ATTACHMENT, SUPERVISORY STYLE AND CAREGIVING IN CLINICAL SUPERVISORS

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ATTACHMENT, SUPERVISORY STYLE AND CAREGIVING IN CLINICAL SUPERVISORS

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ABSTRACT

Clinical supervision is a key component of the training of psychologists and monitoring of services delivered by novice therapists in training settings. Within supervision, both supervisee development and client progress are monitored by the supervisor in order to advance the skills of the supervisee as well as to ensure competency of service delivery and protect clients. Given the importance of this endeavor to the advancement of clinicians and to the protection of clients, more research is warranted to understand the supervisor contributions to the supervisory process. There is consensus in the field that clinical supervision is an understudied phenomenon within psychological research and publications. Much of the extant previous research on clinical supervision has pointed to the crucial role of quality of supervisory relationship in contributing to both process and outcome of supervision. Because much of the previous work has been limited to examining supervisee variables and perceptions of this phenomenon, this project examined individual differences of supervisors as they impact patterns of behaviors in supervision. Using Attachment Theory as a foundation, this study investigated the relationships among supervisors’ attachment dynamics, supervisory style, and caregiving style in a sample of 123 clinical supervisors. Based on Attachment Theory and previous research, it was expected that supervisors’ attachment dynamics would explain variance in supervisory style and caregiving style in supervision. Contrary
to expectations, using hierarchical multiple regression, attachment dynamics were not found to explain variance in supervisory style or in caregiving style after accounting for theoretical orientation and other related variables. Supervisory style, however, was found to share a significant amount of variance (14 – 37% variance explained) with caregiving style. Results of this research are discussed with regard to how they can inform training, practice, and future research within supervision.
DEDICATION

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CHAPTER I
INTRODUCTION

This study examined supervisor individual difference variables within the context of the supervisory situation. Specifically, this study examined the relationships between supervisory style (i.e., task-oriented, attractive, interpersonally sensitive; Friedlander & Ward, 1984), attachment style (i.e., anxious, avoidant; Brennan, Clark, & Shaver, 1998), and supervisory caregiving style (i.e., proximity vs. distance, sensitivity vs. insensitivity, cooperation vs. control, compulsive caregiving; Kunce & Shaver, 1994) in a sample of clinical supervisors.

The first section of this chapter presents a rationale for the importance of studying supervisor variables as they may impact the process of supervision. In the second section, I will present a rationale for the use of Attachment Theory to frame this exploration. Finally, I will present the problem and explain the purpose of this proposed study.

Statement of the Problem

The study of supervision has been a relatively recent development within the field of counseling psychology, despite the fact that the practice of supervision has been going on since soon after the inception of psychotherapy. Bernard and Goodyear (2004) traced the beginning of psychotherapy supervision to Freud, and Freud himself reported that
supervision began in 1902 (Freud, 1986, as cited in Bernard & Goodyear). The long history of the practice of supervision, however, is not reflected in a similarly long and rich history of supervision research. The last two decades have seen the bulk of the research on supervision (Ladany & Inman, 2008). Ladany and Inman further noted that empirical articles in supervision have occurred at a rate of approximately 10 published articles per year between the 3rd and 4th editions of the *Handbook of Counseling Psychology*, spanning the years between 2000 and 2008. The authors forward several possible factors contributing to the slow rate of scholarship in this area: research in this area is difficult and complex and very few researchers are conducting programmatic research in this area. Whatever the reason for the relative paucity of published studies on supervision, this reflects a disparity given the importance of supervision to guarding the integrity of the field. Supervision is responsible for the development of new professionals entering the field and is the mechanism for ensuring that novice professionals are providing competent services to the public.

In order for clinical supervision to be most effective in achieving its aforementioned goals, the endeavor needs to be informed by theory and supported by empirical evidence. In 2005, the APA adopted a policy statement on Evidence-Based Practice in Psychology (EBPP) that stated “EBPP is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA, 2006, p. 273). While clinical expertise and client contextual factors are important to informing practice, research is a key element necessary for competent practice in psychology, including in supervision. With the rate of supervision articles at only 10 per year (Ladany & Inman, 2008), there is cause to be concerned that the best
available research may not be sufficient to adequately inform competent evidence-based supervision practice.

While the rate of research in this area has been slower than research focused on the counseling context, both empirical and theoretical work in this area has been completed and has contributed to our understanding of the supervision context. In another recent review of supervision research, Inman and Ladany (2008) reported that there has been an increase in the rate of supervision research since the 1980s with a 60% increase in numbers of articles on supervision in the 1990s. They noted that there has been a slower, but still positive, trend in the 2000s reflected in an increase of only 4%. In their review, they emphasized that, historically, developmental models of clinical supervisees have received the bulk of the research attention. Less attention has been given to the development of supervisors and to factors that may impact their behavior in supervision (Inman & Ladany). Thus, it appears that while there is ample evidence of research attention to supervision, there seems to be growing consensus among scholars that there is a need for more, and for more rigorous, research to advance the practice of psychotherapy supervision (Ellis & Ladany, 1997; Ellis, Ladany, Krengel, & Schult, 1996; Watkins, 1998) specifically with regard to supervisor factors (Inman & Ladany; Neufeldt, Beutler, & Banchero, 1997).

As another example of this point, Watkins (1998) forwarded what he found to be the “pressing needs and impressing possibilities” for the future of psychotherapy supervision (p. 93). Among his ten key identified needs were recommendations addressing specific research-related issues such as development of valid and reliable supervision measures, the need for more rigor, the need for more outcome research, and
the need for more complex research (i.e., multi-method, longitudinal). Watkins also addressed the need for research examining moderating variables, both as they impact supervisee as well as supervisor factors, and the need for the field to address training in how to supervise. His recommendations underscore the theme that more research and attention to training for supervisors is needed in the area.

In their cross-discipline review of supervision research, Ladany and Inman (2008) grouped the existing research into conceptual categories. These categories included: the supervisory relationship, evaluation, multicultural issues, and conflicts in supervision. In the conclusion of their handbook chapter reviewing the state of affairs of supervision research, they stated that “the clearest statement we can make about counselor training and supervision is that we need to learn a great deal more” (p.350). Similar to Watkins (1998), they also identified 12 recommended areas where they believe future research in this area is needed. Their recommendations diverged from Watkins in that they focused more on the identification of specific research areas (i.e., parallel processes, supervisee sexual attraction to clients) rather than general research issues. Converging with Watkins, they identified the need for outcome research, the need for focus on factors that might moderate supervision processes (i.e., supervisor countertransference), and the need for training in supervision.

Multiple other reviews examining clinical supervision research and scholarship have appeared in the literature (Ellis et al., 1996). Many of these reviews have been criticized, however, for failing to take a systematic approach to examining the scientific rigor of the empirical work. Ellis and colleagues, in response to this weakness in the literature, reviewed the empirical studies published from 1981 to 1993 with a specific
focus on threats to validity. Their conclusions pointed to several consistent methodological problems in the extant supervision literature including unchecked Type I and II error rates and inattention to hypothesis validity (i.e., logical consistency between questions, hypotheses, and methods used). Based on their review, they offered specific recommendations for improving empirical studies in this area. Specifically, they recommended that researchers can improve the introduction sections of their research by explicating theory, defining constructs, and formulating unambiguous hypotheses. Methodologically, researchers were encouraged to address rival hypotheses, issues of statistical power, cohort effects, and use psychometrically sound measures. Additionally, randomization was discussed as an element to incorporate to the extent possible, even if experimental designs are not used. Given the lack of well-validated measures specific to supervision research, researchers were encouraged to both construct new measures as well as to adapt measures from the counseling setting for use in supervision. A follow-up to their 1996 review, Ellis and Ladany (1997) similarly concluded that much of the research on supervision was seriously limited by failures of sufficient methodological rigor, stating “readers should approach the empirical literature with skepticism” (p.496).

The previous reviews converge around the agreement that there is a need for more research in the area of psychotherapy supervision and for more rigorous standards in the execution of this work. These studies furthermore suggest directions for future work in this area, such as Watkins’ (1998) suggestion to examine moderators of the supervisory process. The extant research has focused primarily and almost exclusively on the supervisee and on factors that impact the supervisee’s development and perceptions of supervision (e.g., Ladany, Hill, Corbett, & Nutt, 1996; Riggs & Bretz, 2006).
for the most part from this body of research is a focus on what factors may impact supervisors and their behavior and effectiveness with supervisees. Given the previous recommendations for focus on supervisor training, considering that the dynamic of the supervisory situation inherently affords more power to the supervisor as the evaluator (Bernard & Goodyear, 2004), understanding what variables impact supervisor’s behavior is an important direction for future research.

Neufeldt and colleagues (1997) reviewed the research on supervisor variables as they relate to psychotherapy supervision. In their review, they separately discussed the research findings by breaking them up into four categories based on two intersecting dimensions which reflect the extent to which characteristics are external and observable (i.e., supervisor style) versus internal and inferred (i.e. emotional well-being) and cross-situational (i.e., age) versus supervision-specific (i.e., supervisory relationship). The four categories resulting from this intersection are objective cross-situational traits, subjective cross-situational traits, subjective supervision-specific states, and objective supervision-specific states. While research exists in each of these areas, the most researched area as reflected in number of studies is the objective supervision-specific states such as professional background, supervisor style, and behavior (Neufeldt et al.). As these authors point out, many fewer studies have examined the subjective characteristics of supervisors, such as emotional well-being and attitudes and values, as they impact the supervision context.

These authors furthermore classified the research into different phases such that earlier phase research is descriptive and naturalistic with the goal of generating hypotheses whereas later stage research has the goal of generating theory to inform
practice (Neufeldt et al., 1997). They concluded based on their critical review that much of the research existing on supervisor variables across the four categories has been earlier phase research and that future work needs to be done to test hypotheses and generate theory to inform practice. In sum, this review suggested that research needs to move beyond generating hypotheses and that there are specific areas that have been neglected more than others in the research, such as subjective characteristics of supervisors and how they impact the supervisory process.

To conclude, there is a need for more research in the area of psychotherapy supervision in order to best inform competent practice. Supervision is an intervention distinct from therapy or teaching and, thus, it is inappropriate to assume that research on the therapeutic processes and variables is applicable to the supervisory situation. There is consensus that future research in this area needs to be more rigorous and attentive to validity issues, and to move beyond naturalistic studies to hypothesis testing and theory building. Furthermore, researchers have identified supervisor factors and training issues as two areas that need to receive more theoretical and empirical attention in the literature. To address these needs, this project intends to focus on the supervisor perspective in supervision and on variables that impact supervisory behavior, using theory and previous findings to generate hypotheses specific to supervision.

Models of Supervision

As researchers and theoreticians in the field have begun to engage in exploring the context of supervision, models have been developed to frame the research and practice of the phenomenon of supervision as it impacts supervisees and as it is impacted by supervisors. Developmental models of supervisee development, as example, have
proliferated in the literature and empirical work. On the other hand, models relevant to the task of supervision from the supervisor’s perspective have also been developed to guide practice and research. Three of these models relevant to the study of supervisor variables as they impact the supervisory situation are Bordin’s (1983) working alliance model, Friedlander and Ward’s (1984) supervisory styles model, and Ladany, Friedlander, and Nelson’s (2005) critical events model of supervision. These models elucidate a different aspect of the supervisory situation and are complementary in helping us fully frame and understand the task of supervision.

Specifically, Bordin’s (1983) working alliance model lays the foundation for the supervisory situation by explicating the unique components of the supervisory relationship, namely the tasks, goals, and bond. The supervisory styles model (Friedlander & Ward, 1984), on the other hand, helps to explain the unique approach that each supervisor brings to the supervisory situation and provides a model for communicating and studying these pieces. Lastly, the critical events model (Ladany, et al., 2005) provides a rubric for understanding common and critical events that occur for supervised trainees and how to approach these events as supervisors to spur development within supervisees. Taken together, these three models provide the supervisor variables of interest in this study. First, the working alliance model begs the question of a supervisor’s orientation to relationships. Secondly, the supervisory style model clearly specifies empirically supported differences in supervisory style. Lastly, the critical events model underscores the importance of understanding ways in which supervisors’ respond to their supervisees in times of greater need. In order to frame the investigation of supervisor relationship orientation and response to critical events in trainees,
Attachment Theory will be employed as it has been identified and supported as a robust way to represent real differences in peoples’ behaviors and attitudes in relationships.

**Attachment Theory and Supervision Research**

Attachment Theory (Bowlby, 1969/1982, 1988) describes the way in which people’s early experiences with their caregivers impact their behavior in relationships. While the development of attachment theory initially focused on the behavior of children and caregivers, more recent extensions to adult relationships have found ample empirical support (see for example, Mikulincer & Shaver, 2003). With specific bearing on this research, Attachment Theory has been proposed as a framework to integrate the multiple psychological theories that inform research and practice in psychology as the theory comprehensively accounts for relationship dynamics, systemic contexts, and cognitive processes that impact behavior (Lopez, 1995). For example, Attachment Theory can help us understand such diverse phenomena as career exploration behavior, responses within romantic relationships, and client behavior within the therapeutic relationship. Pistole and Watkins (1995) argued that attachment theory can provide an understanding of both supervisee and supervisor behavior in the supervisory situation with the supervisor serving as the attachment figure and caregiver within the relationship. Viewing the supervisory relationship as an attachment relationship, this study examined ways in which supervisor’s attachment dynamics impact the supervisory approach.

**Purpose of the Study**

Recognizing the need for research on supervisor variables within the supervisory context, this study utilized the tenets of Attachment Theory to investigate individual differences of the supervisor as they relate to behaviors in supervision. Following
recommendations from the literature, this study tested hypotheses developed from theory and previous research that serve to inform both our understanding of the variables that supervisors bring to supervision and help inform training of future supervisors by explicating the relationship among attachment variables, supervisory style, and supervision-specific behaviors. The primary question of this project is how the supervisor’s attachment style and supervisory style relate to his or her caregiving style within supervision. This research informs both the theory and practice of supervision and adds to the literature surrounding supervisor individual difference variables as they impact this integral component of psychologists’ training.
CHAPTER II
REVIEW OF THE LITERATURE

Supervision in Counseling Psychology

In their important contribution to the field, Bernard and Goodyear (2004) defined clinical supervision as

… an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. 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 clients that she, he, or they see, and serving as a gatekeeper for those who are to enter the particular profession. (p. 8)

This definition highlights supervision as an intervention distinct from teaching, counseling, or consultation and identifies two central purposes: Fostering the professional development of the supervisee and ensuring client welfare.

Clinical supervision is arguably one of the most important activities in which counseling psychologists engage, following the provision of therapy, given its importance to therapist and client outcomes. Goodyear (2007) argued that clinical supervision is psychology’s signature pedagogy. In other words, this delineation defines supervision as the primary instructional method by which psychologists impart knowledge and skills, and foster competence in students. Given that the clinical work of trainees is required to be supervised by a licensed professional, and is a requirement for licensure in most states,
most students spend hundreds of hours in clinical supervision both prior to and subsequent to completing their degrees. As the signature pedagogy, this is also the vehicle through which students receive feedback regarding their direct applied work. This feedback indirectly impacts services which clients receive as it is more proximal, and likely more relevant given its situational specificity, than course-based training and education students may have received. Specifically, supervision has the potential to impact trainees’ attitudes, beliefs, and skills, trainee’s performance with clients, and client change (Holloway & Neufeldt, 1995).

Relatedly, clinical supervision is an endeavor in which many psychologists will spend significant time across the course of their careers. Norcross, Hedges, and Castle (2002) conducted a survey of APA’s Division of Psychotherapy members that revealed that approximately half of the psychologists surveyed in 2001 were engaged in conducting supervision. Earlier surveys by the same group of researchers revealed even higher percentages of engagement in supervision with 57% endorsement by a similar sample in 1991 and 65% endorsement in 1981 (Norcross et al.). A large-scale international survey of psychologists suggested that most will engage in supervision at some point in their careers (Ronnestad, Orlinsky, Parks, & Davis, 1997). Specifically, these researchers found that of psychologists with more than 26 years of experience, less than 15% had never supervised another’s work and of those with 16 to 25 years of experience, only 11% had never supervised another’s work. Unfortunately, many professionals currently providing supervision have had no formal training in this area (Peake, Nussbaum, & Tinndell, 2002; Ronnestad et al.). Taken together, these findings emphasize the significance of the supervisory role to the careers of psychologists. While
one may argue that supervision is not the most important activity of psychologists, it
inarguably does play a substantial, and recognized, role within the field.

Further underlining the importance of supervision are recent actions taken by
governing bodies within the field of psychology. The American Psychological
Association’s (APA) Office of Accreditation in 1996 added supervision as one of the
skill domains to be included in the training programs accredited at the doctoral and
internship levels. The Ethical Principles of Psychologists and Code of Conduct
(American Psychological Association, 2002) identifies supervised experience as being
one way to establish competence in a specified area. The code further specifies that
supervisors “authorize only those responsibilities that such persons can be expected to
perform competently on the basis of their education, training, or experience, either
independently or with the level of supervision being provided; and (3) see that such
persons perform these services competently” (APA, 2002, section 2.05 Delegation of
Work to Others). Supervised work is further identified as one of the means of addressing
and remediating impairment in professionals (Holloway & Neufeldt, 1995). This reliance
on supervision to monitor and ensure competence raises the question, then, of what
makes for competent supervision as it is supervisors who are determining what is
competent practice.

With the recent emphasis on the importance of a competency-based approach to
professional and ethical practice, attention has started to be given to what specific
competencies are necessary for adequate psychological practice. In 2002, the
Association of Psychology Postdoctoral and Internship Centers (APPIC) co-sponsored a
conference dedicated to competencies within education and training. Included in the
tasks of this conference were objectives to identify the core components of, and the strategies for assessing and instilling, competence in Psychology Supervision. A workgroup from this conference produced a supervision competencies framework and suggested several areas for future attention in the area of psychology supervision (Falender et al., 2004).

Falender and Shafranske (2007) recently defined competency-based supervision practice more concretely, following the framework created by the workgroup in recognition of the lack of clear standards and guidelines in this area. In addition to offering 12 specific recommendations for competent supervision practice, Falender and Shafranske highlighted six areas of particular importance to being competent in supervision. These six areas are: preparation to conduct clinical supervision, self-assessment, ethical competence, incompetence, diversity and multicultural competence, and professional development. This work represents an answer to the need for more scholarly attention to psychology supervision in recent years. Despite these theoretical advances, however, research and scholarship on supervision are still not at pace with the need.

Models of Supervision

Just as theories and models are essential to guiding therapeutic conceptualizations and interventions in our work with clients, as supervisors we need theory and models of supervisory processes to help us make sense of the large amount of information regarding our supervisees and their clients. Psychotherapy supervision, like psychotherapy itself, is a complex undertaking. Supervisors are responsible to the clients under their supervisees’ care as well as to the supervisees themselves. Supervisors strike a balance
between addressing client care issues and professional development issues (Bernard & Goodyear, 2004).

