual differences across supervisees may be far more informative in the prediction of a positive supervisory working alliance than the generic descriptions provided by developmental stage models (Borders, 1989).

To elucidate individual factors that contribute to the supervisory experience, later researchers examined variables such as gender (Lichtenberg & Goodyear, 2000; Twohey & Volker, 1993), identity issues (Ellis & Douce, 1994), and trainee and supervisor emotional well-being (White & Queener, 2003). In a recent national survey, doctoral-level psychology interns reported that negative events in supervision deleteriously impacted their training experience.
and supervisee–client relationships (Ramos-Sanchez et al., 2002). Qualitative analyses indicated that the majority of negative experiences reported by participants involved interpersonal stylistic differences between supervisees and supervisors. The current study extends Ramos-Sanchez et al.’s research to a quantitative analysis of individual differences in interpersonal characteristics, conceptualized here as attachment style, in relation to the supervisory alliance.

Attachment Theory

Bowlby (1979) defined attachment behavior as any action that seeks to attain proximity to a preferred individual, who is considered stronger and more capable of coping with the world. Through early attachment experiences with caregivers, the individual develops internal working models, or a set of beliefs about the extent to which the individual is lovable and others are trustworthy (Neswald-NcCalip, 2001). Although attachment-based working models of self and others are subject to revision over time, they continue to be salient throughout life, particularly in times of stress or emergency, and they are often generalized to other attachment figures in new relational contexts (Bowlby, 1988). On the basis of the idea that individuals seek security and comfort in attachment relationships (Ainsworth, 1989), the principles of attachment theory have been expanded beyond the infant–caregiver bond to adult romantic relationships (Hazan & Shaver, 1987; see Feeney, 1999, for a review), therapist–client relationships (Dolan, Arnkoff, & Glass, 1993; Dozier, Cue, & Barnett, 1994; Farber, Lippert, & Nevas, 1995; Ligiero & Gelso, 2002), and supervisory relationships (Neswald-McCalip, 2001; Pistole & Watkins, 1995; White & Queener, 2003).

Bartholomew (1990) conceptualized adult attachment style as an interaction between positive or negative internal working models of self and other. Working models of self combine with working models of other to define four adult attachment styles: (a) Secure adults have positive self and other models, so the self is seen as worthy of love and others are seen as trustworthy and available; (b) dismissing-avoidant adults have a positive model of self, but they have a negative model of others so that they view others as unavailable or rejecting; (c) preoccupied adults have a negative model of self and view themselves as unlovable and unworthy, but they have a positive model of others; and (d) fearful-avoidant adults have a negative model of both self and others. The latter three insecure styles have been linked to a variety of negative outcomes, including maladaptive coping strategies and behaviors, and a deep mistrust and fear of depending on others. In contrast, compulsive caregiving is reflected in a pattern of exclusively taking on caregiving roles and prioritizing others’ needs while simultaneously being unable or unwilling to receive care. Compulsive care seeking involves a pattern of overactive seeking and undue reliance on attachment figures for care and assistance. In addition, angry withdrawal was identified as a pattern of negative reactions (e.g., anger, withdrawal) that surface when the attachment figure is perceived as unavailable or unresponsive. The scant literature available indicates that high levels of pathological attachment are associated with insecure adult attachment style (Lapsley, Varshney, & Aalsma, 2000), as well as adjustment problems and psychopathology (Field & Sundin, 2001; Ward, Ramsey, Turnbull, Benedettini, & Treasure, 2000).

Attachment Processes and Clinical Supervision

Pistole and Watkins (1995) argued that attachment theory is useful for conceptualizing counseling and supervision processes because the theory is based on the principle that emotionally significant relationships play a crucial role in human development. Because the purpose of supervision is to facilitate the growth and development of clinical trainees, the supervisory relationship can incorporate important elements of other significant relationships and therefore elicit attachment responses (Pistole & Watkins, 1995), especially when involving issues around autonomy, authority, and individuation (Watkins, 1995). Similar to the role of the clinician in the therapeutic alliance, supervisors ideally function as a secure base from which supervisees can freely explore and develop their professional identities as therapists, knowing that a dependable and reliable supervisor or attachment figure will be available to support them (Pistole & Watkins, 1995).