Given these dual demands, empirically-based models of supervision can help us to understand and make choices about how to respond to unclear situations. Bernard and Goodyear (2004) organized their discussion of supervision models into those models grounded in psychotherapy, and those models developed specifically for supervision (e.g., developmental models, models of supervisory styles). Supervision models grounded in psychotherapy include psychodynamic, person-centered, cognitive behavioral, systemic, and constructivist, among others. These models of supervision grew out of preexisting theories of therapy and thus were not developed specifically for the supervisory context.

The developmental models, in contrast, were developed specifically with regard to supervision. There are close to two-dozen developmental models of supervision that have appeared in the literature (Watkins, 1995b). The extant literature on supervision is largely saturated with studies examining aspects of the developmental approach. There is some evidence that supports developmental conceptualizations of supervisee/supervisor development and some studies that have found little or no support for developmental models (Bernard & Goodyear, 2004). The mixed findings have been critiqued for lacking methodological rigor (Ellis & Ladany, 1997) and for too much development of new theories rather than empirically testing and refining existing theories (Watkins). In sum, the jury is still out on the validity of developmental models despite the enduring and primary focus on these.
Bernard and Goodyear (2004) go on in their tome to devote three chapters to variables impacting the supervisory relationship. This focus on the importance of the relationship in supervision mirrors the growing understanding that the therapeutic relationship is a large predictor of outcomes across treatment modalities (Bachelor & Horvath, 2003) and is one of the common factors related to client change (Wampold, 2000; Warwar & Greenberg, 2000). Much of the recent empirical work on supervision has been focused on examining the supervisory relationship as both a predictor and as an outcome variable.

The relationship model has been influential in informing the development of other supervision models. As the relationship has come to be understood as an important variable within both counseling and supervision, supervision theorists have incorporated this element into their model development. In other words, the relationship has become the ‘ground’ from which the ‘figure’ of new supervision models emerge. One example of a model embedded in a relationship framework is the Critical Events model of Supervision (Ladany et al., 2005). While this model focuses on responding to critical events in supervisees, the relationship is seen as fundamental and instrumental in affecting development in the supervisee. As another example, a relationship-based model recently developed specifically with regard to the supervisory situation is the Attachment-Caregiving Model of Supervision (Fitch et al., 2010) which will be discussed in more detail in a following section. This model is based on the rich empirical support won by attachment theory in helping to explain the important role that relationships have in supporting the development of individuals.
Also illuminating in our understanding of the supervisory situation is work that has been done to distinguish supervisory styles (Friedlander & Ward, 1984). This model helps us understand and begin to represent the specific interventions that occur in supervision and how these are perceived by supervisor and supervisee (Ladany & Lehrman-Waterman, 1999; Nelson & Friedlander, 2001).

This discussion of supervision models will focus on three areas of scholarship and research that pertain to supervision: the supervisory working alliance, the styles of supervision, and the Critical Events Model of Supervision. In each area, I will discuss the theoretical and empirical work framing our current understanding with regard to the supervision context.

**Supervisory relationship.** A model of the relationship that has received a relatively large amount of attention in the supervision literature is Bordin’s (1983) working alliance-based model of supervision. Growing out of his development of a working alliance-based model of counseling and psychotherapy, Bordin’s model proposed that change in the supervisee can be attributed to the strength of the working alliance. The change that supervisees undergo over the course of a supervisory relationship is naturally different than the change sought by clients. Supervisees, for example, seek to increase their understanding of clients and to increase their understanding of theories in addition to maintaining standards of service. As Bordin pointed out, the latter goal is not a change goal but agreement on this between the supervisee and supervisor is nonetheless important. If agreement here is missing, the working alliance will be threatened. The strength of the alliance, then, is determined by the extent of agreement on change goals, mutual understanding of the tasks of each
participant toward reaching this goal, and the degree of bond between the participants. These three aspects must be in place in order for the optimal working alliance to be achieved.

Empirical work has supported the relationship between supervisor and supervisee as being an important contributor to supervision outcomes. In a qualitative study examining trainee’s perceptions of “good” supervision events, Worthen and McNeil (1996) asked eight counseling psychology doctoral candidates to describe an experience where they felt they received good psychotherapy supervision during the previous semester. These authors analyzed the data using an approach based on Wertz’ (1983, 1985) work going through a series of seven steps to develop a situated meaning structure within each individual interview. They then compared the commonalities between the interviews to identify the events of supervision that were observed in a majority of the interviews. In all eight cases, the supervisees cited the supervisory relationship as “crucial and pivotal” according to the authors (Worthen & McNeil, p. 32). This relationship was experienced as positive when it was “empathic, nonjudgmental, and validating with encouragement to explore and experiment” (p. 28). This description of the relationship highlights the supervisor’s responsibility in establishing the context of the working relationship in that the onus of establishing an empathic, validating, and nonjudgmental environment lies with him or her.

Earlier work found similar results pertaining to the importance of the relationship. Herrick Hutt, Scott, and King (1983) conducted a phenomenological study of supervisee’s experiences of both positive and negative supervision events. Their findings were similar to those of Worthen and McNeil (1996) in that the positive supervisory...
experiences occurred in the context of a warm, accepting, respectful, and trusting supervisory relationship where mistakes could be made without risking rejection by the supervisor. Interestingly, these authors interpreted their results as indicating that the relationship is a necessary, albeit not sufficient, condition for positive supervision. They identified task-oriented behavior as an additional important element to defining successful supervision. This distinction seems to reflect and parallel Bordin’s (1983) definition of supervisory relationship as having three separate components including agreement on goals and tasks and the emotional bond. Further support for the importance of the supervisory relationship was found in their analysis of how supervisees defined negative events in supervision. They found that the most influential aspect of negative supervision is the supervisory relationship which, when it fails, produces strong negative feelings in the supervisee such as anxiety, frustration, and anger. This negative relationship also has implications for what is discussed in supervision as the supervisee expecting to be criticized will be reticent to share perceived mistakes or failures with their supervisor and thus their professional growth presumably will be affected by these omissions. Interpreting these results within Bordin’s model of the supervisory relationship, it appears that it was the bond component that was most detrimental to the supervisory relationship in the negative supervision events. While the results of this study are limited given that only three supervisees were interviewed, considered along with other studies of supervision reviewed here (Nelson & Friedlander, 2001; Worthen & McNeil), these results underscore the pivotal nature of the quality of the supervisory relationship in determining the course of supervision.
Following these studies, Nelson and Friedlander (2001) executed an examination of problematic supervisory relationships with a qualitative study of psychotherapy trainees’ negative supervisory experiences. Of the themes that emerged regarding negative supervisory relationships, the theme of power struggles in these relationships was primary. These power struggles were related to role conflict, or to put this in terms of Bordin’s model, there was disagreement regarding the tasks and goals of the participants in the relationship. An example of this is one participant who described her supervisor as being overly friendly and sharing her own personal problems in supervision with the trainee. Supervisees experienced feelings of powerlessness and helplessness when they experienced this role conflict and they described in many cases a lack of support, trust, and safety in the relationship from the beginning. In their discussion of the implications of these findings, Nelson and Friedlander proposed that supervisors should be trained to handle the inherent power differences in the supervisory relationship and to clarify the goals and tasks in the beginning of the relationship. In addition, because conflicts, or impasses, will inevitably occur in some supervisory relationships, supervisors need be prepared to recognize and confront these openly and non-defensively. These open discussions regarding impasses in the supervisory relationship can help to clarify goals and tasks as well as to strengthen the bond between the parties within the supervisory relationship.

Taking a cross-sectional quantitative approach to understanding the importance of the working alliance in supervision, Daniel (2009) asked 175 interns to rate their working alliance with their supervisors and to rate their likelihood of making countertransference disclosures in supervision. She found that supervisees who rated their relationship higher
also reported a higher likelihood of making countertransference disclosures and reported more comfort with doing so. Other factors that were examined with regard to affecting disclosures such as gender, ethnicity, or theoretical orientation were not related to likelihood of disclosure; rather, working alliance emerged as the strongest predictor of countertransference disclosure among the variables. These findings again highlight the role of the relationship in affecting what material supervisees bring to supervision and this will have a great impact on what supervisee growth occurs, and on services provided to clients, as well.

To address the supervisory relationship’s relevance to the counseling alliance, Patton and Kivlighan (1997) used hierarchical linear modeling to examine the relationship between the supervisory working alliance and client-rated counseling alliance over four sessions. These authors were interested in testing the general proposition that there is a correspondence between events in supervision and events in counseling. Using a sample of 75 undergraduate clients, 75 novice graduate-level counselors, and 15 advanced graduate student supervisors, they gathered working alliance ratings from the supervisees after each of their four sessions and working alliance ratings from the clients after each counseling session. Additionally, the interviews were rated by judges for the extent of adherence to general psychodynamic interviewing style and specific psychodynamic strategies. The researchers hypothesized that supervisory working alliance would be positively related to counseling alliance as rated by the client as well as positively related to the trainee’s general psychodynamic interviewing style. They hypothesized no relationship between supervisory alliance and specific psychodynamic strategies since the supervisory alliance is more likely to impact
relationship-oriented skills rather than technical skills. The results supported the hypotheses across the board indicating that there was a positive relationship between supervisory alliance and counseling alliance and between supervisory alliance and ratings of general psychodynamic interviewing style. As predicted, specific strategies were not explained by this model. These results lend support to the proposition that the supervisory alliance as perceived by the supervisee impacts what happens in the counseling setting to the extent that the quality of the alliances are positively related. While no causal inferences can be made from this non-experimental data, these results extend the previous findings by showing that the impact of the supervisory alliance extends past supervisee attitudes, values, and skills into clients’ perceptions of their services.

In sum, the supervisory relationship, or working alliance, has both theoretical and empirical support as an essential and important piece of both therapist development and relationship dynamics between the client and counselor. From the phenomenological research with supervisees, we have learned that the relationship and supervisory atmosphere determined in large part by the supervisor can have great impact on what is brought into supervision. From the quantitative cross-sectional research, we have further evidence of the power of the relationship between the supervisory alliance and supervisees’ attitudes and relationships with their clients. While causal inferences cannot be made regarding the supervisory alliance, it is clear that, by whatever mechanism, this relationship is related in important ways to supervisees’ development and behavior in the counseling and supervision settings.
Styles of supervision. While the working alliance model of supervision helps us to understand the importance of a strong relationship to the supervisory process, we need other models to help us understand differences in supervisory styles and interventions. For example, how are we to understand the interventions that occur in the supervisory situation and how do these relate to working alliance? A model of supervisory style is needed to describe the elements of the supervisory approach. Supervisory style, according to Friedlander and Ward (1984), refers to “the supervisor’s distinctive manner of approaching and responding to trainees and of implementing supervision” (p. 541). This distinctive approach will undoubtedly influence the type and quality of relationship that is built in supervision. Using an empirical approach, Friedlander and Ward developed the Supervisory Styles Inventory (SSI) to represent the various styles of supervisors in a variety of settings. In a series of 5 studies using both supervisors in various settings and with different orientations and trainees at different levels, they developed and cross-validated their measure and provided evidence of validity and reliability. The Supervisory Styles Inventory reflects three relatively independent styles, or dimensions, of supervision: attractive (i.e., friendly, flexible, trusting); interpersonally sensitive (i.e., intuitive, invested, committed); and, task-oriented (i.e., structured, focused, goal-oriented). These styles emerged independently in studies using factor analysis with supervisors and trainees, evidencing their utility in cutting across potentially varying perceptions of supervision in these different groups. These analyses furthermore suggest that supervisory style is multidimensional rather than unidimensional in nature.

In addition to cross-validating this model of supervisory styles with different groups, Friedlander and Ward (1984) provided evidence of the discriminant utility of the
scales to differentiate between supervisors of different theoretical orientations. Using MANOVA, they found that supervisors identified as having a cognitive-behavioral orientation rated themselves as significantly higher in task-oriented style and significantly lower in interpersonally sensitive style compared with supervisors who identified as psychodynamic. In a separate study, they had predoctoral psychology students observe a segment of a counseling session and then four supervisory segments with the counselor and supervisors of different theoretical orientations (i.e., Ekstein, Ellis, Polster, and Rogers). The results indicated that the scales were useful in discriminating between and within the different supervisors. Ellis, for example, was rated very high on task-oriented, and low on attractive and interpersonally sensitive.

Evidence of convergent validity for the SSI was found in that the scales of the SSI correlated as expected with items from other measures of supervisor style (Friedlander & Ward, 1984). The SSI scales further evidenced adequate reliability and subject’s scores on the SSI were independent of their scores on a measure of social desirability. Interestingly, Friedlander and Ward used canonical correlation with the data collected from trainees to examine relationships between the SSI scales and satisfaction with supervision ratings. The results of this analysis suggested that trainees who rated their supervisors higher in interpersonal sensitivity reported more positive effects of supervision on their professional development and their clients’ progress.

Overall, Friedlander and Ward’s (1984) multidimensional model of supervisory styles has utility in representing the variety of supervisory styles demonstrated by psychology supervisors and has utility in discriminating between supervisors. Additional studies using the SSI have also demonstrated relationships between the scales and other
variables. For example, Hanson (2007) found that counseling trainees who rated their supervisors higher on the attractive and interpersonally sensitive scales also rated themselves as higher in counseling self-efficacy. In another investigation of counseling trainees, Fernando and Hulse-Killacky (2005) asked supervisee trainees to complete the SSI, a measure of satisfaction with supervision, and a measure of counseling self-efficacy. The results of the regression analyses showed that the interpersonally sensitive style was the only significant unique predictor of satisfaction with supervision while the task-oriented style was the only significant unique predictor of counseling self-efficacy. Vidlak (2002) in an effort to address the gap of research addressing supervisor variables surveyed a sample of supervisors and had them complete measures of their development as supervisors, the SSI, and a measure of working alliance. She found that the attractive and interpersonally sensitive styles mediated the relationships between supervisor development and supervisory working alliance. Finally, Nelson and Friedlander (2001) in their examination of trainee’s negative supervisory experiences found that they rated their supervisors with whom they had the negative experiences low on the attractive and interpersonally sensitive style scales of the SSI. Overall, there are clear relationships between the scales of the SSI and other variables pertinent to both supervisor and supervisee behavior.

In addition to understanding the importance and impact of the relational context (i.e., working alliance) and the approach of the supervisor (i.e., supervisory style), an additional perspective taken by scholars of clinical supervision examines the way certain critical events impact the course of supervision and the development of the supervisee. For example, scholarship in this area explores whether there are certain events, or
moments, in supervision that predict supervisee growth and development? This model of supervision provides a third way to frame the events and outcomes of supervision and adds to the understanding gained by exploration of the working alliance and supervisory style.

Critical events model of supervision. Several studies have focused on understanding how certain events that occur in supervision have a particularly strong impact on supervisee development. This body of work has consistently demonstrated that supervisees attribute much power to these events in stimulating change within them professionally and personally. For example, Heppner and Roehlke (1984) completed one of the first empirical examinations of the occurrence of critical events in supervision. As part of a larger study examining differences between supervisees at three different levels of experience (i.e., beginning practicum, advanced practicum, and intern), these researchers asked supervisees to discuss any critical incident, or turning point, that resulted in significant change in their effectiveness as a counselor. These responses were gathered after the conclusion of supervision. The answers were examined with regard to what critical incidents were mentioned by supervisees at each training level as well as if there were any notable differences between the groups. Results suggested that frequency of the critical events was very similar in the two practicum groups and slightly different in the intern group. Specifically, the practicum students discussed self-awareness and competence as the most frequently occurring critical events in their supervision whereas interns mentioned personal issues affecting their work and competence as the two events that had the most impact on their change as counselors.
Extending from the previous study, Rabinowitz, Heppner and Roehlke (1986) again examined supervisees’ perceptions of critical incidents, this time using an ongoing and immediate collection of data after each supervisory session as well as after supervision was concluded. They also examined what supervisory interventions were valued by supervisees at different levels of development (i.e., beginning practicum, advanced practicum, intern). Using a sample of 22 beginning practicum students, 9 advanced practicum students and 14 doctoral interns, they asked participants to rate the importance of issues that occurred during their supervision as well as to indicate what intervention was most important directly after the supervision session. After the conclusion of supervision, they also rated each issue and intervention for its importance during the semester. Results revealed that of the 12 issues examined, across groups trainees most frequently endorsed “developing a treatment plan” and “getting support from the supervisor”. Examining the groups separately showed that interns were significantly more likely to endorse “dealing with countertransference and transference” and “understanding in a theoretical framework” than the other two groups. Examining the pattern of data over time revealed that during the first three sessions “clarifying the relationship with my supervisor” was endorsed most frequently at all training levels. The issue dealing with “understanding my clients in a theoretical framework” was most important during the second half of the semester. The outcome ratings were similar to the process ratings in that they revealed the same 2 most important issues (i.e., treatment plan and support) were retrospectively rated as most important. With regard to the ratings of supervisory interventions, the two most frequently endorsed as important were “supporting, reassuring, and nurturing” and “directing, advising, and teaching”. The
outcome ratings similarly found “supporting” as most important across groups. The authors concluded that these results support a developmental conceptualization of the critical supervisory events that occur at each level. Interestingly, the finding of the importance of support, reassurance, and nurturance across groups lends support to the notion of the supervisory relationship as central to supporting development of supervisees.

Ellis (1991) used a different approach to examine the issue of critical events in supervision by including responses from both counselor trainees and their supervisor trainees. Ellis was interested in answering whether the critical events that had been proposed by others (Loganbill, Hardy & Delworth, 1982; Rabinowitz, Heppner, & Roehlke, 1986; Sansbury, 1982; as cited in Ellis) occurred hierarchically (i.e., different issues occur in sequence based on level of development) and whether the events were the same for counselor and supervisor trainees in supervision. The results of this naturalistic study supported a hierarchical model of critical events in that there was some consistency across groups (counselor trainees, supervisor trainees) in which events occurred with the most frequency. Specifically, both groups were more likely to endorse critical events involving relationship, competence, and emotional awareness and less likely to endorse issues involving ethics, motivation and identity. Again, this study highlights the centrality of the relationship to supporting change in supervision across contexts.

The preceding studies highlight what supervisees see as the events having the most critical impact on their development, whereas another model looking at critical events identifies those that are most important to look out for and address from the supervisor’s perspective. Ladany and colleagues (2005) recently devised a critical events
model of supervision based on the extant literature and using a task-analytic approach that incorporates the relationship as a central element in determining if and how tasks are accomplished in the supervisory relationship. This model is presented as a tool for supervisors to help them navigate and respond to important events within supervision that pertain to the supervisee’s performance and development. This model represents an important contribution to the supervision literature in that it recognizes the evidence supporting critical events as important phenomena in supervision and in that it provides specific information and knowledge for how supervisors can address supervisee issues within the context of a relationship. Specifically, this model identifies markers of specific critical issues, the unique task environment that supervisors can strive to provide given each marker, and possible resolutions to the specific tasks. Based in an interpersonal approach, the emotional bond component of the working alliance as well as the agreement on goals and tasks are all important parts of the critical events model such that issues can occur in each of these areas and impact the course of supervisory events.