Yet, even when the supervisor provides safe and reliable support, insecure attachment processes may surface in various forms during the supervision process (Pistole & Watkins, 1995). For example, compulsively self-reliant supervisees may seem aloof and have difficulty asking for or accepting supervisory assistance, perhaps even challenging the supervisor’s authority but feeling wronged by perceived criticism. Because attachment processes are so fundamental and mostly unconscious, a close examination of the supervisory relationship may uncover pathological attachment patterns that are adversely affecting the working alliance. According to Watkins (1995), when clinical supervisors begin questioning their own professional judgment, agonizing over a lack of supervisory progress, or experiencing strong negative emotions, insecure attachment may be present in the supervisory relationship.

Although few studies have examined the role of attachment processes in clinical supervision and none have explored the potential influence of childhood attachment experiences or pathological attachment behaviors on supervisory processes, research is beginning to emerge in support of the usefulness of attachment theory in conceptualizing the working alliance. Several studies have found that securely attached supervisees reported higher levels of rapport and satisfaction, as well as better bonds with supervisors than insecure supervisees (Epps, 1999; Kim, 1998). Kim (1998) also indicated that secure attachment among trainees was associated with perceptions of supervisors’ interpersonal style. Other research suggests that supervisor characteristics may be more important than supervisee characteristics in determining the quality of the supervisory relationship. For example, White and Queener (2003) reported that supervisors’ ability to make healthy adult attachments was more predictive of the quality of the supervisory alliance than the same characteristics among supervisees. Similarly, Summerel and Borders (1996) found that the strength of
the supervisory alliance was more highly correlated with the interactional style of supervisors than with individual supervisee characteristics.

In summary, although empirical evidence is slowly emerging to support the notion that the attachment system actively contributes to the quality of supervision, many questions remain in regard to the contribution of various attachment processes to different aspects of the supervisory working alliance. We were interested in several different attachment constructs that theoretically are likely to influence the supervisory working alliance, including parent–child attachment experiences, pathological attachment behaviors, and adult attachment style. On the basis of the assumption that early childhood attachment experiences continue to affect relational behavior throughout the life span, particularly in relationships that in many ways mirror the hierarchical organization of the parent–child relationship, we hypothesized that memories of greater parental indifference and overcontrol would be related to more negative ratings of the working alliance. We predicted similar associations for supervisee pathological attachment behavior and the supervisory alliance. Next, we tested two predictions related to supervisor and supervisee adult attachment styles: (a) We expected that relative to insecure styles, secure attachment among both supervisors and supervisees would be associated with higher ratings of the working alliance, especially for supervisory bond; and (b) we expected that working alliance ratings for supervisory dyads with secure supervisors and supervisees would be higher than ratings for supervisory dyads composed of at least one (or both) insecure member. After these preliminary analyses, we explored a path model linking the various attachment processes to the three components of the working alliance.

National Study on Attachment in Supervision

Two hundred internship sites from all 50 states were randomly selected from the 2003 Association of Psychology Postdoctoral and Internship Centers (APPIC) Directory (Simoneau & Le, 2003). The internship directors of these sites were contacted and asked to forward an invitation to participate in the study to their current interns. The invitation included a description of the study and the online web address for the survey. Sixty-one directors complied with our request to inform us of the number of interns who were sent the recruitment letter (30% response rate for directors), indicating a total of 173 interns received the invitation to participate. Approximately 1 month after the original message, the directors were sent a second e-mail asking them to remind their interns of the 2-month deadline for participation. Although 87 interns completed the online survey, yielding a 50% response rate, one case was excluded because of missing data, leaving a final sample of 86 participants.

Participants

The sample consisted of 66 women (77%) and 20 men (23%), who ranged in age from 25 to 54 (M = 32.6) and were predominantly of Caucasian (78.2%) descent. Of the remaining participants, 9.2% were of Asian American/Pacific Islander descent, 3.4% were of Hispanic/Latino American descent, 1.1% were of African American descent, and 4.6% were either biracial or of another ethnicity. Approximately 45% of the respondents were completing PhDs in clinical psychology, 17.2% were completing PhDs in counseling psychology, 2.3% were completing PhDs in school psychology, and 33.3% were completing PsyDs in clinical psychology. Training sites identified by participants included the following: Veterans’ Affairs (VA) Hospital (30%), counseling center (13.8%), Armed Forces medical center (10.3%), medical school (10.3%), state or county hospital (9.2%), consortium (8.0%), federal prison (4.6%), community mental health center (4.6%), and 8% other. Fifty-four percent of the sample indicated that they were married, 27.6% were dating someone exclusively, 3.4% were dating someone casually, and 13.8% were not presently involved in a romantic relationship.

Relative to APPIC survey data for the 2005–2006 match, the sample appeared to be a fair representation of doctoral-level psychology interns in terms of sex, mean age, and degree sought. However, Hispanic/Latino and African American races were somewhat underrepresented in our sample compared with APPIC reports of 7% and 6%, respectively. In addition, according to the 2003–2004 APPIC directory of all internship programs, VA hos-
pitals and Armed Forces medical centers were substantially over-represented (APPIC = 12.2% and 1.7% respectively), and both community and university counseling centers were under-represented (APPIC = 12.9% and 19.2%, respectively).

**Limitations**

This study should be considered in light of several limitations stemming from design decisions considered appropriate for our research aims. It is most important to note that supervisors were not included in the study, therefore the following results pertain only to the supervisees’ ratings of the supervisory alliance and their perceptions of supervisor attachment style based on previous interactions with the supervisor. Although these ratings may be subject to personal bias, as are all self-reports, we were interested specifically in how supervisees experience the supervisory alliance. Drawing on couple research that suggests that relationship functioning may be more strongly related to spouses’ perceptions of partners’ attachment patterns rather than accuracy or similarity to partner self-ratings of attachment style (Cobb, Davila, & Bradbury, 2001; Murray, Holmes, & Griffin, 1996), we reasoned that supervisees’ perceptions of supervisor attachment style are integral to their supervisory experience, irrespective of how supervisors would rate themselves. In addition, because we followed earlier recommendations to investigate attachment processes at advanced levels of training (Epps, 1999), these findings may not be generalizable to trainees with less clinical and supervision experience. Finally, although latent variable path analysis was the appropriate statistical method to test our research question because it is exploratory and designed to develop a predictive model, the partial least squares estimation procedure (PLS) makes no measurement, distributional, or sample size assumptions. Consequently, like the correlational findings, these results cannot be interpreted to suggest causality.

**Findings**

**Preliminary Analyses**

Prior to testing the path model, preliminary analyses were conducted to provide descriptive statistics (see Table 1), explore interrelations among attachment constructs, and test direct associations between attachment processes and the supervisory alliance. Consistent with previous research that used nonclinical samples (e.g., Brennan, Clark, & Shaver, 1998; Brennan & Shaver, 1998), over half (59.9%) of the respondents identified themselves as secure, with the remaining respondents identifying themselves as fearful (18.4%), dismissing (9.2%), or preoccupied (5.7%), and 6 participants did not self-identify a predominant adult attachment style. In terms of participant perceptions of supervisor attachment style, most identified their supervisors as secure (50.6%), with the remaining participants identifying their supervisors as fearful (12.6%), dismissing (19.5%), or preoccupied (12.6%), and 4 participants did not indicate supervisor attachment style. Participant adult attachment style was not associated with participant gender, ethnicity, age, or sexual orientation.