The authors of this model identified and discussed seven critical events involving remediating skill difficulties, heightening multicultural awareness, negotiating role conflicts, working through countertransference, managing sexual attraction, repairing gender-related misunderstandings, and addressing problematic behaviors or attitudes in trainees (Ladany et al., 2005). The task of working with each of these issues in supervision has three components that are considered in this model: Marker, Task Environment, and Resolution. The marker occurs at the beginning of the event and signals the specific task to be addressed. The task environment includes the potential
interventions and responses given the marker. The resolution phase is marked by development of skill, competence or new understanding within the trainee.

As is clear in these discussions, each of these models (working alliance, supervisory style, and critical events) is supported by evidence and is complementary to the others. Specifically, the Critical Events Model (Ladany et al., 2005) provides a useful framework for identifying critical events and their impact on supervisee development and a rubric for addressing supervisee issues as they are relevant to their development and clinical work. The Supervisory Styles Model (Friedlander & Ward, 1984) is helpful in describing supervisory interventions. Finally, Bordin’s (1983) description of the relationship dynamics and the empirical support for these facets gives us an understanding of what specific relationship variables impact development. Each of these three perspectives on supervision is important because they are embedded in, and directly affect, the supervisory relationship, which research has demonstrated is instrumental to the process and outcomes of supervision.

Left unanswered by these models, however, is the question of what supervisor variables predict supervisory style, relationship building skills, and/or moderate responses to critical events in supervision. Given the demonstrated centrality of the relationship to impacting the process and experience of supervision, a theory that provides a framework for understanding and explaining individual differences in relationship dynamics and behaviors will enable elucidation and investigation of these questions. Beginning to understand what individual differences moderate supervisor’s responses within the supervisory situation will help guide future research and training of supervisors. Attachment theory has received attention recently as having the potential to
inform and provide a comprehensive framework for understanding many of the phenomena relevant to the training, development, and practice of counseling psychologists (Lopez, 1995). Recent theoretical and empirical work rooted in Attachment Theory provides a foundation for beginning to understand supervisor differences as they impact the supervisory relationship and, ultimately, the development of the supervisee and the services delivered to clients. In the next section, I will review the general theoretical basis of Attachment Theory, the supervision-specific applications of Attachment Theory, and the empirical evidence lending support to a consideration of Attachment dynamics in the supervisory situation.

**Attachment Theory**

Attachment Theory was principally developed by John Bowlby (1969/1982, 1988), who provided the outline of the theory, and Mary Ainsworth (Ainsworth, Blehar, Waters, & Wall, 1978), who provided the early empirical support for the theory. Combining the insights of several disciplines including psychoanalysis, ethology, developmental psychology, and cognitive psychology, Attachment Theory provides an explanation of the mechanism and importance of emotional bonding between children and their primary caregivers and the impact of these early experiences on later relationships (Mikulincer & Shaver, 2003). While much of the early work on Attachment Theory focused on infancy and childhood, the theory seeks to offer a comprehensive, life-span account of healthy human development. Subsequent work over the past two decades, in fact, has brought Attachment Theory into the realm of adult relationships (e.g., Ainsworth, 1989; Hazan & Shaver, 1987).
Attachment Theory is based on the premise that attachment behavior is biological, or innate, and evolutionarily adaptive (Bowlby, 1969/1982). Theoretically, the attachment behavioral system is one of several innate evolutionarily adaptive behavioral systems that guide our behaviors and help ensure our survival. The activation and termination of each behavioral system follows predictable patterns in all people. Mikulincer and Shaver (2003) provide a summary of the six shared aspects of behavioral systems: 1) a specific biological function that increases likelihood of survival and adaptive fitness, 2) a set of specific triggers, 3) a set of behaviors that represent the primary strategy for reaching a goal state, 4) a specific goal that reflects the required change to deactivate the system, 5) cognitive operations, and 6) specific links, either excitatory or inhibitory, with other behavioral systems. In the case of the attachment behavioral system, for example, as a survival-ensuring mechanism triggered by an internal or external threat, the goal is to achieve proximity with an attachment figure who can provide a safe haven and secure base and thus deactivate the system. Once the attachment behavioral system is deactivated, other systems then have the potential to activate. Examples of other specific behavioral systems are caregiving, exploration, and affiliation.

The function of the attachment behavioral system is to maintain survival-enhancing relationships with caring and supportive others (Bowlby, 1969/1982). The attachment behavioral system can be defined by its goal of seeking and maintaining proximity to another person. Using a variety of potential behaviors, an individual who experiences a threat will signal to the attachment figure with the goal of bringing that person in closer proximity. Attachment behaviors are enacted in the context of important
relationships. First occurring in infancy in the context of the caregiver-child relationship, the attachment system later operates in romantic relationships, friendships, and other relationship contexts. Attachment behaviors are often most strongly activated in response to adversity. Examples of such adverse situations faced by infants that have been observed to elicit attachment system activation are hunger, fatigue, illness, and pain. As an example of how attachment behavior is adaptive, by maintaining proximity to the caregiver through the activation of the attachment behavioral system (i.e., crying when she hears a loud noise or clinging to the caregiver in the presence of a stranger), the infant is increasing her chances of survival. Human infants are vulnerable for a long period of time and thus the protection elicited by this behavior helps to ensure their survival and eventual reproduction.

In adults, the attachment system is also activated in response to triggers, either external or internal, and serves the purpose of providing support and comfort that enhance coping and adjustment to experienced difficulties. During adulthood, attachment figures may be individuals such as romantic partners or friends, groups, institutions or symbolic figures (e.g., God). Additionally, context-specific situations may engender attachment relationships (Mikulincer & Shaver, 2003), such as between a client and his/her therapist or a trainee and his/her supervisor. These various attachment relationships are conceptualized to be organized hierarchically, with the long-term ongoing relationships being primary. For example, while a child may be attached to both his mother and father, his attachment to one parent may be more primary than the other.

While the goal of attachment behaviors is to seek comfort and safety with the attachment figure, the actual response of the attachment figure will determine if this goal
is met. For example, Bowlby (1969/1982) specified that attachment figures need to be responsive to the signals of distress and provide a safe haven and a secure base. The provision of a safe haven has been described as when caregivers provide comfort, reassurance, and/or assistance (Feeney & Collins, 2004). When attachment figures appropriately provide a secure base to which the individual can return for comfort and support, this allows the deactivation of the attachment behavioral system and the activation of the exploratory system in the attached person. Thus, the ideal sensitive caregiving from an Attachment Theoretical perspective balances the provision of comfort (i.e., safe haven) with the encouragement and support of exploration (e.g. secure base). When this ideal is not met and caregiving falls short, not all people develop secure attachments and optimal attachment system functioning.

With responsive, available, and sensitive caregiving and provision of a safe haven and a secure base, the infant will have her security needs met and other systems, such as the exploratory system, have the opportunity to become activated. When the attachment system remains activated, perhaps due to lack of comforting response from the caregiver, other systems are unlikely to activate and the individual experiences insecurity. According to Attachment Theory, this experience of security or insecurity in the early caregiver-child relationship becomes internalized; the result is “internalized dispositions that largely determine a person’s resilience and vulnerability to stressful life events” (Lopez & Brennan, 2000, p. 284)). These internalized dispositions are also referred to as working models of self and others. As Bowlby (1969/1982) conceptualized attachment as an active evaluative process such that people are evaluating information about the attachment relationship, the attachment figure’s responses, and the variable effectiveness
of different attachment cues, this information is stored in the form of mental representations and contributes to individual differences in attachment behavior. These working models include information about one’s own sense of worth and lovability and expectations of others’ responsiveness and trustworthiness and help us to process information and organize behavior in the attachment context. Once internalized, the experiences of threat or security become working models of the self and others which serve as guides for behavior in subsequent relationships.

Two additional and related constructs important to the functioning of the attachment system that are referred to as secondary attachment strategies are hyperactivation and deactivation of the attachment system (Main, 1990). When initial distress signals do not result in the provision of appropriate caregiving and security, individuals are left to search for alternative strategies to help facilitate the meeting of their attachment needs. One of these alternatives is a hyper-activating strategy. With this strategy, proximity-seeking attempts are intensified as the activation of the attachment behavioral system is maintained. A different alternative strategy is deactivation of the attachment system without the achievement of attachment security, in other words, suppressing one’s need for attachment. These strategies have psychological and interpersonal costs to individuals, including impairing one’s ability to develop mature relationships in adulthood and one’s ability to cope with adversity (Mikulincer & Shaver, 2003).

The work of Ainsworth and her colleagues (1978) helped to elucidate these theoretical constructs and the individual difference outcomes through their investigation of this behavior in children in a laboratory situation. Briefly described, this experiment
involved exposing children to a stressful situation by separating and reuniting them with their mother. Based on observations of the various behavior patterns seen in children who participated in this series of studies, three categories of attachment were described: secure, avoidant, and anxious/ambivalent. Secure children exhibit distress upon separation but recover quickly and greet the mother with joy and affection and are able to resume exploration quickly. Avoidant children have a deactivating style, showing little distress upon separation and avoiding contact with caregiver at reunion. Anxious/ambivalent children, having a hyper-activating strategy, exhibit extreme distress upon separation and conflictual responses upon reuniting, such as clinging at one moment and angrily resisting comfort attempts at another. A fourth type later found using the same methodology, named disorganized, has components of both a hyper-activating and deactivating style (Main & Hesse, 1990). This work and the ongoing research efforts in the area of Attachment Theory has provided strong and consistent evidence that, based on the nature of early experiences with primary caregivers, people develop specific attachment styles that impact their behavior in relationships throughout their life.

Following a review of the limitations of Attachment Theory, in the next section, the various conceptualizations and measurement methods of these styles/dimensions of adult attachment will be reviewed.

**Limitations of Attachment Theory.** Although much of the empirical work done since the advent of Attachment Theory research has validated many of the underlying concepts of the theory, there are some limitations of the theory that may impact its applicability. One of the limitations identified by critics of Attachment Theory is that there is a lack of longitudinal research on the stability of attachment constructs. One
perspective on addressing this limitation is that even were such research more widely conducted, we would not expect highly stable relationships between early attachment and later attachment given that the theory allows for malleability of attachment organization based on further experience (Lopez, 1995). Shaver and Norman (1995) further pointed out that there have been compelling prospective studies done that support the continuity of attachment patterns. As example, Grossman and Grossman (1991) found that aspects of peer relationships at age 11 years are predictable from attachment classifications identified at 12 months. Other relatively shorter prospective studies have found relative stability in attachment patterns. Main, Kaplan and Cassidy (1985) reported the results of a study with 40 infants, 12-18 months old, who were assessed using the Strange Situation and then followed up at 6 years of age to assess attachment patterns. They found a correlation of  \( r = .76 \) between the attachment to the mother at 12 months and the attachment to the mother at 6 years. Interestingly, the correlation between attachment to father at 18 months and attachment at 6 years was only  \( r = .30 \), evidencing much lower stability for this relationship and evidence of both the stability and malleability of this construct. While further longitudinal studies will help to elucidate the conditions under which attachment patterns change or remain stable, the current body of literature does include longitudinal work supportive of the theory’s underlying tenets.

A second limitation cited is a lack of understanding of how cultural variables may contribute to ones’ attachments (Pistole & Watkins, 1995). While Attachment Theory considers the development of attachment to be universal, critics of the theory argue that we need a more nuanced understanding of how cultural variables may affect the formation and styles of attachment. Such variables as ethnicity, gender, sexual
orientation, and disability may affect the way attachments are made and maintained.

Main (1990) reviewed the research on cross-cultural studies of attachment to address this issue. Main maintained that, while some of the early comparison research raised questions given cultural variations in the predominance of particular attachment patterns, the current evidence shows much greater variations within rather than between cultures. Furthermore, Main argued that the psychological mechanisms individuals use to maintain their respective attachment organizations appear to be similar across cultures. While future research will address these issues, the current state of the evidence supports the cross-cultural utility of Attachment Theory.

Another criticism brought to bear on Attachment Theory is the question of whether it is appropriate to apply Attachment Theory beyond the original parent-child bond. Bartholomew and Thompson (1995) questioned how meaningful it is to apply Attachment Theory to a wide range of relationships, such as short-term therapy relationships and supervisory relationships. These relationships, they argued, while important may not take on all the characteristics of attachment relationships. As Foster, Lichtenberg, and Peyton (2007) demonstrated in their investigation of supervisory dyads to be described in more detail in a subsequent section, supervisees do express similar levels of attachment to their supervisors as they do generally. Thus, while it is reasonable to question the application of attachment theory to any and all relationships, there is a basis on which to apply it to the supervisory situation.

Lastly, many issues have been raised related to the measurement of attachment variables (see, for example: Bartholomew & Thompson, 1995; Lopez, 1995). Given issues with the use of both interview-based as well as survey instruments, comparison of
studies can be difficult. Furthermore, several different survey methodologies and instruments have been historically used to assess the constructs, creating a body of separate studies that are difficult to synthesize and integrate. The next section will address this issue and discuss recent advances in the measurement of attachment variables.

To conclude, as with any theory, there are limitations of Attachment Theory and areas where empirical evidence is lacking. The literature base, however, is supportive of many of the tenets of attachment theory and serious threats to the validity of the application of Attachment Theory have yet to be identified and supported with data. The use of Attachment Theory, furthermore, has many benefits. As Lyddon (1995) opined:

“… one strength of attachment theory as a potential metaperspective for counseling psychology lies in its integrativeness—its capacity to bring biological (structural), psychological (cognitive/affective), and social dimensions of experience to bear on our understanding of the developmental dynamics of self change and self stability over the life span.” (pp. 480)

**Conceptualization and measurement of adult attachment.** Since the seminal work of Ainsworth and colleagues (1978), numerous conceptualizations and measurement methods of these attachment styles in adulthood have been described and used in the literature. As noted, Attachment Theory has been criticized for lacking a consistent measurement approach. The available measurement conceptualizations include both taxonomic (e.g., Hazan & Shaver, 1987) and dimensional models (e.g., Brennan et al., 1998) of understanding individual differences in attachment. Extending from Ainsworth and colleagues’ findings, some of the earliest self-report measures of attachment types were categorical in nature. Hazan and Shaver, for example, developed paragraphs representing each attachment type identified in the Ainsworth studies (i.e.,
secure, anxious, and avoidant). Individuals are asked to choose which pattern of behavior best represents them (see Figure 1).

<table>
<thead>
<tr>
<th>Attachment Style</th>
<th>Description</th>
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<tbody>
<tr>
<td>Avoidant</td>
<td>I am uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want me to be more intimate than I feel comfortable being.</td>
</tr>
<tr>
<td>Anxious-ambivalent</td>
<td>I find that others are reluctant to get as close as I would like. I often worry that my partner doesn’t really love me or won’t want to stay with me. I want to get very close to my partner, and this sometimes scares people away.</td>
</tr>
<tr>
<td>Secure</td>
<td>I find it relatively easy to get close to others and am comfortable depending on them. I don’t often worry about being abandoned or about someone getting too close to me.</td>
</tr>
</tbody>
</table>

Figure 1: Hazan and Shaver (1987) Descriptions of Adult Attachment

Another widely discussed taxonomic conceptualization of these styles as applied to adults was developed by Bartholomew (1990; Bartholomew & Horowitz, 1991).

Based on self-classification of one’s working models of self and others, evaluated either positively or negatively (see Figure 2), this model provides for four different attachment styles: secure, preoccupied, dismissive, and fearful. These styles have been used to classify people in many studies of attachment. These taxonomic conceptualizations
assume that early attachment-related experiences produce qualitatively different groups of people that can be differentiated by their unique characteristics.

<table>
<thead>
<tr>
<th>Model of Other (Avoidance)</th>
<th>Model of Self (Dependence)</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Positive (Low)</td>
<td>Negative (High)</td>
</tr>
<tr>
<td>CELL I</td>
<td>Secure</td>
<td>Preoccupied</td>
</tr>
<tr>
<td></td>
<td>Comfortable with intimacy and autonomy</td>
<td>Preoccupied with relationships</td>
</tr>
<tr>
<td>Negative (High)</td>
<td>Dismissing</td>
<td>Fearful</td>
</tr>
<tr>
<td></td>
<td>Dismissing of intimacy</td>
<td>Fearful of intimacy</td>
</tr>
<tr>
<td></td>
<td>Counter-dependent</td>
<td>Socially avoidant</td>
</tr>
</tbody>
</table>

Figure 2: Model of Adult Attachment, Adapted from Bartholomew & Horowitz (1991)

While typological categories of attachment (i.e., secure, preoccupied, dismissive) hold some appeal, recent empirical work has found support for a dimensional conceptualization of attachment constructs. Brennan and colleagues (1998) argued that taxonomic conceptualizations of attachment style are inappropriate. As evidence to support their claim, they cite findings from Ainsworth and colleagues’ original study that found the three attachment types could be reliably predicted by two underlying quantitative dimensions: anxiety and avoidance. They further discussed findings of these quantitative dimensions underlying Hazan and Shaver’s (1987) categories. Furthermore, Bartholomew’s (1990) models of self and others, they argue, can be interpreted along the dimensions of anxiety and avoidance such that a negative model of self is closely
associated with anxiety and a negative model of other is closely associated with avoidance. To provide support for the validity of their arguments, they gathered all existing self-report measures of attachment. From these, they identified 323 non-redundant items representing 60 separate attachment-related constructs. They administered these items to a large sample of students (n = 1086) and factor analyzed the items. They found two higher-order factors corresponding to avoidance and anxiety.

Taking their work a step further, they created a self-report measure that assesses these empirically supported dimensions (Experiences in Close Relationships; Brennan et al., 1998). To create a measure from the 323 items, they identified the 36 items with highest absolute value correlations with the factors. These 36 items created two new scales that were correlated highly with parent scales (r = .95 for both) and were not highly correlated with each other (r = .11). While the authors successfully reproduced Bartholomew and Horowitz’s (1991) types from these scales using clustering procedures, the authors argue that it is unnecessary and inappropriate to do so stating, “categorization of research participants is unnecessary when dimensional measures are available; and some power and precision are lost when categories rather than continuous scales are used” (p. 68). From this work, it is evident that there are two dimensions underlying the variety of attachment constructs represented in the literature.

Given the heterogeneity of conceptualization and measurement of attachment, interpretation and comparison of the literature can be difficult (Bartholomew & Shaver, 1998). A question that has clearly emerged from this diverse landscape of attachment research is whether attachment constructs are taxonomic or dimensional in nature. To offer an answer to this complicated question, Fraley and Waller (1998) took up this issue.
Fraley and Waller argued that even though the attachment field largely relies on taxonomic approaches to measurement, there is little evidence supporting the validity of this approach. To provide an empirical test of the validity of using taxonomic versus dimensional measures, they used two different analytic procedures (i.e., MAMBAC and MAXCOV) that can examine the taxonicity vs. continuous nature of attachment data. The results of both procedures revealed no evidence of taxonicity. In other words, attachment constructs are better understood as quantitative rather than qualitative in nature, providing further empirical support for the dimensional conceptualization of attachment. Fraley and Waller in their discussion of the implications of their findings for attachment researchers identified three main issues related to the use of taxonomic measures. First, using measures based on taxonomic conceptualizations undermines the validity of attachment research by constraining the types of questions we can ask. Secondly, the use of these measures undermines reliability, as can be seen in the high rates of instability of attachment types. Third and lastly, using categories limits the statistical power that we have to detect true effects. In sum, Fraley and Waller found no evidence to continue use of taxonomic conceptualizations of attachment.