Contrary to the first two hypotheses, results of Pearson correlations for the three supervisory alliance scales and both parent–child and pathological attachment scales were nonsignificant. We then tested the third hypothesis by using a series of multivariate analyses of variance (MANOVAs) to assess the relationship of the supervisory working alliance (goal, task, bond) to participant attachment style, supervisor attachment style, and the dyadic configuration of the supervisory alliance. Although results of the overall MANOVA that examined participant attachment style and the supervisory alliance were significant, Wilks’s lambda $F(9, 182) = 2.30, p < .02$, follow-up univariate tests were nonsignificant. Results of the second MANOVA indicated that perceived supervisor attachment style was also significantly related to the supervisory alliance, Wilks’s lambda $F(9, 187) = 3.21, p < .001$. Follow-up analyses of variance (ANOVA) showed significant associations between perceived supervisor attachment style and supervision task, $F(3, 79) = 4.29, p < .007$; and bond, $F(3, 79) = 5.32, p < .002$; but not supervision goal, $F(3, 79) = 1.02, p < .39$. These findings indicate that participants who perceived their supervisors to have a secure attachment style rated the supervisory task and bond significantly higher than participants who perceived their supervisors to be preoccupied or dismissing in attachment style. Finally, we conducted a MANOVA comparing secure–secure supervisory dyads ($n = 31$), insecure–insecure dyads ($n = 17$), and two types of mixed dyads composed of either secure

<table>
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<tr>
<th>Subscale</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MOPS Parental Indifference</td>
<td></td>
<td>.46***</td>
<td></td>
<td>.12</td>
<td>-.40***</td>
<td>-.30**</td>
<td>-.02</td>
<td>-.10</td>
<td>-.11</td>
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<tr>
<td>2. MOPS Parental Overcontrol</td>
<td>-.18</td>
<td></td>
<td>.24*</td>
<td>-.25*</td>
<td>.02</td>
<td>-.04</td>
<td>-.06</td>
<td>-.07</td>
<td></td>
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<tr>
<td>3. RAQ Angry Withdrawal</td>
<td></td>
<td>-.02</td>
<td>.45***</td>
<td>-.36***</td>
<td>-.03</td>
<td>.05</td>
<td>.10</td>
<td></td>
<td></td>
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<tr>
<td>4. RAQ Compulsive Caregiving</td>
<td></td>
<td>-.22*</td>
<td>.10</td>
<td>.07</td>
<td>.02</td>
<td>.07</td>
<td></td>
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<tr>
<td>5. RAQ Compulsive Self-Reliance</td>
<td>-.28**</td>
<td>-.16</td>
<td>-.04</td>
<td>.06</td>
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<tr>
<td>6. RAQ Compulsive Care Seeking</td>
<td></td>
<td>-.08</td>
<td>.02</td>
<td>-.05</td>
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<td>7. WAI Goal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.84***</td>
<td>.76***</td>
<td></td>
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<tr>
<td>8. WAI Task</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.81***</td>
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<tr>
<td>9. WAI Bond</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td>.90</td>
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$M = 6.53, SD = 11.99, 29.06, 20.77, 29.14, 29.67, 44.13, 48.29, 60.90$.

$SD = 6.95, 5.48, 4.52, 2.18, 3.82, 3.46, 6.02, 6.29, 10.74$.

Note. $N = 86$.

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

Table 1

Means, Standard Deviations, and Correlations for Memory of Parental Styles (MOPS), Reciprocal Attachment Questionnaire (RAQ), and Working Alliance Inventory (WAI) Subscales
participants and insecure supervisors \((n = 18)\) or insecure participants and secure supervisors \((n = 12)\). Results showed that dyadic composition was significantly associated with the supervisory alliance, Wilks’s lambda \(F(9, 175) = 3.82, p < .001\). Subsequent ANOVAs indicated that secure–secure dyads had significantly higher scores on supervision task than dyads composed of a secure participant and insecure supervisor, \(F(3, 77) = 3.29, p < .02\). Similarly, secure–secure dyads and dyads composed of an insecure participant and secure supervisor had significantly higher scores on supervisory bond than dyads with a secure participant and insecure supervisor, \(F(3, 77) = 5.33, p < .002\).