In conclusion, a taxonomic, or categorical, approach to conceptualizing and measuring attachment-related constructs is not appropriate given the evidence at hand. Rather, a dimensional approach that considers individual differences in anxiety and avoidance is more appropriate and allows for greater statistical power, validity, and reliability in attachment-related research.
Caregiving

The caregiving behavioral system is distinct from, yet related to, the attachment behavioral system. The caregiving system is discussed theoretically in the literature both in the context of the parent-child relationship (George & Solomon, 2008) as well as in the context of adult relationships (Feeney & Collins, 2004; Kunce & Shaver, 1994). In both contexts, individual differences in caregiving are seen as evolving from early relationships with parental attachment figures. George and Solomon proposed that caregiving behaviors are influenced both by experiences with caregivers in childhood as well as experiences in adult relationships.

Caregiving is seen as having two main functions: to meet safety needs and to provide a safe haven; and to support autonomy and exploration, also referred to as providing a secure base (Kunce & Shaver, 1994). While caregiving is reflected by a broad array of behaviors, they can be classified as serving one of these two functions. The provision of a safe haven and secure base determine, in part, the development of attachment security and attachment style in children (George & Solomon, 2008) and perceptions of relationships in adult partners (Kunce & Shaver). Through scale development research based on a review of the literature as well as qualitative research on adult’s experiences with caregiving in romantic relationships, Kunce and Shaver identified four dimensions of adult caregiving behavior: proximity versus distance, sensitivity versus insensitivity, cooperation versus control, and compulsive caregiving. Additionally, they found significant attachment style differences on each of these four dimensions. Specifically, individuals who described themselves as more avoidant in relationships were less likely to promote proximity with their attachment partner and less
likely to see themselves as sensitive to their partners’ feelings. Those higher in attachment anxiety were more likely to seek proximity to their partners, less likely to be sensitive to partners’ feelings, and more likely to describe themselves as having a compulsive caregiving style. Supporting the theoretical assertion that caregiving behaviors are transmitted generationally, the patterns of differences in caregiving by attachment style in this study were parallel to characteristics exhibited by the parents of each attachment type (i.e., those with a more anxious attachment style have parents who are less sensitive and more intrusive).

Feeney and Collins (2004), recognizing a need for more research on adult caregiving, have begun a program of research to understand the components and outcomes of adult caregiving behaviors. These authors view exploration as a key outcome of the successful provision of a safe haven and secure base such that when attachment needs have been satisfied and the attachment system is deactivated, exploration can occur. The provision of a safe haven involves being sensitive and flexible to the care receiver’s needs and helping to restore a sense of “felt security”. Providing a safe haven is an ongoing process of monitoring signals from the care receiver and adjusting one’s responses appropriately. As Bowlby stated, “all of us, from the cradle to the grave, are happiest when life is organized as a series of excursions, long or short, from the secure base provided by our attachment figure(s)” (1988, p. 62). To be an effective caregiver, one must be available for the partner when needed, but also non-interfering and supportive of the care receiver’s excursions into the world.

The effective caregiver instills in the care receiver a sense of security. The outcome of caregiving is a “circle of security” according to Feeney and Collins’ (2004, p.
309) model. When the secure base is effectively in place, the care receiver is expected to have higher levels of self-esteem, perceived competency, self-confidence, self-efficacy, and greater willingness to face challenges and make new discoveries. With the safe haven provided, results are expected to include reduced stress and anxiety and improved coping capacity.

Given individual differences in attachment and caregiving capacity in adults, the ideal “circle of security” is not always achieved. There is evidence that individual differences in attachment impact caregiving processes in adult relationships (Feeney & Collins, 2004). As would be expected based on the propositions of attachment theory, individuals with higher levels of attachment insecurity are less likely to demonstrate effective care-giving patterns. As a first batch of evidence, a quasi-experimental study conducted by Simpson, Rholes, and Nelligan (1992) with romantic partners found that levels of avoidance and anxiety in the male partner affected their provision of support to their distressed partner. Among the more secure men, higher levels of distress in the female partner were associated with greater support. Among the more avoidant men, higher levels of distress were associated with lower levels of support provision; when partner distress was lower, avoidant men provided more support than the secure men. In two other studies, higher levels of avoidance were associated with less responsive and more controlling caregiving and higher levels of anxiety were associated with providing less instrumental support, being less responsive, and displaying more compulsive and controlling caregiving behaviors (Collins & Feeney, 2000; Feeney & Collins, 2001). Partners higher in anxiety showed a pattern of being less sensitive and responsive to their partners’ needs, providing high levels of emotional support and partner focus regardless
of the level of partner need. Those higher in anxiety were also more likely to make negative dispositional inferences about their partners during the study (e.g., seeing partners as weak; Collins & Feeney).

These differences in caregiving are important as these are the very behaviors that moderate and impact one’s perceptions of and experiences within the relationship. When caregiving falls short, it has negative implications for both the care receiver as well as the caregiver. Considering all of the reviewed evidence, there is clear support that attachment avoidance is associated with a caregiving pattern characterized by unresponsiveness and neglect and that attachment anxiety is associated with a pattern reflective of insensitivity to the partner’s needs.

Attachment Theory is a comprehensive framework for understanding individual differences in relationship perceptions and behaviors. The preceding section discussed this theory and its implications to child development and adult romantic relationships. The constructs of attachment theory have also been extended to non-romantic adult relationships, including the therapeutic and supervisory relationships (Pistole & Watkins, 1995). In the next section, I will discuss these theoretical applications and review the empirical research at the intersection of attachment theory and clinical supervision.

**Attachment Theory as a Framework for Supervision**

Attachment Theory has been identified as a useful framework for building a metaperspective for the field of counseling psychology to guide research and practice (Lopez, 1995). Given its important links to affect regulation and interpersonal behavior across the lifespan, attachment theory has the potential to be an integrative model for the various perspectives present in the field of psychology. As attachment theory takes into account
the importance of relationships, systemic contexts, and the underlying cognitive processes that mediate behavior, Lopez proposed that it may be a parsimonious framework to integrate personality and developmental themes in our research and practice. Other contributors to the same special issue on attachment theory in *The Counseling Psychologist* discussed the utility of attachment theory to specific contexts within counseling psychology. Blustein, Prezioso, and Schultheiss (1995), for example, examined the intersections of attachment theory and career development and proposed that an individual’s level of attachment security will impact his or her career exploration process as well as his or her adjustment in the work environment. Pistole and Watkins (1995) provided an important discussion of the implications of Attachment theory to counseling and supervision. This section will provide an overview of the theoretical examination of attachment theory and supervision. In the section that follows, I will summarize the empirical findings bearing on this theoretical speculation and summarize some important conclusions and next steps for research in this area.

With specific bearing on the context of counseling and supervision, Pistole and Watkins (1995) explored how the central tenets of attachment theory come to bear on the clinical context. In the counseling context, they point out that the counseling relationship has been conceptualized by Bowlby (1988) as a complementary attachment relationship. This type of attachment relationship is analogous to that of a parent-child relationship, with the counselor providing caregiving functions to the attached client who uses the counselor as a safe haven and secure base. In this context, the counselor can use the therapeutic relationship to help the client understand and change maladaptive attachment patterns and working models. Extending their discussion to the supervisory context,
Pistole and Watkins also suggested that elements of attachment relationships may operate in the supervisory context. Specifically, they postulated that the supervisor can facilitate counselor development by providing a secure base from which the counselor can engage in exploratory behavior and in which the counselor developmental process can unfold. They examined how insecure attachment styles in supervisees may impact their behavior in supervision. Omitted from this discussion is any examination of how the attachment security of the supervisor may impact his or her ability to provide appropriate caregiving to the supervisee.

Watkins (1995a) described theoretical examples of how pathological attachment styles may manifest in psychotherapy supervisees. Specifically, he discussed the three attachment styles of compulsive self-reliance (similar to the avoidant attachment style), anxious attachment, and compulsive caregiving (a variant of the avoidant style). Watkins proposed that the supervisory relationship is an attachment relationship. A bond develops between the supervisee and the supervisor and, thus, the supervisee will assimilate her supervisor into her working model and reenact any problematic attachment issues in the supervisory context. Each of the pathological styles of attachment may manifest in different supervisory issues. Supervisees with a compulsive self-reliant style will be less open to accepting help and feedback and may openly challenge the supervisor. Those with an anxious attachment style may be excessively needy, dependent, and repeatedly test the supervisor’s availability and concern. Having a compulsive caregiving style will make the supervisee more likely to be overly solicitous toward clients and less likely to feel comfortable with the supervisory situation. While helpful in stimulating discussion of how attachment styles may manifest in supervision,
the typological view taken by Watkins may obscure the complex nature in which attachment constructs actually present in supervision. As previously discussed, a dimensional view of attachment (i.e., levels of anxiety and avoidance) might capture more of the variability in supervisees. Furthermore, as Watkins pointed out, most supervisees have sufficient attachment security to not be considered ‘pathological’. Following from this perspective and the previous discussion about measurement of attachment, it may be more useful to apply a dimensional, rather than a categorical view, to our discussion of attachment theory in supervision.

Following from this recognition of the applicability of attachment theory and in response to the absence of supervision models grounded in relationship-based theory and the empirical evidence supporting the relationship, Fitch, Pistole and Gunn (2010) introduced the Attachment-Caregiving Model of Supervision to stimulate research and guide supervisory intervention. Drawing from attachment theory and research, this model recognizes the importance of the supervisory relationship to supporting and encouraging supervisee development. As the supervisee inevitably experiences cycles of threat/anxiety in his/her development (e.g., a suicidal client, a new clinical issue with which the trainee has no experience) that trigger the attachment system, the supervisor intervenes to provide a safe haven through responsive, sensitive, and flexible caregiving that takes into account the supervisee’s needs. This caregiving, when effective, deactivates the trainee’s attachment system and allows for other systems (i.e., exploratory, caregiving) to activate. When supervisory caregiving is ineffective, the trainee’s exploratory system is not activated, thus affecting his/her likelihood of learning and development.
The Attachment-Caregiving Model of Supervision (Fitch et al., 2010) provides an important model for understanding how attachment variables operate in supervision and recognize the important role played by the supervisor in supporting, or hindering, supervisee development (see Figure 3). This model is consistent with the Critical Incidents Model of Supervision (Ladany et al., 2005) in that we know supervisees experience important periods in their development when the supervisor’s response has a great impact on the supervisee’s learning and developmental outcome experiences.

Watkins and Riggs (2012) examined the theoretical and empirical foundation for the application of attachment theory to supervision. Recognizing the potential utility for applications of attachment to the supervisory situation, they reviewed the available research and identified several conclusions for future work in this area. Among their conclusions was recognition of the supervisory relationship as a hierarchical (“leader-follower”) relationship with the supervisor serving as the more knowledgeable attachment figure for the supervisee. Additionally, their review of the empirical work available lead to their conclusion that the “supervisor’s attachment style appears to exert a substantive influence on the supervision experience” (p. 272). Noting this, they also highlighted the absence of studies addressing how the supervisor’s attachment may impact the supervisory situation. They discussed the criticisms voiced in the literature that call into question whether or not the supervisory relationship ever becomes a “clear-cut” attachment relationship.
Figure 3: Attachment-Caregiving Model of Supervision (ACMS), adapted from Fitch, Pistole & Gunn, 2010
While the evidence regarding this matter is limited at present, they argue that even if supervision never approximates an attachment relationship, the attachment dynamics of both individuals within the relationship are of value to consider. Furthermore, they argue that there is benefit in addressing the attachment dynamics by using an individual differences perspective (i.e., examining the contribution of either the supervisor or the supervisee to the supervision process). Additionally, they forwarded specific hypotheses regarding the way attachment dynamics of the supervisor may manifest in the supervision setting. Specifically, they suggest that more insecure supervisors would be less likely to provide responsive, empathetic, and supportive behaviors to their supervisees over the course of supervision. Thus, this review suggests examination of the supervisor contribution to supervision as a useful, and necessary, next step for research on the applications of attachment theory to supervision.

One of the many important research questions raised by the models and conceptual literature reviewed here is what factors impact the supervisor’s ability to provide effective caregiving to the supervisee. The extant empirical research discussed below gives us some beginning hints of what these variables may be.

**Empirical Research in Attachment Theory and Supervision**

While research in this area is still in its nascent stage, there has been recent empirical work done looking at the intersection of attachment theory and supervision. This work, in general, has found support for the application of attachment theoretical constructs to the context of supervision. A limitation of the available research is a lack of focus on supervisor variables with regard to how they may impact the supervisee and the supervisory situation more generally. However, through these studies, we can begin to
see how attachment theory can help us frame supervision and understand both supervisee and supervisor behavior.

Bennett, BrintzenhofeSzoc, Mohr, and Sales (2008) examined how social work students’ general and specific attachment styles related to their perceptions of the supervisory relationship and supervisory style. Using a sample of 72 students who were completing a supervised field work experience, they collected data on the general attachment styles of students, the supervision-specific attachment quality, the working alliance (i.e., task, bond, goals) and the supervisory style (task-oriented, attractive, interpersonally sensitive). After conducting a series of correlational and regression analyses to test their hypotheses, they found that the level of general attachment avoidance was related to both the supervision-specific attachment scales (avoidance and anxiety). Conversely, general attachment anxiety did not relate to either supervision-specific attachment variable. With regard to outcomes in supervision, students who were more generally avoidant in relationships were found to experience more anxiety in the supervisory relationship which then predicted a lower rating on the working alliance bond variable. The strongest relationships between attachment and supervisory outcomes were found for supervision specific avoidance. Students higher in avoidance in this domain rated the supervisory alliance as less positive (i.e., task \(r = -0.72\), bond \(r = -0.83\), goals \(r = -0.59\)), and rated their supervisor as having a more negative style (i.e., task-oriented style \(r = -0.48\), attractive \(r = -0.67\), and interpersonally sensitive \(r = -0.35\)). Using regression, the authors found that only supervision specific attachment variables uniquely predicted supervision outcome variables. Supervision-specific avoidance uniquely predicted all the outcome variables, whereas supervision-specific anxiety only uniquely predicted the
bond component of the supervisory alliance and the perceived attractiveness of supervisors. This study, while helpful in demonstrating the importance of attachment variables to impacting particularly supervisee’s experiences in supervision, is limited in its focus and generalizability. Specifically, by relying only on supervisee self-report in this study, it is possible that ratings of attachment, alliance, and supervisory style are biased by variables not measured in the study and by nature of being the person with less power in a hierarchical relationship. It is also limited in that it excludes the supervisor’s perspective which limits the possibility to understand both unique and interactive effects of attachment on the outcome variables.

Using a sample of 67 supervisory dyads, White and Queener (2005) examined the differential prediction of perceptions of the working alliance based on the attachment of both the supervisor and supervisee. The supervisees in the study were from three training programs; 88% of these supervisees were master’s level students and 12% were doctoral level. The supervisors consisted of 55 licensed professional staff in practicum placement settings and 12 doctoral students enrolled in a supervision course. They measured attachment using the Adult Attachment Scale with three subscales measuring comfort with closeness, comfort with depending on others, and the degree to which one experiences anxiety about being abandoned (Collins & Read, 1990). The closeness and depend scales were combined to reflect a general positive-affiliative attachment dimension and the anxiety scale was assumed to reflect a negative-conflictual attachment dimension. Using regression analyses to predict perceptions of the working alliance, they found that supervisors’ reported comfort with close relationships predicted both supervisees’ and supervisors’ perceptions of the working alliance. Specifically, more
positive ratings of the working alliance were found for supervisors who rated themselves as more comfortable with and dependent upon their close relationships in times of need. In other words, less avoidant supervisors had supervisory relationships characterized by more positive working alliance ratings. Interestingly, supervisee’s self-reported attachment style did not predict perceptions of the working alliance and the anxiety dimension did not uniquely predict perceptions of alliance for either group. These results importantly suggest that it may be the supervisor’s attachment style rather than the supervisee’s attachment style that impacts the quality of the supervisory relationship. A limitation of this study is the measurement of attachment. The authors do not discuss the validity of the use of the combined scales or how these scales may relate to other dimensional measures of attachment. As previously discussed, the lack of consistent measurement of attachment variables makes difficult the interpretation and comparison of research findings.

Taking a different approach to understanding how attachment variables may impact the supervisory situation, Foster, Lichtenberg, and Peyton (2007) collected data from 90 supervisory dyads. Sixty three percent of the supervisors held a doctoral degree, 22% held a master’s degree, and 15% held a Master of Social Work degree. Of the 90 supervisees, 39% were seeking a master’s degree, 36% were seeking a doctoral degree, and 21% were seeking a Doctor of Psychology degree. The sample was recruited through training directors who distributed the study materials to graduate student supervisees. Graduate student supervisees then shared the materials with their supervisors. The two primary research questions were whether the supervisory relationship was an attachment relationship and, if so, whether supervisees’ attachment to
their supervisors predicted their professional development. Both supervisors and supervisees rated the professional development of the trainee. Additionally, supervisees filled out two measures of attachment. One of these measures corresponded to general attachment style and one corresponded to the specific quality of their attachment to the supervisor. Attachment was measured as a categorical variable in this study (i.e., secure, preoccupied, dismissive, fearful). To answer the first question, the authors compared the general attachment ratings to the supervision-specific ratings and concluded that the supervisory relationship could be considered an attachment relationship given that the supervisees endorsed feelings of attachment to their supervisors at a similar degree that they endorsed these feelings in other close relationships. With regard to whether supervisee attachment to supervisor predicted professional development, they found support for this only when supervisees were rating their own development. In the regression analysis, supervisee attachment to supervisor explained an additional 12% of variance in their self-rated development after controlling for number of sessions. Supervisors’ ratings of the trainees’ development were not predicted by supervisees’ attachment to their supervisors. Unfortunately, unexamined in this study is how supervisors’ attachment styles may have related to ratings of development. By using only supervisee ratings of attachment, a thorough understanding of attachment dynamics in the supervisory situation cannot be understood. These authors also made a leap when assuming that supervisee ratings of attachment to supervisor were sufficient in constituting the supervisory relationship as an attachment relationship. In order for this question to be answered, both supervisee and supervisor ratings of attachment should be considered.
Recognizing that both supervisee and supervisor attachment styles might impact the relationship, Riggs and Bretz (2006) conducted a study with doctoral-level psychology interns who rated their own attachment style, the attachment style of their supervisors, and the quality of their supervisory working alliance. Their sample of 66 women and 20 men were recruited by contacting internship training directors from 200 sites nationally who were sent an invitation and asked to share it with their current interns. Even while using supervisee ratings of supervisor attachment style, these results are consistent with White and Queener’s (2005) findings that only supervisor attachment predicted the working alliance. In this sample, the interns’ perceptions of their supervisor’s attachment styles were related to their ratings of the task and bond components of the working alliance. Interns who perceived their supervisors to be more secure rated the task and bond components significantly higher than interns who perceived their supervisors to be insecurely attached. This study is limited by the use of supervisee ratings of supervisor attachment style and of working alliance as these may or may not reflect the supervisor’s actual attachment style and may not correspond with supervisor perceptions of the working alliance. More research needs to be done to determine whether supervisee ratings of attachment are consistent with supervisor and observer ratings of attachment.

Only one study examined how supervisory attachment may relate to supervisor behaviors in supervision. Examining the impact of attachment style from the supervisor’s perspective, Day (2006) questioned whether the supervisor’s attachment style may impact his or her self-efficacy for giving feedback and his or her perceptions of the working alliance. Using a sample of 176 doctoral trainee supervisors, Day used a
regression analysis to determine whether adult attachment predicted self-efficacy for giving feedback. Specifically, his findings suggested that trainee supervisors who endorsed greater need for approval in relationships, greater discomfort with closeness, and greater preoccupation with relationships reported lower self-efficacy for giving their supervisees corrective feedback. In the simultaneous prediction model, need for approval contributed the most variance to predicting self-efficacy for giving feedback. Examining whether supervisor attachment related to supervisor perceptions of the working alliance, Day used correlation analyses to determine if any significant relationships existed. Day found significant relationships for only two of the five dimensions of adult attachment measured in his study. Specifically, those supervisors who reported greater discomfort with relationships also reported a greater focus on helping their supervisees understand client factors and a greater focus on building the relationship with the supervisee through support and encouragement. Additionally, supervisors who endorsed a greater need for approval in relationships reported a greater emphasis on promoting trainees’ understanding of clients. Taken as a whole, these results suggest that attachment variables in supervisors may be related in important ways to style of supervision and to confidence in giving corrective feedback to supervisees. Several limitations to Day’s study deserve mentioning. First, as with other critiqued studies, his choice to measure five dimensions of attachment rather than the underlying dimensions of anxiety and avoidance (Brennan et al., 1998) makes it difficult to compare and interpret his results. Furthermore, his use of trainee supervisors limits the generalizability of these results as there may be developmental differences in addition to individual differences impacting supervisees’ comfort with giving feedback.
In sum, these studies collectively support the theoretical notion that the attachment style of the supervisor, self or other-rated, is related to important outcomes in supervision: ratings of working alliance, supervisee development, and supervisory style. Given the focus in these studies on using mostly supervisee-ratings of self and other attachment, it may seem questionable to apply these findings to expectations about supervisor attachment and behavior in the supervisory situation. However, given the confidence afforded by attachment theory tenets and support for these in previous research covering a multitude of populations and relationships, it seems reasonable to conclude that supervisor attachment dynamics may play out in similarly predictable ways in impacting behaviors in supervision. Moreover, given the preliminary support for the impact of supervisory attachment on supervision outcome variables, it is important that research move toward a more specific examination of the supervisor individual difference variables that may be at work in supervision. What is lacking in all but one of these studies is an examination of how supervisor attachment, as an individual difference, may help explain differences in supervisor behaviors within supervision. An important piece left unexamined given the emerging models of supervision rooted in relational theory is how supervisors’ attachment style may relate to caregiving responses within the supervisory situation. An understanding of how supervisor differences impact the relationship is essential as we move forward in in the practice and training of supervision.

Summary and Research Questions

Given consideration of the importance of the supervisory situation in impacting the development of the trainee and the services received by the public, there is a need to further understand the variables that impact the clinical supervisory relationship. This
study aimed to address the gap in the literature that pertains to our understanding of supervisor factors by examining what supervisor variables relate to responses in supervision. Attachment theory has demonstrated utility for providing a framework for the study of adult relationships and provides the basis for this investigation. Using the framework of Attachment Theory and the Attachment Caregiving Model of Supervision (Fitch et al., 2010), this study explored how attachment-related variables relate to supervisors’ supervisory and caregiving behavior and responses to critical incidents in supervision.

Three questions were addressed in this study related to how supervisors’ attachment styles relate to their behavior in supervision.

Question 1. Does supervisor level of attachment avoidance and anxiety relate to supervisory style?

Question 2. Does supervisor level of attachment avoidance and anxiety relate to caregiving style in supervision?

Question 3. Does supervisory style relate to caregiving style in supervision?
CHAPTER III
METHODOLOGY

Participants

The population of interest in this study included clinical supervisors with at least one year of experience supervising another clinician in a clinical setting. The decision to limit the sample to those with at least one year of experience was made based on the assumption that supervisors with less than one year of experience may not have had adequate time to develop a consistent supervisory approach. Because supervision can be done as part of training, unlicensed practitioners and students who met the criterion of having at least one year of supervision experience were included in this sample. Participants were recruited through online mailing lists such as APA division mailing lists, professional organizational mailing lists, training director mailing lists and other online forums used by clinical supervisors.

In order to determine the number of participants to recruit, I conducted a power analysis using G*Power (Faul, Erdfelder, Buchner, & Lang, 2009). Based on a linear multiple regression model with 14 independent variables (i.e., age, gender, months of supervision, six theoretical orientation variables, attachment anxiety, attachment avoidance, and three supervisory styles) and power set at .80, it was determined that 135 participants would be required to detect a medium effect size. The choice of a medium effect size was made based on previous research that had found medium effect sizes
when using attachment variables to predict supervision-related phenomena. Given the limited availability of research examining the relationships of supervisors’ ratings of attachment, two studies were considered in making this determination. Day (2006) in his study of supervisors found medium effect sizes in the relationships between attachment variables and alliance ratings of supervision. For example, he found that supervisor discomfort with closeness (i.e., avoidance) was negatively correlated with self-efficacy for providing constructive feedback ($r (176) = -.580$) and supervisor preoccupation with relationships (i.e., anxiety) was negatively correlated with self-efficacy for providing feedback ($r (176) = -.561$). In a different study using supervisors’ attachment ratings, White and Queener (2005) similarly found medium effect sizes in the prediction of working alliance ratings from supervisor attachment ratings ($R^2 = .33$).

While initial data collection yielded 153 cases, after cleaning and deleting cases with missing data, the final sample included 123 cases. A post-hoc power analysis was run using G*Power (Faul, Erdfelder, Buchner, & Lang, 2009) to determine whether the number of final data points was sufficient to run the final regression analyses after examining the relationships between variables to determine the number of independent variables in the regression equations. After examining the data, the largest regression equation included eight independent variables (see Tables 4 & 5). Based on this post-hoc analysis, it was determined that 77 cases were needed to run the regression analyses with eight independent variables to detect a medium effect size in the change in $R^2$. Given this finding, no further cases were recruited and analyses were run using this sample of 123.

Of the 123 participants, 35% ($n = 44$) identified as male and 64% ($n = 79$) identified as female. Participants ranged in age from 26 to 81 with a mean age of 46.
Seventy seven percent \((n = 95)\) identified their sexual orientation as heterosexual; 5\% \((n = 7)\) identified as gay; 8\% \((n = 10)\) identified as lesbian; 5\% \((n = 8)\) identified as bisexual; 1\% \((n = 2)\) identified as queer, and one individual identified as questioning. Participants were also asked to identify their race/ethnicity. The majority of participants, 82\%, identified as Caucasian/European American \((n = 102)\); 8\% identified themselves as Asian American/Pacific Islander \((n = 10)\); 3\% identified as African American/Black \((n = 4)\); 1\% \((n = 2)\) identified as multiracial/biracial; one individual identified as Native American/Alaskan Native; three individuals specified their race/ethnicity as Eastern European, International, and Jewish, respectively.

In order to describe the sample, participants were also asked to indicate their level of education and type of degree, their licensing status, and their work setting. The majority (86\%) of the sample had a doctoral degree (i.e., PhD, PsyD, or EdD) and the remaining participants had achieved a master’s degree (i.e., MA/MS, MSN, MSW). Participants reported their licensing status as either prelicensure \((n = 14; 11\%)\) or as licensed in one or more of the following fields: licensed psychologist \((n = 97; 78\%)\), licensed professional counselor \((n = 7; 5\%)\), licensed social worker \((n = 4; 3\%)\), licensed marriage and family therapist \((n = 2; 1\%)\), and advanced practice nurse \((n = 1)\). With regard to work setting, the largest group of participants reported working in a college counseling/university setting \((n = 55; 44\%)\). Following this, 15\% identified private practice as their primary work setting \((n = 19)\), 16\% identified research/academic as their primary work setting \((n = 20)\), 14\% identified working in a community setting \((n = 18)\), and 6\% reported working in a VA setting \((n = 8)\). The fewest number of participants
reported working in general hospital (n = 6), psychiatric hospital (n = 2), and forensic (n = 2) settings.

Participants in this study ranged from 12 to 540 months (M = 145) in their length of total supervision experience. The total lifetime number of supervisees ranged from 1 to 350 (M = 26) with three participants indicating that they had “too many to count”.

Participants were also asked to indicate how they would best describe their approach to supervision. Participants were permitted to choose more than one approach and could write-in a description of their approach. Fifty seven percent of the participants described themselves as relational (n = 71), 50 % described themselves as developmental (n = 62), and 26% described themselves as skills-based (n = 32). Nine percent described themselves as “integrative” and most of these individuals (n = 9) identified some combination of multicultural, feminist, and relational as typifying their approach. Two individuals identified themselves as “dynamic” and “person-centered”, respectively.

Finally, participants were asked to indicate to what extent they identified with each of six theoretical orientations. Means and standard deviations for the extent to which supervisors endorsed adherence to each theoretical orientation can be found in Table 2. Overall, supervisors indicated the highest level of adherence to eclectic/integrative orientations, humanistic orientations, and cognitive orientations, respectively.

**Procedures**

Participants responded to the invitation to participate in the study disseminated through email and used a direct link that took them to the survey page. Participants read the informed consent statement (see Appendix A) and indicated their consent by agreeing
to complete the surveys. Participants completed a demographic form, the Experiences in Close Relationships Scale (Brennan et al., 1998), the Supervisory Styles Index (Friedlander & Ward, 1984), and the Adapted Caregiving Questionnaire (Kunce & Shaver, 1994).

Instrumentation

Demographics. Participants answered questions regarding their demographic and professional identification. Questions were asked about participants’ gender, age, years of supervision practice, type of degree, licensing status, work setting, sexual orientation, race/ethnicity, and supervisory approach (see Appendix B).

Theoretical Orientation. Theoretical orientation is an important contributor to clinical and supervisory style and therapist and supervisor identification. In order to control for any relationships that theoretical orientation may have with other variables in this study, including attachment style, supervisory style, and caregiving style, a measure of this was included. Participants were asked to indicate their subjective level of identification with each of 6 different theoretical styles on a 6-point likert-type scale: psychoanalytic/dynamic, behavioral, cognitive, humanistic, systems, eclectic/integrative (see Demographic Form, Appendix B, Question 7). Following from the literature on the complexity of measuring theoretical orientation, and because forced-choice methods do not adequately capture plurality in orientation (Boswell, Castonguay, & Pincus, 2009; Hill & O’Grady, 1985), a dimensional approach was used in this project. Adapted from the Development of Psychotherapists Common Core Questionnaire (DPCCQ; Ronnestad et al., 1997; Orlinsky & Ronnestad, 2005), this approach allows for a greater diversity of responses and a more sensitive assessment of supervisors’ theoretical orientations.
Supervisory Styles Inventory (SSI). Friedlander and Ward (1984) developed the Supervisory Styles Inventory to assess the domains on which supervisors vary. To develop this measure, Friedlander and Ward rationally generated a pool of items from a content analysis of interviews with experienced supervisors from multiple professional fields. In a series of studies, they administered the pool of items to supervisors and training program directors as well as practicum students and internship trainees. Using factor analysis they found three factors best accounted for the variance among the items across sample groups. The factor that accounted for more than half of the observed variance was named Attractive as it reflected collegial dimensions of supervision (e.g., warm, supportive, open, friendly). In the final measure, this factor is assessed by asking respondents to rate seven adjectives on a 7 point likert-type scale by how well the item describes the supervisor. The second factor, Interpersonally Sensitive, is assessed by the ranking of eight adjectives (e.g., perceptive, committed, intuitive, reflective). This factor indicates a relationship-oriented approach to supervision. The final factor, Task Oriented, represents a content-focused style and includes adjectives such as structured, goal oriented, didactic, and concrete. Reliability was estimated using both internal consistency coefficients as well as test-retest coefficients. The internal consistency coefficient alphas for the Attractive scale ranged from .82 to .93 and the test-retest reliability for this scale was .94. For the Interpersonally Sensitive Scale the internal consistency coefficient alphas ranged from .70 to .88 and the test-retest reliability estimate was .91. For the Task Oriented scale, coefficient alphas ranged from .80 to .85 and the test-retest reliability estimate was .78 (see Appendix D). Coefficient alphas for the scales in the current study were consistent with these findings: Interpersonally
Sensitive, $\alpha = .78$; Attractive, $\alpha = .84$; Task-Oriented, $\alpha = .85$. Friedlander and Ward established the validity of the SSI, demonstrating that the three scales were effective in distinguishing between groups of trainees at different levels and in distinguishing between rankings of therapists using differing theoretical orientations (see discussion in Chapter 2).

As discussed previously by this author, there are multiple examples from the literature showing the usefulness of the SSI (Friedlander & Ward, 1984) at predicting outcomes and perceptions of supervision (see Chapter 2). This scale was chosen for use in this project given the strong evidence of its reliability and validity for measuring the constructs important to understanding differences in supervisory style.

**Adapted Caregiving Questionnaire.** Kunce and Shaver (1994) developed a questionnaire to measure the construct of caregiving in adult relationships as they recognized a dearth of research and inquiry related to this aspect of attachment. This measure assesses four dimensions of caregiving: proximity versus distance ($\alpha = .83$), sensitivity versus insensitivity ($\alpha = .83$), cooperation versus control ($\alpha = .87$), and compulsive caregiving ($\alpha = .80$). The measure was developed in steps over the course of several studies. First, the authors reviewed the literature on parental caregiving in attachment relationships and identified seven constructs important to attachment quality (i.e., sensitivity-insensitivity, acceptance-rejection, cooperative-uncooperative, accessible-inaccessible, physical contact, affective expression, and compulsive caregiving). Next, Kunce and Shaver also conducted interviews and administered open-ended questionnaires to young adults. The results of this qualitative inquiry were used to inform the development of the questionnaire. The authors used the results of the
literature review and interviews to develop a 64-item self-report questionnaire of the seven identified important constructs, translating the constructs into terms relevant to adult relationships.

The 64 items were administered to a sample of 353 undergraduate students (Kunce & Shaver, 1994). Seventy percent of the participants were currently involved in a romantic relationship and ranged in age from 17 to 52. Participants also completed a measure of attachment style. Seven scales were determined on an a priori basis and were analyzed using MANOVA to test for differences in caregiving by attachment style. As would be expected based on attachment theory, the authors found significant attachment style differences for all seven caregiving scales. Most notably, those participants classified as having a secure style were most likely to be sensitive caregivers, to be cooperative rather than controlling, to be accepting rather than rejecting, and to be high in emotional expression. Secure individuals were also least likely to have a compulsive caregiving style. The pattern for those having a dismissive style (i.e., avoidant) showed them to be less accepting, sensitive, cooperative, accessible, and emotional than secure individuals. These patterns are consistent with the tenets of attachment theory (Kunce & Shaver, 1994).

After examining the pattern of differences, the authors subjected the items to factor analysis and found that four factors seemed to best capture the variability among the original items. Kunce and Shaver (1994) at this point revised their item set to take into account this factor structure and to better balance the items between positive and negative wording. Their revisions resulted in a new 60-item set that was administered to
a new sample of 338 undergraduate students along with measures of attachment style and socially desirable responding. They again subjected the items to factor analysis. Consistent with the previous study, they found four factors, accounting for 38% of the variance, to be the best-fitting solution to explaining the variance among items. They selected the highest-loading items on each factor to create the final 32-item measure of Caregiving with four subscales.

Because this measure was based on dimensions of caregiving present in both parent-child and adult romantic relationships, it was chosen for use in this study. Caregiving in the context of the supervisory relationship, while being a relationship between two adults, likely is less reciprocal given its inherent hierarchical nature. In order to fit the purposes of this study, this measure was adapted to be relevant to the clinical supervision context. While most of the items were simply reworded (e.g., “I am very attentive to my partner’s nonverbal signals for help and support” became “I am very attentive to my supervisee’s nonverbal signals for help and support”), several items were more substantially revised to reflect the non-romantic, professional nature of the supervisory relationship (e.g., “When my partner seems to want or need a hug, I’m glad to provide it” became “When my supervisee seems to want or need to meet with me, I’m glad to do so”). Every effort was made to retain the underlying intent of the items, for example to convey the provision of a secure base in the previously discussed item (see Appendix C). While the provision of a secure base, or proximity, may be functionally different depending on the relationship, the underlying construct is assumed to be the same from an attachment theoretical perspective (Kunce & Shaver, 1994).
After the revisions made to this scale based on the factor analysis (results reported in chapter 4), the four scales were retained with some item deletions. Coefficient alphas for the final caregiving subscales were as follows: $\alpha = .55$ for Proximity; $\alpha = .79$ for Sensitivity; $\alpha = .80$ for Cooperative; and $\alpha = .86$ for Compulsive Caregiving.

**Experiences in Close Relationships.** Brennan and colleagues (1998), as previously discussed in chapter 2, conducted a factor analysis of all attachment-related items from multiple questionnaires to investigate the underlying structure of attachment. Their investigation resulted in a 36-item measure with two scales, both 18-items, reflecting the underlying dimensions of attachment anxiety and attachment avoidance (see Appendix E). This measure asks respondents to indicate their general style of relating to others by responding to items such as “I worry a fair amount about losing my partner” (i.e., attachment anxiety) and “I don’t feel comfortable opening up to romantic partners” (i.e., attachment avoidance). In their original investigation, they found the scales to be adequately internally consistent with a coefficient alpha of .91 for anxiety and .94 for avoidance. A more recent investigation using these scales found similarly solid coefficient alphas of .92 for attachment anxiety and .93 for attachment avoidance (Noftle & Shaver, 2006). Brennan and colleagues found that these scales were only mildly correlated with one another ($r = .11$), demonstrating that they are relatively independent measures of attachment-related styles. Furthermore, Brennan and colleagues provided evidence of convergent and divergent validity of both scales, providing data showing that these scales correlated in theoretically expected ways with constructs related to attachment anxiety and avoidance. For example, the attachment avoidance scale was highly positively related to fearfulness and negatively related to trust. The
anxiety scale was highly positively correlated with proximity seeking and need for approval. Coefficient alphas for the scales in this sample, Anxiety ($\alpha = .89$) and Avoidance ($\alpha = .91$), were consistent with previous studies.

**Data Analyses**

For each of the questions and their related hypotheses, hierarchical multiple regression was chosen as the data analytic strategy. The appropriateness of this strategy was considered in light of suggestions for the use of this approach based on a review and critique of its use in the extant literature (Petrocelli, 2003) and on suggestions from statisticians (Tabachnick & Fidell, 2007). The focus of hierarchical regression is on examining the change in amount of variance explained in the dependent variable by independent variables added at later stages of the regression analysis. As the three sets of hypotheses in this study sought to determine the significance of additional variance explained by sets of independent variables added after the initial entry of demographic and theoretical orientation variables, hierarchical multiple regression was chosen. As Petrocelli points out, use of this data analytic strategy is appropriate to test theoretically derived hypotheses.