**Path Analysis**

The latent variable path analysis with partial least squares estimation procedure (Lohmöller, 1989) allows the examination of hypothesized relationships between theoretical constructs free from the restrictions of measurement and distributional assumptions (Chin, 1998) and is ideally suited for use on small samples with multiple measures (Chin & Newsted, 1998; Cowan, Cohn, Cowan, & Pearson, 1996). An initial model was hypothesized based on the theoretical and empirical literature (see Figure 1). On the basis of the results of analyses using the initial model, several more theoretically sound models were subsequently tested. Bootstrapping procedures were run to establish a more stable path coefficient than the initial analysis. Figure 2 presents the final optimal model, which was trimmed to include only those manifest variables loading most heavily on the endogenous latent variable constructs. All pathways met statistical significance at the .05 level (see Table 2). Results indicated that parental indifference predicted compulsive self-reliance (pathway \(pw = .564\)), which then predicted supervisee perceptions of supervisor attachment style \(pw = .326\). In turn, perceptions of supervisor attachment style predicted the evaluation of supervision tasks \((pw = -.355)\), which then predicted ratings of the supervisory bond \((pw = .874)\) and goals \((pw = .945)\). The third model evidences a larger effect size than the second model at \(f^2 = .749\). The \(F\) test for the overall goodness of fit, \(F(5, 80) = 59.97, p < .0001\), indicated that the model is a very good fit.

**Implications**

Current findings support the theoretical and empirical literature (Epps, 1999; Kim, 1998; Neswald-McCalip, 2001; Pistole & Watkins, 1995; Watkins, 1995; White & Queener, 2003), extend our understanding of attachment processes at work in the supervisory working alliance, and provide empirical evidence that attachment constructs representing diverse levels of experience in childhood and adulthood are relevant to clinical supervision even at advanced stages of training and clinical experience. Specifically, the final path model suggests that a childhood history characterized by parental indifference may contribute to the development of compulsively self-reliant attachment behavior, which influences perceptions of supervisor attachment styles, which, in turn, first affect the supervisory task then the supervisory bond and goal. This model presents an empirically supported conceptual representation of one developmental chain that contributes to supervisee experiences in the supervisory alliance. The following discussion considers the implications of findings for clinical training and supervision.

**Supervisee Attachment Processes**

Although the multivariate test was significant, self-reported supervisee attachment style was not significantly related to any of the supervisory alliance scales in follow-up univariate analyses. Because MANOVA takes into account correlations among variables and considers differences on all variables jointly whereas univariate tests do not (Stevens, 1996), this finding suggests that multivariate significance may involve some linear combination of the three supervisory variables that does not emerge when each scale is examined separately. That is, it appears that supervisee attachment style is not directly associated with a specific aspect of supervision, but rather is associated with an overall view of the

![Figure 1](image_url). Initial hypothesized path model. INDIFF = parental indifference; ADULT A = adult attachment; SELFRELI = compulsive self-reliance; CAREGIVE = compulsive caregiving; CARESEEK = compulsive care seeking; SUPATT = supervisor attachment style.
supervisory process that integrates task, goal, and bond, representing the “big picture,” so to speak. An informal examination of scale means in search of patterns showed that the dismissing group had the lowest mean ratings for all three supervisory alliance scales; they reported less effective in-session task-related behaviors, low consensus regarding supervision goal, and an inferior bond with their supervisor. Consistent with theoretical expectations for dismissing adults to minimize the importance of relationships, viewing themselves as “perfect” and others as unworthy (Bartholomew, 1990; Bowlby, 1973), this pattern suggests that dismissing supervisees may devalue the supervisory alliance, possibly considering themselves “above” supervision and acting independently without regard to supervisory guidance. Supervisors may initially be pleased with this independence, but they should be cautious in allowing too much autonomy and may wish to check in regularly to ascertain whether their suggestions for intervention have been followed. Special efforts to strengthen the supervisory relationship and sensitively challenge noncompliance may be necessary to avoid defensiveness and promote a good working alliance with dismissing supervisees.