**Question one.** Does supervisor attachment relate to supervisory style? The question was examined by utilizing a series of three hierarchical multiple regression analyses to test the relationships between variables. First, the bivariate correlations were examined to establish the existence of relationships between predictor and criterion variables. Based on the pattern of observed correlations, a series of regression equations were run to address this question. In these equations, the supervisory styles were input as the dependent variables, and the independent variables included relevant demographics,
theoretical orientation, and both attachment anxiety and attachment avoidance. In the first step of the regression equation, the relevant demographics and theoretical orientation were input in order to control for relationships that these variables had with the criterion and other predictor variables. In this way, the results allow for the determination of the variability in supervisory styles accounted for by the attachment variables above and beyond the demographic and theoretical orientation variables through an examination of change in $R^2$.

**Hypothesis 1a:** Attachment anxiety and attachment avoidance will explain a significant amount of variance in task orientation in supervisors above and beyond demographic variables and theoretical orientation. Specifically, higher task orientation is expected to relate positively to attachment avoidance and attachment anxiety.

**Hypothesis 1b:** Attachment anxiety and attachment avoidance will explain a significant amount of variance in interpersonal sensitivity in supervisors above and beyond demographic variables and theoretical orientation. Specifically, interpersonal sensitivity is expected to relate negatively to attachment avoidance and attachment anxiety.

To test these hypotheses, the change in $R^2$ and significance of the change in $F$ value was considered to determine variance explained by the attachment variables above and beyond the demographic characteristics and the standardized beta weights and significance of each predictor variable was examined for attachment avoidance and anxiety in each equation. No hypothesis was made with regard to predicting supervisor
attractiveness, but this equation was examined for exploratory purposes to generate hypotheses for future research.

**Question two.** The second question addressed in this study is whether supervisor level of attachment avoidance and anxiety relate to caregiving style in supervision. Drawing from the findings on adult romantic attachment and supervision research, several hypotheses were made regarding the prediction of caregiving orientation from attachment anxiety and avoidance. The hypotheses were examined by utilizing a series of hierarchical multiple regression analyses to test the relationships between variables. First, the bivariate correlations were examined to establish the existence of relationships between variables. Based on the pattern of observed correlations, a series of four regression equations were run to address this question. In these equations, the four caregiving styles were input as the dependent variables, and the independent variables included relevant demographics, theoretical orientation, and both attachment anxiety and attachment avoidance. In the first step of each regression equation, the relevant demographics and theoretical orientation were input in order to control for any relationships that these variables have with the dependent and other independent variables. In this way, the model allows for the determination of the variability in caregiving styles accounted for by the attachment variables above and beyond the demographic variables through an examination of change in $R^2$.

**Hypothesis 2a:** Attachment variables will explain a significant amount of variance in proximity promotion in supervisors above and beyond demographic variables and theoretical orientation. Specifically, it is expected that attachment avoidance will be negatively related and attachment anxiety will be positively
related to proximity promotion.

**Hypothesis 2b**: Attachment variables will explain a significant amount of variance in sensitive caregiving in supervisors above and beyond demographic variables and theoretical orientation. Specifically, sensitive caregiving will be negatively related to attachment avoidance and anxiety.

**Hypothesis 2c**: Attachment variables will explain a significant amount of variance in compulsive caregiving in supervisors above and beyond demographic variables and theoretical orientation. In this case, compulsive caregiving is expected to relate negatively to attachment avoidance and positively to attachment anxiety.

**Hypothesis 2d**: Attachment variables will explain a significant amount of variance in cooperative caregiving in supervisors above and beyond demographic variables and theoretical orientation. Cooperative caregiving is expected to be negatively related to both attachment avoidance and attachment anxiety.

These hypotheses are tested by examining the change in $R^2$ and associated significance of change in $F$ value and the standardized beta weights and significance for each independent variable after their addition in each of four regression equations.

**Question three**. The third question addressed in this study is whether supervisor’s supervisory style will relate to caregiving style. In other words, does supervision style explain additional variance in caregiving style above and beyond variance explained by attachment style? This is tested by adding supervisory styles as predictors in a third step to each of the equations described above to examine the relationship that supervisory style may have to caregiving styles above and beyond
attachment variables. As before, the change in $R^2$ and the standardized regression coefficients for the three supervisory styles were examined for size and significance in predicting caregiving styles.

**Hypothesis 3a:** Supervisory styles will explain a significant amount of variance in proximity promotion in supervisors above and beyond attachment variables. In particular, proximity promotion will be positively related to attractive and interpersonally sensitive supervisory styles and negatively related to task-oriented supervisory styles.

**Hypothesis 3b:** Supervisory style will explain a significant amount of variance in sensitive caregiving in supervisors above and beyond attachment variables. In this case, caregiving sensitivity will relate positively to interpersonally sensitive and attractive styles and negatively to task-oriented styles.

**Hypothesis 3c:** Supervisory style will explain a significant amount of variance in compulsive caregiving in supervisors above and beyond attachment variables. Specifically, compulsive caregiving will be negatively related to a task-oriented supervisory style.

**Hypothesis 3d:** Supervisory style will explain a significant amount of variance in cooperative caregiving in supervisors above and beyond attachment variables. Cooperative caregiving is expected to be positively related to the interpersonally sensitive and attractive caregiving styles and negatively related to task-oriented supervisory styles.
CHAPTER IV
RESULTS

The following chapter presents the results of the data analyses. The first section describes the initial review of the data, including the quality of the data and how missing data were handled. The second section describes the results of the exploratory factor analysis of the Adapted Caregiving Questionnaire. The third section presents the results of the analyses by hypothesis. A summary of the results by research question concludes each section.

Preliminary Analyses

The first set of analyses involved evaluating the underlying assumptions including normality, linearity, multicollinearity and outliers. The data were checked for missing and out of range data. Transformations were applied to variables as necessary. Prior to conducting the main planned regression analyses for the study, I conducted an exploratory factor analysis using principal-axis factoring of the Adapted Supervision Caregiving Questionnaire (Kunce & Shaver, 1994). Principal-axis factoring (PAF) was chosen as the extraction method given that PAF has been found in simulation studies to produce more accurate results than other extraction methods when communalities (which are unknown for the Caregiving Questionnaire) are low (Kahn, 2006). Direct Oblimin rotation was applied as the factors were expected to correlate. The four-factor solution
was examined for percentage of variance explained by each factor. Additionally, the item-factor correlations were examined and compared to the original factor solution found by Kunce and Shaver (1994) in their development of the measure. The results of this analysis lead to five items being deleted from final caregiving scales given lack of fit to parent factors. The details of these item deletions are discussed in more depth in a subsequent section of this chapter.

**Missing data.** Prior to completing the planned analyses, data were examined for completeness. A total of 153 cases were collected through survey monkey to complete the initial data set. Of these 153 cases, 30 (19%) had more than 10% missing data. These 30 cases were examined to identify any potential patterns in the cases of missing data. Two of the 30 cases collected had no responses to any of the questions. These cases were removed from all further analyses. The remaining 28 cases were subjected to further analysis. The majority of these remaining cases, 78% (n = 22) simply stopped responding to the survey questions either during or at the completion of the demographic questions and did not complete any of the questions comprising the three instruments used in this study. The remaining 22% of cases (n = 6) discontinued participation at some point during the completion of the survey. In all of these 28 cases, the missing data appeared to be due to attrition during the completion of the study. To test for patterns in these missing data that may have been related to attrition, a dummy-variable with two groups was created to denote cases with missing variables as is suggested by Tabachnick and Fidell (2007) and others (e.g., Scholmer, Bauman, & Card, 2010). These data were then subjected to correlational analyses to look for patterns of missingness in the data. The results of these analyses indicated that none of the demographic variables were
related to missingness (i.e., age, gender, race, and sexual orientation). Interestingly, attrition was positively correlated with supervision experience ($r = .19, p < .05$). Furthermore, individuals who rated themselves as higher on humanistic ($r = -.19, p < .05$) and also individuals who endorsed an eclectic theoretical orientation ($r = -.23, p < .05$) were less likely to prematurely discontinue their participation in the survey. No other patterns of missingness were found in these cases. These 28 cases were removed from further analyses given that the data available could not be used to test the hypotheses. In all of these removed cases, responses terminated at one point in the survey, indicating that due to whatever reasons (e.g., fatigue, boredom, lack of time), respondents gave up on the completion of the survey at one point in time rather than neglecting to respond to select questions. The remaining 123 cases were retained for the remaining analyses.

Prior to continuing with the planned analyses, steps were taken based on best practice recommendations for treating missing data (Schlomer et al., 2010) as 12 cases out of the remaining 123 had less than 2% missing data. Specifically, 10 cases were missing data on 1 item and 2 cases were missing data on 2 items. This corresponds to a rate of missingness of 1% or less on variables across all measures and individual cases. First, a visual examination showed no obvious pattern of missingness across these cases and variables. Next, Little’s MCAR test was conducted using the Missing Values Analysis function in SPSS 21.0. The results of this test indicated that it is likely that the data were missing completely at random (Little’s MCAR test: $\chi^2 = 78.965, df = 79, p = .18$). Rather than removing these cases from analyses, which is not recommended when data are missing at random and the proportion of missing cases is small, the missing values were imputed using expectation maximization, which is appropriate to use when
data are missing at random and has been found to be superior to other methods of dealing with missing data, such as mean substitution (Schlomer et al.; Tabachnick & Fidell, 2007).

In sum, of the 153 cases collected through survey monkey, 30 were deleted based on attrition and lack of data to contribute to hypothesis testing. The remaining 123 cases included some item-level missing data, which comprised less than 2% of the responses across variables and cases. The missing data were estimated using expectation maximization after determining that the data were missing completely at random using the Missing Values Analysis program in SPSS 21.0. Expectation maximization procedures are considered appropriate when it is determined that data are missing completely at random (Tabachnick & Fidell, 2007).

**Outliers.** The next step in the data cleaning process was to screen for outliers and ensure normal distribution of the variables. First, variables were screened for out of range values. No out of range values were detected. Next, a series of analyses were undertaken to detect the presence of outliers. To detect for univariate outliers, the distribution of z-scores was examined for each variable to detect any cases that fell more than 3 standard deviations away from the mean. Regression analyses were used to detect multivariate outliers and Mahalanobis distance was calculated and examined for each case based on recommendations from the literature (Tabachnick & Fidell, 2007). The result of these steps found one case that was a multivariate outlier and a univariate outlier on the variable Interpersonally Sensitive Supervisory Style. Given that this case was assumed to be sampled appropriately and that incorrect data entry was ruled out, the decision was made to replace the value on the variable to be less deviant. As Tabachnick
and Fidell discuss, this option is appropriate when the remainder of the distribution approximates normal. To reduce the impact of this case on subsequent analyses and to retain its contribution, the outlying value was replaced with a value $\frac{1}{2}$ unit away from the next most extreme score (i.e., the value 3.25 on Interpersonally Sensitive was replaced with a value of 4.0). Subsequent analyses revealed that this case was no longer a univariate or multivariate outlier.

Additionally, on all variables, skewness, kurtosis, and histograms were examined to determine whether variables fit the assumption of normality (note: for the Caregiving variables, these were conducted after the completion of the EFA with items deleted). After computing $z$-scores for the skewness and kurtosis values for each variable and examining the histograms, five variables were identified as being significantly skewed. Steps were taken to transform these variables to better approximate a normal distribution. Two of the variables, Attractive Supervisory Style and Interpersonally Sensitive Supervisory Style, both negatively skewed, were transformed using a reflected square root transformation. Both attachment variables (Anxiety & Avoidance) and compulsive caregiving were more severely positively skewed and a log transformation was applied. After these transformations, skewness, kurtosis, and histograms were again examined for fit to normal distribution and all variables demonstrated adequate fit. Data were screened for outliers after transformations were applied and none were found.

**Exploratory Factor Analysis**

Principal factors extraction with direct oblimin rotation was performed on the 32 items from the Adapted Caregiving Questionnaire (Kunce & Shaver, 1994). Item-factor correlations and percentage of variance explained by each factor are presented in Table 1.
Bartlett’s test suggested that the data were suitable for an EFA, $\chi^2 (123) = 1684.48, p < .001$, and the Kaiser-Meyer-Olkin measure indicated that there was an adequate sample size for this analysis (.781). Examination of the scree plot and eigenvalues indicated that a four-factor solution was appropriate for this set of data.

As can be seen in Table 1, the pattern of item-factor loadings suggests overall good fit of the data to the original four factors identified by Kunce and Shaver (1994). There were, however, five items that did not load as expected onto the parent factors and these items were not retained in the caregiving scales for the main regression analyses (Items 7, 10, 22, 30, & 32). These items either did not load as highly as expected on their parent factor or loaded highly (i.e., $> .32$) on more than one factor. For example, item 7 (“When my supervisee is crying or emotionally upset, I sometimes feel like withdrawing”) which was intended to measure proximity vs. distance instead loaded onto the caregiving sensitivity factor. Two items were removed from the compulsive caregiving scale as they did not relate to the parent factor or discriminate between factors as expected. This resulted in a total of 7 items comprising the caregiving scales for proximity promotion, sensitive caregiving, and cooperative caregiving and 6 items comprising the compulsive caregiving scale.

A comparison of the interrelationships between the scales were made to Kunce and Shaver’s (1994) original findings. The relationships between scales largely followed the same pattern found in Kunce and Shaver’s scale development study in that proximity was positively related to sensitivity ($r = .37$) and to cooperation ($r = .36$). Sensitivity was also positively related to cooperation, consistent with Kunce and Shaver’s results ($r = .42$). Contrary to the original study, which found no relationship between sensitivity and
compulsive caregiving, a significant negative relationship was found between these variables in this sample \((r = -0.26)\). Finally, consistent with the original study, cooperation was also negatively related to compulsion \((r = -0.35)\). Overall, this pattern of relationships is similar to the original pattern found by Kunce and Shaver (1994) providing support for the validity of the Adapted Caregiving Questionnaire with supervisors.

**Regression Analyses**

For all analyses subsequently discussed, each solution was screened for the possibility of violations of homoscedasticity using residual scatterplots. An examination of scatterplots for each regression equation found no significant deviations from this assumption.

**Question one.** Does supervisor level of attachment avoidance and anxiety relate to supervisory style? To answer the first set of hypotheses, prior to conducting the planned hierarchical multiple regression analyses, the bivariate correlations were examined to determine what independent variables would be included in each regression equation. To examine the first hypothesis that attachment anxiety and avoidance will explain significant variance in task orientation in supervisors above and beyond demographic variables and theoretical orientation, the bivariate correlations between the criterion variable, task orientation, and the proposed independent variables were examined. Contrary to what was hypothesized, task orientation was not significantly correlated with either of the attachment variables (see Table 2). The hypothesis that attachment anxiety and avoidance would explain a significant amount of variance above and beyond demographic variables and theoretical orientation was not supported. Task orientation was, however, significantly related to several variables of interest. In this
Table 1

*Exploratory Factor Analysis: Adapted Caregiving Questionnaire (Kunce & Shaver, 1994): Factor Loadings and Percentage of Variance*

<table>
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<th>Item</th>
<th>Factor 1 Cooperation vs. Control</th>
<th>Factor 2 Compulsive Caregiving</th>
<th>Factor 3 Sensitivity vs. Insensitivity</th>
<th>Factor 4 Proximity vs. Distance</th>
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</table>

| Percent of Variance Explained | 21.6% | 8.9% | 5.0% | 3.9% |

*Note.* $n=123$. Principal axis factor analysis with oblique rotation; loadings over .32 in bold type. * Item excluded from final caregiving scale.
sample, male supervisors were more likely to endorse task orientation ($r = -.29, p < .01$) as were older supervisors ($r = .21, p < .05$). Supervisors with more experience were more likely to endorse a task-oriented supervisory style ($r = .23, p < .01$) as were supervisors who endorsed cognitive ($r = .44, p < .01$) and behavioral ($r = .36$) theoretical orientations. Lastly, supervisors who endorsed a task-oriented supervisory style were less likely to see themselves as interpersonally sensitive supervisors ($r = -.19, p < .05$).

The next hypothesis (hypothesis 1b) that attachment variables would explain a significant amount of variance in interpersonal sensitivity in supervisors above and beyond demographic variables and theoretical orientation was similarly not supported in this sample. After examining the bivariate correlations between interpersonal sensitivity and attachment variables, no significant relationships were found (see Table 2). Therefore, no regression analysis was conducted as the hypothesis was unsupported based on the lack of significant relationships between criterion and independent variables. Supervisors who endorsed an interpersonally sensitive supervisory style were more likely to endorse psychodynamic ($r = -.27, p < .01$; interpretation based on reflected variable) and humanistic theoretical orientations ($r = -.27, p < .01$). Lastly, supervisors who endorsed an interpersonally sensitive style were also more likely to endorse an attractive supervisory style ($r = .68, p < .01$; interpretation based on both variables being reflected).

While no hypothesis was made about the relationship between attractive supervisory style and the attachment variables, these relationships were examined for exploratory purposes. Significant negative relationships were found between attractive supervisory style and both attachment anxiety ($r = .17, p < .05$) and avoidance ($r = .31, p < .01$). An attractive supervisory style was also more likely to be endorsed by
Table 2

Correlations, Means, and Standard Deviations

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* p < .05.
<sup>a</sup> Gender is dummy-coded with male = 0 and female = 1.
<sup>b</sup> Means and standard deviations reported are for the untransformed variables for ease of comparison to other scaled variables. Correlations reported for transformed variables.
<sup>c</sup> Attractive and Interpersonally Sensitive Styles were transformed using a reflected square root transformation, thus the interpretation of these items means higher values indicate less endorsement of these qualities.
supervisor’s who espoused a humanistic theoretical orientation ($r = -.37, p < .01$). In order to explore whether the attachment variables explain variance in attractive supervisory style above and beyond theoretical orientation, a hierarchical multiple regression analysis entering humanistic theoretical orientation in step 1 and attachment variables in step 2 was examined (see Table 3).

Table 3

*Regression of Attachment on Attractive Supervisory Style*

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<th>$\Delta R^2$</th>
<th>$\Delta F$</th>
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Note: n = 123.  
$^a$ df = 1, 121.  $^b$ df = 2, 119.

In the first step, humanistic theoretical orientation accounted for 13% of the variance in attractive supervisory style ($F = 18.761, df = 1, 121, p < .001$). As can be seen, the attachment variables did explain a significant amount of variance (5%) in attractive supervisory style above and beyond theoretical orientation ($F = 4.090, df = 2, 119, p = .019$). An examination of the standardized beta weights shows that only attachment avoidance ($\beta = .21, p = .020$) was a significant unique predictor of attractive supervisory style whereas attachment anxiety ($\beta = .05, p = .561$) was not. Specifically, in this sample, supervisors who describe themselves as being less avoidant in their relationships are more likely to endorse an attractive supervisory style and attachment avoidance explains
a significant amount of variance in attractive supervisory style when the contribution of theoretical orientation is accounted for in the regression model.

In answer to question one, it appears that attachment variables were only minimally related to supervisory style in this sample of clinical supervisors. Specifically, lower levels of attachment avoidance were found to relate to seeing oneself as a more attractive supervisor. Neither attachment anxiety nor attachment avoidance contributed significant variance to the prediction of the other supervisory styles (i.e., interpersonally sensitive & task-oriented) as hypothesized.

**Question two.** Does supervisor attachment relate to general caregiving behaviors in supervision? Prior to running planned hierarchical multiple regressions to address the second set of hypotheses concerning the contribution of the attachment variables to explaining variance in supervisor caregiving styles, the bivariate correlations between caregiving variables and the proposed independent variables were examined. Beginning with hypothesis 2a, the correlations between proximity promotion and other variables of interest were examined (see Table 2). As can be seen, proximity promotion was not significantly related to either attachment anxiety or attachment avoidance, thus no regression was run. The hypothesis that attachment variables would significantly add to the variance in proximity promotion above and beyond demographic and theoretical orientation variables was not supported.

Next, in order to test hypothesis 2b, the bivariate correlations between caregiving sensitivity and proposed independent variables were examined. In this case, caregiving sensitivity was found to have negative bivariate relationships with both attachment variables (see Table 2) as well as positive relationships with two theoretical orientation
variables: humanistic and psychodynamic. Given that relationships between criterion and independent variables were found, the hierarchical multiple regression analysis was performed with the data as planned. In the first step, psychodynamic and humanistic theoretical orientation variables were added. Together, these variables accounted for 8% of the variance in caregiving sensitivity \((F = 5.788, df = 2, 120, p = .004)\). In the second and final step of the regression, the attachment anxiety and attachment avoidance.

Table 4

| Regression of Theoretical Orientation, Attachment, and Supervisory Style on Caregiving Sensitivity |
|---------------------------------|------------------|-----------------|-----------------|-----------------|
| **Step 1**                      | **β**            | **R²**          | **ΔR²**         | **ΔF**          | **p**           |
| Humanistic                      | .18              | .040            |                 |                 |                 |
| Psychodynamic                   | .22              | .010            |                 |                 |                 |
|                                 |                  | .08             | .08             | 5.788a          | .004            |
| **Step 2**                      |                  |                 |                 |                 |                 |
| Humanistic                      | .15              | .095            |                 |                 |                 |
| Psychodynamic                   | .21              | .016            |                 |                 |                 |
| Anxiety                         | -.15             | .114            |                 |                 |                 |
| Avoidance                       | -.05             | .606            |                 |                 |                 |
|                                 |                  | .11             | .03             | 2.008b          | .139            |
| **Step 3**                      |                  |                 |                 |                 |                 |
| Humanistic                      | .01              | .904            |                 |                 |                 |
| Psychodynamic                   | .12              | .121            |                 |                 |                 |
| Anxiety                         | -.12             | .146            |                 |                 |                 |
| Avoidance                       | .01              | .882            |                 |                 |                 |
| Attractive \(^d\)               | -.22             | .052            |                 |                 |                 |
| Interpersonally Sensitive \(^d\) | -.31             | .006            |                 |                 |                 |
| Task-Oriented                   | .08              | .289            |                 |                 |                 |
|                                 |                  | .34             | .23             | 13.132c         | <.001           |

Note: \(n = 123\).

\(^a\) df = 2, 120. \(^b\) df = 2, 118. \(^c\) df = 3, 115. \(^d\) Attractive and Interpersonally Sensitive supervisory styles are interpreted based on their reflection such that lower values indicate higher endorsement of each style.
Table 5

**Regression of Theoretical Orientation, Attachment, and Supervisory Styles on Compulsive Caregiving**

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Note. $n = 123$. $^a$df = 3, 116. $^b$df = 2, 114. $^c$df = 3, 111.

variables were added. As can be seen in Table 4, the change in $R^2$ ($\Delta R^2 = .03$) when attachment variables were added to the model in the second step was non-significant ($F = 2.008, df = 2, 118, p = .139$), disconfirming hypothesis 2b and showing that attachment variables did not explain significant variance in caregiving sensitivity above and beyond relevant theoretical orientation variables.
Table 6

*Regression of Theoretical Orientation, Attachment, and Supervisory Styles on Cooperative Caregiving*

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Note. N = 123.
\(^a\) df = 3, 118. \(^b\) df = 2, 116, \(^c\) df = 3, 113.

Hypothesis 2c was next evaluated by examining the bivariate correlations between compulsive caregiving in supervisors, attachment variables, demographic variables, and theoretical orientation. Examination of bivariate correlations indicated that compulsive caregiving was related to attachment anxiety, length of supervision experience, age, and humanistic theoretical orientation. In the first step of the regression, demographic variables and humanistic theoretical orientation was added. The
demographic variables including age, supervision experience and humanistic theoretical orientation together accounted for 18% in the variance in compulsive caregiving among supervisors ($F = 8.478, df = 3, 116, p < .001$). In the second step, both attachment variables were added in order to account for the relationship between these two variables even though attachment avoidance did not have a bivariate relationship with compulsive caregiving. As can be seen in Table 5, the null hypothesis was supported in that attachment variables did not explain a significant amount of variance in compulsive caregiving after demographic variables and theoretical orientation were added to the regression model ($\Delta R^2 = .03, F = 2.671, df = 2, 114, p = .074$). Hypothesis 2c was also disconfirmed.

Lastly, the relationships between cooperative caregiving, attachment variables, and other variables of interest were examined using bivariate correlations (Table 6). Cooperative caregiving was found to relate significantly to three theoretical orientation variables (i.e., psychodynamic, humanistic, and eclectic) as well as both attachment variables. A hierarchical multiple regression analysis was conducted by entering the theoretical orientation variables in the first step and the attachment variables in the second step. In the first step, theoretical orientation variables were found to account for 16% of the variance in cooperative caregiving ($F = 7.436, df = 3, 118, p < .001$). Attachment variables added in the second step did not explain a significant amount of variance ($F = 2.582, df = 2,116, p = .028$), disconfirming hypothesis 2d and finding support for the null hypothesis that attachment variables do not explain a significant amount of variance in cooperative caregiving after accounting for theoretical orientation.
and demographic variables. In answer to question two, it appears that attachment anxiety and avoidance do not relate to general caregiving behaviors in supervision.

**Question three.** Does supervisory style relate to caregiving style? In order to test hypothesis 3a, which states that supervisory styles will explain a significant amount of variance in proximity promotion above and beyond attachment variables, a hierarchical regression analysis was conducted. As it had been previously determined that attachment anxiety and attachment avoidance were not significantly related to proximity promotion, the analysis was run using only humanistic theoretical orientation in step 1 (see Table 2) and the supervisory styles in step 2 (see Table 7). The results of this regression analysis demonstrated that the supervisory styles did account for a significant amount of variance in proximity promotion above and beyond humanistic theoretical orientation ($\Delta R^2 = .14$, $F = 7.176$, $df = 3$, 118, $p = <.001$). An examination of Table 7

*Regression of Theoretical Orientation and Supervisory Styles on Proximity Promotion*

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Notes: $n = 123$.  
$^a$ $df = 1$, 121.  
$^b$ $df = 3$, 118.
the standardized beta weights shows that only the attractive supervisory style was a unique contributor to proximity promotion in supervisors ($\beta = -0.34$, $t = -2.992$, $p < .01$). Hypothesis 3a is partially supported by these findings in that the supervisory styles explained a significant amount of variance above and beyond theoretical orientation.

The next hypothesis, which proposed that supervisory styles would explain a significant amount of variance in caregiving sensitivity above and beyond attachment styles, was examined by conducting a hierarchical multiple regression adding supervisory styles to the third step of the equation after the addition of attachment variables in step 2 and theoretical orientation variables in step 1 (see Table 4). As can be seen, the block of supervisory styles accounted for an additional 23% of variance in caregiving sensitivity above and beyond theoretical orientation and attachment variables ($F = 13.132$, $df = 3$, 115, $p < .001$). An examination of the standardized beta weights found that only the interpersonally sensitive supervisory style was a unique predictor of caregiving sensitivity ($\beta = -0.31$, $p = .006$). Hypothesis 3b was partially supported in that caregiving sensitivity was positively related to having an interpersonally sensitive supervisory style in this sample of supervisors. While the pattern of relationships between caregiving sensitivity and the other two supervisory styles (i.e., task-orientation and attractive) were in the direction expected based on the hypothesis, these supervisory styles did not emerge as significant unique predictors of caregiving sensitivity.

The third hypothesis forwarded regarding question 3 was that supervisory style would explain a significant amount of variance in compulsive caregiving above and beyond attachment variables. The supervisory styles were added as a block in step 3 of the hierarchical regression model after the addition of attachment variables in step 2 and
demographic and theoretical orientation variables in step 1 (see Table 5). The block of supervisory style variables accounted for an additional 4% of variance in compulsive caregiving, but this did not amount to a significant difference ($\Delta R^2 = .04$, $F = 2.115$, $df = 3, 111$, $p = .102$). Hypothesis 3c was not supported.

To test the final hypothesis that supervisory style will explain a significant amount of variance in cooperative caregiving in supervisors above and beyond attachment variables, a hierarchical regression was conducted adding the supervisory styles as a final block in the analysis. Specifically, this hypothesis was examined by adding the supervisory styles as a block in step 3 of a regression after attachment variables were added in step 2 and the theoretical orientation variables were added in step 1 (see Table 6). The addition of supervisory styles variables accounted for an additional 37% of the variance in cooperative caregiving after accounting for variance explained by theoretical orientation and attachment variables ($AR^2 = .37$, $F = 32.328$, $df = 3, 113$, $p < .001$). An examination of the standardized beta weights found support for hypothesis 3d in that cooperative caregiving was positively related to interpersonally sensitive ($\beta = -.18$, $p = .046$; interpretations based on reflected variables) and attractive ($\beta = -.52$, $p < .001$) supervisory styles. The expectation that task orientation would be negatively related to cooperative caregiving was also found to be supported by these results ($\beta = -.20$, $p = .002$).

In general, it appears that the answer to question three is that supervisory style does relate to caregiving behaviors in supervisors. Specifically, the supervisory style variables added a significant amount of variance above and beyond attachment variables for three of the four caregiving variables: proximity promotion, caregiving sensitivity,
and cooperative caregiving. Supervisory style did not explain a significant amount of variance in the prediction of compulsive caregiving.
CHAPTER V
DISCUSSION

This study endeavored to add to the body of research examining supervisor individual difference variables that may impact the supervisory relationship. Research on supervision has consistently demonstrated that the quality of the supervisory relationship as perceived by the supervisee has significant impact on both the professional development of the supervisee (Foster et al., 2007) as well as the quality of the alliance between counselors under supervision and their clients (Patton & Kivlighan, 1997). Research and theory have also shown that supervisor responses to specific critical incidents during the development of supervisees have a large impact on determining the course of supervisee ability to resolve and learn from crises (Ladany et al., 2005). Although the importance of supervisor response is both theoretically and empirically supported, the research examining what individual difference factors account for variation in supervisor behaviors is lacking. Attachment theory (Bowlby, 1969, 1982, 1988) provides a frame for the supervisory relationship as a hierarchical attachment relationship wherein the supervisor functions as the caregiver (Fitch, et al., 2010; Mikulincer & Shaver, 2003). As attachment theory posits, the responses of the supervisor when the supervisee attachment system is activated, such as during a critical incident, will determine whether the supervisee is able to receive the support and comfort
needed in order to reduce attachment activation and facilitate exploration and, thus, learning and development. While there is a strong case to be made theoretically for the relevance of understanding how supervisor differences, such as in attachment, may affect their caregiving responses, no research has yet examined this area (Watkins & Riggs, 2012). Given the paucity of research addressing the supervisor’s contribution to differences within the supervisory relationship, this study examined how levels of attachment anxiety and avoidance in the supervisor relate to supervisory style and caregiving style. Based on theory and previous findings, it was expected that levels of general attachment anxiety and avoidance would relate significantly to supervisory style and to caregiving style in supervisors.

This chapter will focus discussion on each of the three research questions and related hypotheses forwarded in this project. The implications of these findings for future research, practice and training will be discussed along with an acknowledgement of the limitations inherent in this research.

Summary of Results

**Attachment and supervisory style.** The first question examined was whether general attachment anxiety and avoidance in supervisors would relate to differences in supervisory style, defined by the style dimensions of task-oriented, interpersonally sensitive and attractive identified by Friedlander and Ward (1984). The results of the analyses largely suggest that attachment variables are not helpful in explaining variance in supervisory style. First, the relationship of attachment to task orientation in supervision was examined. It was hypothesized that higher levels of attachment anxiety and avoidance would relate to higher levels of task orientation in supervisors. Based on
an understanding of attachment anxiety and avoidance as reflecting relative levels of comfort with relationships, as the levels of these variables were higher in supervisors, it was expected that they would rate themselves as focusing more on the tasks of supervision rather than on the relational components of supervision. This expectation was not supported by the results. In fact, task orientation in supervisors was not related to attachment anxiety or avoidance. Task orientation was, however, more likely to be endorsed by male supervisors and by supervisors who endorsed having a cognitive theoretical orientation. It is not surprising that cognitive supervisors were more likely to be task-oriented in supervision. This finding is consistent with Friedlander and Ward’s (1984) finding that the SSI scales could meaningfully be used to differentiate among supervisors of different theoretical orientations. The relationship with gender, specifically with male supervisors endorsing task-orientation at a higher rate is less well-understood. An examination of studies utilizing the SSI found few that reported relationships between the scales and gender. The original study, in fact, contained no discussion and no data speaking to how gender may or may not relate to scores on these scales. Further studies also failed to consider this question from the perspective of the supervisor. In their review of research on supervisory variables, Neufeldt and colleaguees (1997) found evidence supporting the relationship of supervisor gender to behavior in supervision. Specifically, they reviewed studies that found male supervisors to be more likely to influence the structure of supervision than female supervisors who were more likely to allow the supervisee to structure the session. Considered along with the finding that males were more task-oriented in this study, further investigation into the
overlap of gender and supervisory style is implicated as an important area of future research.

Secondly, the relationships between interpersonally sensitive supervisory style and attachment variables were examined. It was hypothesized that supervisors who have higher levels of anxiety and avoidance in their relationships would be less likely to be interpersonally sensitive supervisors. Higher levels of anxiety and avoidance have been found to relate to less responsive and sensitive styles of relating in relationships (Feeney & Collins, 2001; Kunce & Shaver, 1994). Contrary to expectations, there was no relationship found between supervisors’ endorsement of having an interpersonally sensitive style and their ratings of attachment anxiety or avoidance.

Lastly, while it was not expected that attachment variables would relate to ratings of attractive supervisory style, supervisors in this study with higher levels of self-rated attachment avoidance in relationships were less likely to endorse an attractive supervisory style. Conceptually, this is consistent with attachment theory in that supervisors who are less comfortable with close relationships would be less likely to emphasize qualities such as openness, trust, and warmth in their supervisory relationships.

Based on these findings, it does not appear that supervisor self-rated levels of attachment anxiety and avoidance are broadly related to supervisory style. This is inconsistent with expectations drawn from attachment theory which would suggest that attachment styles should impact behavior across a wide variety of relational situations. While previous researchers have not examined ratings of supervisor attachment as it relates to their self-rated supervisory styles, Bennett and colleagues (2008) found that
supervisee ratings of attachment to supervisor were predictive of their ratings of
supervisory style. Specifically, they found that supervisees endorsing more avoidance
relative to their supervisory relationships rated their supervisors as less attractive, less
interpersonally sensitive, and less task-oriented. Similarly, supervisees endorsing more
anxiety relative to the supervisory relationship also rated their supervisors as less
attractive and sensitive. These findings, while not directly comparable to the findings in
this study, given the focus on supervisee rather than supervisor dynamics, do suggest the
importance of attachment related variables to the supervisory situation. The findings
from this study, in contrast, suggest that attachment variables may not play a large role in
impacting supervisors’ perceptions of their own styles in supervision. One possible
explanation for why no relationships were found may be that supervisory style is
determined more by training-specific variables rather than individual difference variables.
In fact, supervisory style variables in this study were more strongly related to theoretical
orientation and, in the case of task-orientation, gender, age and length of supervisory
experience. Thus, it appears that attachment variables were not important in explaining
differences in supervisory style in this sample of clinical supervisors.

**Attachment and caregiving.** The second question posed in this study was
whether levels of attachment would relate to supervisory caregiving behaviors. It was
anticipated that, given the theoretical applicability and previous findings supporting the
relationship between individual attachment dynamics and caregiving behaviors (e.g.,
Feeney & Collins, 2001; Kunce & Shaver, 1994), supervisor’s general levels of
attachment anxiety and avoidance would be predictive of their caregiving styles.
Supervision-specific research looking at the supervisory situation has found specific ties
between supervisor attachment ratings (by both supervisee and supervisor) and supervisory outcomes. In fact, two studies reviewed previously in this manuscript suggested that supervisor attachment dynamics are predictive of supervisee working alliance ratings (Riggs & Bretz, 2006; White & Queener, 2003). Extending from these findings, it is reasonable to anticipate relationships between supervisor attachment and behavior in supervision. However, the results of this study diverge from previous findings in that the expectation that supervisor attachment would be relevant to explaining behaviors in supervision was surprisingly not supported by the findings of this study. In fact, supervisor levels of attachment anxiety and avoidance did not explain a significant amount of variance in any of the four caregiving domains after controlling for theoretical orientation and demographic variables, disconfirming all hypotheses forwarded regarding attachment and caregiving styles.

While bivariate relationships were found between the attachment variables and several of the caregiving variables, these relationships became non-significant after accounting for other variables. Caregiving sensitivity and cooperative caregiving were both found to be negatively related to attachment anxiety and avoidance. However, after accounting for supervisor theoretical orientation, the relationships between attachment and caregiving became non-significant. Caregiving sensitivity was more likely to be endorsed by supervisors who described their theoretical orientations as humanistic and psychodynamic. Cooperative caregiving, similarly, was endorsed to a greater extent by supervisors endorsing humanistic, psychodynamic, and also eclectic theoretical orientations.
Compulsive caregiving was related positively with attachment anxiety and negatively with age and length of supervisory experience. Attachment anxiety, however, did not account for a significant amount of variance in compulsive caregiving after accounting for age and experience. In fact, only age was found to account for variance in ratings of compulsive caregiving after controlling for all other related variables. In this case, older supervisors were less likely to describe themselves as having a compulsive caregiving style with their supervisees. Interestingly, older supervisors were also less likely to describe themselves as having high levels of attachment anxiety. It may be that a reduction in general anxiety occurs as individuals age, which has been suggested by some individual differences researchers (e.g., McCrae et al. 2000). This reduction in general anxiety found to occur in cross-sectional samples of individuals may be what accounts for differences in both attachment anxiety and in caregiving style. This would be consistent with a maturational view of personality and individual differences and suggests that there may be developmental differences in supervisors over time that may impact caregiving style, another line of inquiry worthy of investigation in future studies.