Despite the lack of direct linear correlations between the supervisory alliance and parent–child attachment experiences or pathological attachment behavior in adulthood, results of path analyses indicated that these two attachment constructs contribute indirectly to the quality of the supervisory alliance through their association with perceptions of supervisor attachment styles. The final model represents a logical developmental trajectory, in which early experiences are further removed from outcomes and thus have a more indirect impact. Specifically, current findings support theoretical assumptions (Bowlby, 1977; West & Sheldon-Keller, 1994) that early parental indifference and/or rejection play critical roles in promoting compulsively self-reliant behavior, which in turn may have the greatest impact of the four pathological attachment styles on the supervisory relationships of advanced trainees. Consistent with theoretical descriptions (Watkins, 1995) and the pattern found here for dismissing individuals, who are more likely to demonstrate compulsive self-reliance (West & Sheldon-Keller, 1994), compulsively self-reliant supervisees may experience discomfort with evaluation and alleviate this discomfort by devaluing the quality of supervision they are receiving. Compulsive self-reliance may most directly challenge the ability to remain open to supervisor feedback, particularly in the internship context when some degree of distance and refusal of help may be developmentally appropriate. However, because self-reliance is an adaptive and valued quality in most graduate programs, even in the early training period pathological forms may be less readily perceptible to supervisors and training directors until it overtly intrudes in the supervision process. Given childhood experiences with parental indifference and/or rejection, supervisors should try to avoid repeating these interaction patterns in supervision. Direct criticism can be eschewed in favor of constructive feedback, and a balance can be sought between the consistent demonstration of empathic, but not intrusive, guidance and encouragement of autonomy.

Table 2
Path Coefficients, Standard Deviations, and Confidence Intervals (CIs) for Variables That Predict Supervisory Task, Bond, and Goal in Final Model

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Path coefficient</th>
<th>SD</th>
<th>95% CI</th>
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<tbody>
<tr>
<td>Self-reliance to task</td>
<td>.326</td>
<td>.105</td>
<td>.116, .536</td>
</tr>
<tr>
<td>Task to bond</td>
<td>.876</td>
<td>.034</td>
<td>.808, .944</td>
</tr>
<tr>
<td>Task to goal</td>
<td>.945</td>
<td>.011</td>
<td>.923, .967</td>
</tr>
<tr>
<td>Task to supervisor attachment</td>
<td>-.372</td>
<td>.093</td>
<td>-.516, -.230</td>
</tr>
<tr>
<td>Parent attachment to self-reliance</td>
<td>-.564</td>
<td>.070</td>
<td>-.424, -.704</td>
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Note. All pathways met statistical significance at the .05 level. (N = 86).
Perceived Supervisor Attachment Style

Like other research (White & Queener, 2003), results of this study highlighted the role of the supervisor in setting the tone of the supervisory working alliance. Supervisees who saw their supervisors as securely attached tended to evaluate the supervisory task and bond more positively than supervisees who saw their supervisors as preoccupied or dismissing. Similarly, results showed that secure-secure dyads had higher task ratings than mixed dyads composed of secure supervisees and insecure supervisors. Ratings by secure supervisees represented the polar extremes of the quality of the supervisory alliance, suggesting that secure individuals may be more attuned to interpersonal behaviors and thus more likely to notice and respond to the attachment styles of others. It is important to note that insecure participants who reported secure supervisors rated the supervisory task only slightly lower than their secure counterparts. Additionally, regardless of their own attachment style, supervisees who perceived their supervisors to be secure rated the supervisory bond more positively than supervisees who perceived their supervisors to be insecure. Taken together, these findings support previous couple research (Cobb et al., 2001; Murray et al., 1996) in suggesting that positive perceptions of attachment partners increase satisfaction and functioning within close relationships.

Results of the path analysis also indicated that perception of supervisor attachment style predicted supervisee ratings of task-related behaviors in supervision, and indirectly, the supervisory bond and goal. Consistent with our preliminary analyses and other research using supervisor self-ratings of attachment (Summerel & Borders, 1996; White & Queener, 2003), the final model indicated that rather than supervisees’ self-rated adult attachment styles, the perception of supervisor attachment style had the most direct impact on the supervisory alliance. From a theoretical and applied standpoint, this is an important point that should not be overlooked because previous theorists have focused on the role of supervisee attachment behavior (e.g., Watkins, 1995). On the contrary, like the parent–child attachment relationship, the supervisory relationship is inherently a hierarchical one. Therefore, by virtue of greater power and knowledge, the bulk of responsibility for the quality of the supervisory alliance lies with the supervisor, not the supervisee. Securely attached supervisors should be able to provide a secure base, whereas insecurely attached supervisors may experience difficulties managing the supervision process if they are unaware of their interpersonal styles and fail to take steps to counteract them. For example, dismissing supervisors may be perceived as unavailable and ignore or minimize supervisees’ bids for assistance, whereas preoccupied supervisors may seem overly controlling/intrusive or conversely highly anxious, possibly violating boundaries in inappropriate role reversals. Fearful supervisors may appear disordered and vulnerable or unpredictable, fluctuating between ignoring and overcontrolling behaviors.

Supervisory Task, Bond, and Goal

Contrary to the hypothesis that attachment constructs would most strongly and directly predict the quality of the supervisory bond, in-session tasks acted as an intermediate link between attachment processes and ratings of the supervisory bond and goals. Attachment processes may be more directly related to the supervisory bond among less advanced trainees, who presumably require more nurturance and interpersonal support than the clinical interns in this sample. Alternatively, supervisors’ in-session task-related behavior may be analogous to parental caregiving behavior, which is assumed to mediate the link between parents’ internal working models of attachment and attachment bond with their infants (see van IJzendoorn, 1995, for review). Supervisor caregiving behaviors may set the tone of the working alliance by establishing expectations for supervisors to respond sensitively to supervisee cues or conversely display inconsistency/role-reversal or rejection/neglect. For example, if supervisors are disorganized or inattentive during session, a view of supervisors as untrustworthy or incompetent could develop and adversely affect the supervisory bond. These findings underscore the need for supervisors to attend to specific aspects of how time in supervision is spent (e.g., videotape review, clients discussed, clarity of expectations and responsibilities, agreement and adherence to an agenda). Appropriate allocation of supervision time and activities can provide clarity of purpose within and across sessions that may improve supervisees’ perceptions of supervision as both structured and useful, thus contributing to a strong supervisory bond and consensus regarding goals.

Conclusion

The current study shed some light on the role of attachment processes in clinical supervision and is the first study to examine the associations of early attachment experiences and pathological attachment behavior to the quality of the supervisory alliance. Path analyses generated a model that showed a predictable developmental progression of different attachment processes leading to the supervisory alliance. Of particular significance, findings emphasize the importance of perceived supervisor attachment style in the supervisory process. Future theory and research that examines supervisor qualities that contribute to the ability to create an effective working alliance may increase our understanding of the supervision process and improve training. Including clinicians at all levels of training with their respective supervisors may provide a more comprehensive picture of the role of attachment processes in the context of clinical supervision.

Finally, current results accentuate the critical importance of formal graduate course work in the provision of clinical supervision, which is still not required in many graduate clinical and counseling programs. Formal supervision course work educating trainees in regard to the potential impact of personal qualities like attachment style on their supervision skills will improve clinical training. In addition, from the perspective of attachment theory, supervision that directly considers the impact of trainees’ and supervisors’ interpersonal styles in therapy and/or supervision, and also encourages self-exploration or personal psychotherapy, may uncover maladaptive attachment strategies and promote opportunities for individuals to override an insecure attachment style in the service of effectively treating clients and supervising future trainees.

References


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