In the case of proximity promotion it was expected that more anxious supervisors would be more likely to promote proximity in their supervisory relationships whereas more avoidant supervisors would be less likely to do so. This finding was not supported in this sample. Neither attachment anxiety nor avoidance was found to explain a significant amount of variance in the promotion of proximity within the supervisory relationship. To reiterate, across all the caregiving styles measured in this study, supervisors’ general ratings of attachment did not help to explain differences in caregiving. These findings will next be considered in the context of previous research.
Though research specific to attachment and caregiving variables from the supervisor perspective has not been carried out prior to this investigation, multiple studies have looked at attachment ratings and caregiving within romantic relationships. As an example, Millings and Walsh (2009) found support for partner ratings of attachment anxiety and avoidance as being predictive of effective caregiving (i.e., higher sensitivity, proximity and cooperation; lower compulsion). They found individuals with higher levels of avoidance to be less sensitive, less cooperative and less likely to encourage proximity during times of partner distress. Furthermore, they found that higher levels of anxiety in partners were associated with being less cooperative and more compulsive in the relationship with the partner. The results of this previous study are consistent with attachment theory as well as with the findings of Kunce and Shaver (1994) in their study of caregiving and attachment where they found that insecure individuals were generally less likely to promote proximity, to be sensitive, and to be cooperative.

Given the evidence supporting relationships between attachment and caregiving, the lack of significant findings in this sample of clinical supervisors demand consideration. Several possible explanations for the lack of findings are considered. First, it may be that attachment dynamics, contrary to hypotheses and expectations by others in the literature (e.g., Watson & Riggs, 2012), may not be important to influencing supervisors’ behaviors in supervision. The findings of this study, in fact, support the notion that professional-training level variables such as theoretical orientation and factors such as age are more important in explaining differences in supervisors’ perceptions of themselves as caregivers. It may be that the supervisory relationship functions differently for supervisors and supervisees such that only supervisees, in the position of less power
within the hierarchy, develop bonds of attachment (Foster et al., 2007). Supervisors, on the other hand, may be less affected, possibly unaffected, by their individual attachment dynamics in this relationship as they are in the position of power. Perhaps, as would be supported by the findings from this study, supervisors’ caregiving behavioral systems are not activated in the context of this relationship and thus they rely more heavily on professional training in determining their reactions to supervisees. The outcomes of this study do not support attachment dynamics as a meaningful individual difference in impacting supervisor’s behaviors in supervision. As a first empirical investigation into the intersections of attachment dynamics and supervisory behavior, this study does not lend promise to the broad application of attachment to an understanding of supervisor behavior. Researchers and practitioners must consider the possibility that supervisors are not impacted by underlying attachment dynamics in the supervisory role.

A second possibility is that attachment measured in terms of general relationships, as in this study, may not sensitively capture supervision-specific attachment dynamics expressed by supervisors. There is some evidence from the research with supervisees that supports this. Bennett and colleagues (2008) used measures of both general attachment and supervision-specific attachment in samples of supervisees. These researchers found that general attachment ratings were mostly unrelated to the supervision outcome variables studied (i.e., alliance and supervisory style ratings). Interestingly, the supervision-specific attachment ratings for avoidance were predictive of both alliance and supervisory style ratings. In addition, their study found support for an indirect effect of general attachment avoidance on the bond component of the supervisory alliance through supervision-specific anxiety in supervisees. Following from this, there
may be mediated effects of attachment dynamics on supervisory behaviors that are not detected by the measurement of variables in this study. Thus, it is plausible that supervisors similarly develop supervision-specific attachment bonds through which attachment dynamics may be implemented which are not captured in this investigation.

Finally, given the self-reported nature and limited range of attachment anxiety and avoidance in this study, it may be that real relationships exist that are not captured in this study. So compelling is the support for the theoretical importance of attachment dynamics in relationships even outside of parent-child and adult romantic pairs that it is difficult to reject the possibility that supervisor attachment dynamics will impact the provision of supervision in some way. Future investigations will be needed to determine whether the hypothesis that attachment dynamics will impact behaviors in clinical supervision can be rejected.

In sum, contrary to forwarded hypotheses, general levels of attachment variables within supervisors did not explain differences in caregiving behaviors specific to supervision. These findings are unexpected given previous research that has supported the importance of attachment dynamics in relationships generally as well as within the supervisory situation. Possible explanations for the lack of significant findings may be that attachment dynamics truly are not important to understanding differences in supervision, that attachment dynamics may not have been adequately captured by the measure of general attachment used, or that this study lacked the power to detect true effects. Future research will determine which of these alternatives may explain these findings.
**Supervisory style and caregiving.** The third question explored in this study sought to examine how supervisory style may help explain differences in caregiving among supervisors. Given that supervisory style has support for being representative of differences in supervisors and useful in distinguishing between supervisors (Friedlander & Ward, 1984), it was expected that supervisory style would add uniquely to the explanation of caregiving in supervisors after accounting for theoretical orientation and attachment dynamics. Given that attachment dynamics were not found to be important in the explanation of caregiving behaviors, the relative importance of supervisory styles to predicting caregiving in conjunction with other variables was examined. The observed bivariate relationships suggested that task-orientation was not related to any of the four caregiving variables, whereas attractive and interpersonally sensitive styles were related.

Prior to accounting for relationships with other variables, supervisors who described themselves as more attractive were more likely to promote proximity with supervisees and see themselves as sensitive and cooperative in responding to supervisees. Interpersonally sensitive supervisors were more likely to see themselves as sensitive and cooperative. Supervisors who saw themselves as both more attractive and more interpersonally sensitive with supervisees were less likely to describe a compulsive caregiving style. After accounting for other variables that related to caregiving, supervisors who saw themselves as more attractive also saw themselves as being more sensitive and cooperative supervisors and as being more likely to promote proximity with their supervisee. Supervisors who saw themselves as more interpersonally sensitive were also more likely to see themselves as sensitive and cooperative caregivers, but were not more likely to promote proximity. Neither of the supervisory styles was helpful in
explaining differences in compulsive caregiving among supervisors. In fact, only age was significant in explaining variance in compulsive caregiving such that older supervisors were less likely to describe themselves as being compulsive caregivers with supervisees. As previously discussed, it may be that a general reduction in anxiety that is observed with age may account for this reduction in compulsive caregiving behaviors in older supervisors.

These findings are significant for several reasons. First, these findings suggest that supervisory style is more important to understanding caregiving differences in supervisors than are attachment variables. These results are unexpected based on principles of attachment theory that would expect general relational security (i.e., levels of attachment avoidance and anxiety) to relate to caregiving behaviors. Secondly, it is interesting that supervisory styles remained significant in the regression models even when accounting for theoretical orientation. In fact, in all models where supervisory style variables were significant predictors, the theoretical orientation variables became non-significant. This suggests that supervisory style may be more relevant to understanding differences in supervision than general theoretical orientation. This also lends support to the notion that supervision is an endeavor distinct from counseling and not an extension of or replication of counseling style and principles in the supervisory situation.

**General Discussion**

Contrary to what was expected, attachment dynamics in supervisors were not found to relate broadly to either supervisory style or caregiving style in this sample of supervisors. Although several scholars and researchers have examined theoretically and
empirically the impact of attachment dynamics on supervisee variables in supervision, no studies to date have examined how attachment dynamics may impact the supervisor’s behaviors in the supervisory context. Given the theoretical importance and parsimony of attachment theory for providing a framework for relationships, it has been applied to the supervisory situation. The Attachment-Caregiving Model of Supervision (Fitch et al., 2010) has been forwarded as a concise way to model the professional development of supervisees as they are confronted with critical incidents during their training. In this model, the supervisor’s responses are seen as the key to determining whether the supervisee can effectively resolve crises in his/her development and resume exploratory behavior and learning. Despite this, little is known about how supervisor individual difference variables impact behavior in supervision. Based on attachment theory and the related work on caregiving, the supervisory situation can be understood as a hierarchical attachment relationship with the supervisor serving as the caregiver (Watson & Riggs, 2012). This study sought to investigate how supervisor general attachment dynamics relate to supervisor caregiving dynamics within the supervisory context. In spite of the ample theoretical support for a link between attachment dynamics and caregiving behaviors, in this sample of supervisors, this link was not observed. The lack of an observed link between attachment dynamics and caregiving in supervisors raises more questions than it answers.

One possible explanation of these results is that attachment dynamics are not important in determining supervisor behaviors in supervision. Bartholomew and Thompson (1995), in fact, questioned the meaningfulness of applying attachment theory to short-term supervisory relationships and argued that these relationships do not meet the
criteria to be considered attachment relationships. The results of this study provide support for the argument that the supervisory relationship may not be meaningfully impacted by attachment dynamics, particularly from the perspective of the supervisor, as are other adult relationships such as romantic pair bonds. It may be that theoretical orientation and supervisory style, as observed in this study, are of greater value to determining supervisor differences in responding to supervisees. These results suggest that attachment dynamics do not meaningfully relate to supervisor variables and call into question the utility of Attachment Theory as a framework to understand supervisor individual differences in the provision of supervision. Given the growing body of theoretical applications of Attachment Theory to supervision (e.g., Fitch et al., 2010; Watkins & Riggs, 2012), the results of this study suggest that researchers and theoreticians should amass further evidence of the usefulness of Attachment Theory prior to further extending proposals in this area.

It is possible that there are links between attachment dynamics in supervisors and supervisory behaviors that are not captured in this study. For example, as previously noted in this discussion, the measurement of general attachment dynamics may not capture attachment dynamics as they are present within the supervisory relationship. Measures more specific to the relationship between supervisor and supervisee may be needed to identify differences that relate to attachment dynamics in both supervisor and supervisee.

This study does provide support for the distinctiveness of caregiving style within supervision as an element in addition to supervisory style and other variables that may help further elucidate the impact of supervisor individual difference variables on the
processes and outcomes of supervision. Given that research has found that therapists often mimic aspects of their supervisors’ behavior in the counseling relationship (i.e., parallel process; Neufeldt et al., 1997), there may be important links between the caregiving style of the supervisor and the caregiving provided to the client. It is notable that even while this study used an adapted instrument to measure caregiving, support was found for use of four dimensions to capture variance in caregiving behaviors that had been identified in studies using romantic pairs (Kunce & Shaver, 1994). This indicates that caregiving likely operates similarly within supervision as it does in other important relationships. There is need, however, for further work to develop the measure as several items were removed from the final scales. Additionally, the proximity scale had relatively low reliability in this study, indicating that future work needs to be done to refine these scales for use with clinical supervisors. Despite these suggestions for measure development, the preliminary support provided for the four-dimensional model of caregiving with supervisors is promising to helping us better understand the supervisory context.

In looking at the results of this study, it is notable that across the analyses the humanistic and psychodynamic theoretical orientations as compared to the other theoretical orientations were most frequently related to both supervisory styles and caregiving in this sample of supervisors. What stands out as common between these theoretical orientations is the emphasis on the importance of relationships to affecting change and development in individuals over the course of the lifespan. Thus, it may be that the supervisors’ relative emphasis on the importance of relationship variables plays a part in impacting their styles of responding to supervisees. Specifically, it may be that
supervisors who see themselves as holding humanistic and psychodynamic orientations place more emphasis on the relationship within supervision and that this relative emphasis is related to their styles and caregiving behaviors. It is possible that this difference is more important than specific attachment dynamics in explaining differences among supervisors. Tying this back to Bordin’s model of the supervisory relationship, it may be that more humanistic and psychodynamically oriented supervisors place greater emphasis on the bond component of the relationship which would explain the pattern of correlations between variables observed in this study. Specifically, humanistic supervisors in this study were more likely to rate themselves as being attractive and interpersonally sensitive and as having a more positive caregiving style (i.e., higher sensitivity, proximity promotion, and cooperation). Psychodynamic supervisors similarly saw themselves as more interpersonally sensitive supervisors and as having a sensitive and cooperative caregiving style. Better understanding of the relationships between theoretical orientation and attachment dynamics is an area that can benefit from further examination. Future research should include an examination of how the relative emphasis on relational variables and bond within the supervisory relationship may relate to both the process and outcome of supervision.

In sum, this study leaves open the field of possibilities for what supervisor individual difference variables relate to responses in supervision. It does not appear that supervisors’ general attachment dynamics are significantly related to supervisory style or to caregiving style in supervision. Moving forward with research into this area, researchers should be challenged to identify and isolate what factors beyond attachment
dynamics are meaningful in helping to explain differences in supervisory style and caregiving behavior in supervision.

**Implications**

The primary purpose of this study was to begin examining what individual difference variables impact supervisor behaviors in supervision from an attachment theoretical perspective. While it was hypothesized that general attachment anxiety and avoidance in supervisors would relate to their caregiving styles, this was not found in this study. Theoretically, the lack of significant findings implies that more work needs to be done to examine the intersections of attachment theory and supervision. Although one should not reject the appropriateness of the application of Attachment Theory to the supervisory context based on one study alone, these findings do call into question whether attachment dynamics of supervisors are meaningfully related to the provision of supervision.

These findings suggest that future research may need to look beyond attachment dynamics of supervisors to understand fully what factors contribute to caregiving style and supervision style. Given the strong relationships between caregiving and supervision style found in this study, researchers can look to other characteristics of supervisors and training programs that may impact caregiving style. As adherence to a humanistic theoretical orientation was found to relate to most variables of interest in this study, including caregiving and supervisory style, researchers as well as practitioners need to examine further the implications of ones’ theoretical orientation to impacting responses to supervisees. It will be particularly important to understand how theoretical orientation
impacts supervisor’s caregiving behaviors during critical incidents when supervisees, as well as their professional development, are increasingly vulnerable.

Findings from this study important to the practice and training of supervision include the importance of the relationships between supervisory style and caregiving style. Given that we know supervisee perceptions of the supervisory relationship are of key importance to impacting supervisory outcomes (Ladany & Inman, 2008), supervisors in practice and training need to become more aware of the way their relative caregiving styles may come to bear on the experiences of their supervisees within supervision. No research to date has yet examined how supervisor’s caregiving style impacts perceptions of the supervisory working alliance. However, given the evidence for the importance of supervisory attractiveness and interpersonal sensitivity to working alliance ratings, it is reasonable that caregiving style will also relate to perceptions of the working alliance in supervisees. Thus, practicing supervisors should begin to examine their own caregiving styles with an eye to their tendencies with regard to proximity promotion vs. distance, their sensitivity to supervisory cues of distress, their use of cooperation versus control within supervision as well as their tendency to be compulsive caregivers with supervisees. A first step for supervisors is to self-reflect on their own caregiving styles and begin to be intentional about the caregiving they provide with an understanding of the Attachment-Caregiving Model of Supervision (Fitch et al., 2010). Even though general attachment dynamics may not be predictive of caregiving styles in supervisors, this does not detract from the theoretical and practical importance of building intentional and facilitative supervisory relationships.
Beyond the reflection of individual practitioners, training programs also need to engage in some reflection of how they are guiding the development of supervisors who are capable of providing competent caregiving to supervisees. This is especially important as it was not the core attachment organization that emerged as predictive of caregiving in this study but the supervisory style, which is potentially more trainable and responsive to guidance and feedback. To put in other words, individual supervisors will be more able to change facets of their style, such as friendliness and warmth, than to shift core schemas of attachment anxiety and avoidance. Furthermore, as this study shows us, these facets of supervisory style are potentially more closely related to one’s caregiving responses to supervisees than is general attachment.

Given the growing importance of clinical supervision within the field of counseling psychology as reflected in recent movements by governing bodies in the field (i.e., APA; APPIC), the findings of this study underline the importance of furthering the empirical research in this area to guide policy and practice in clinical supervision. Counseling psychologists have made great strides in illuminating dimensions of importance in the domain of supervision and all indications point to a greater focus on this area in coming times. As a profession that emphasizes the growth and development of individuals, counseling psychologists are uniquely positioned to contribute to psychology’s understanding of ways in which dynamics of supervisors impact the processes and outcomes pertaining to supervisees and their clients. There is yet much to be discovered about clinical supervision and counseling psychologists should continue to be active in improving the quality of research, training, and practice of supervision through further inquiry into this domain.
Limitations

As with all research, several limitations exist within this research. First, while there are theoretical reasons to assume directionality between the variables in this study, the survey design does not allow for the examination of causal relationships between variables. Therefore, while significant relationships among variables exist, the direction of the relationships cannot be determined from this set of findings. Rather, these findings add to our understanding of where variance is shared between variables.

Second, the nature of the sample selection procedure may limit the generalizability of the findings in several ways. Given the use of internet recruitment and sampling procedures and the self-selected nature of the sample, there may be differences that characterize those individuals who chose to self-select into study completion that set them apart from the intended population of supervisors as a whole. While efforts were made to recruit from multiple pools of potential participants including community agencies in addition to list-serves, supervisors who do not subscribe to academic or professional list-serves are likely under-represented in this sample. Additionally, it is possible that individuals who chose to participate in a study on supervision have shared individual differences in personality and/or attitude that may relate to the variables of interest in this study. As an example, it may be that individuals who choose to participate in supervision-related research place more importance on supervision as a part of their work and the relative salience of the supervisory role may relate to variables such as caregiving sensitivity and supervisory style. Furthermore, there may be important differences in individuals who dropped out of the study prior to completion of all the measures. Lastly, given the self-selected nature of the sample, it is possible that
restriction of range in the variables measured may limit the power to detect effects within this sample. Specifically, samples of supervisors and supervisees tend to self-report low levels of attachment anxiety and avoidance and this limits the statistical power to detect effects. In sum, these results need to be replicated in other samples of supervisors to provide support for the generalizability of the results.

An additional limitation arises from issues related to measurement of the variables within this study. First, measurement of all variables was done using self-report. This measurement method can be impacted by issues of social desirability and impression management and is limited to the perceptions of the participants regarding their behavior rather than observation of their actual behavior. To what extent individuals’ self-perceptions are representative of their actual styles and behaviors with supervisees is unclear at this point in time. Given the self-reported nature of the constructs in this study, the press to be perceived as a positive caregiver may have inflated the scores on the caregiving scales. As evidence to support this proposition, the means on all of the caregiving scales fell near the upper range of the scales indicating that supervisors were unlikely to describe themselves as insensitive, controlling, distancing, and compulsive. To what extent these self-ratings reflect actual behaviors in supervision is questionable given this inflation. Future research can benefit from the use of various methods to measure the variables, including collateral reports or third-person ratings of live supervision sessions to address this issue.

An additional limitation is posed by the adaptation of the Caregiving Questionnaire for use with a sample of supervisors. While the Adapted Caregiving Questionnaire was found to have similar factor structure to the original measure, the
Proximity Promotion subscale had relatively low reliability, suggesting that it may not be measuring the construct as intended. Future research is needed to examine and validate the factor structure of the adapted questionnaire with different samples of supervisors.

Lastly, the cross-sectional nature of the research design prohibits the ability to examine any developmental changes that may occur in the variables studied, including caregiving behaviors. Given that attachment is conceptualized as a developmental process that is malleable to some extent over time, it is possible that supervisor’s caregiving behaviors may vary over time both within specific supervisory relationships as well as over the course of one’s career in supervision.

**Future Directions**

Further research will be necessary to replicate the results of this study. Replication studies will benefit from utilizing larger and more representative samples of supervisors in order to reduce the potential for restriction of range in the variables of interest. As several researchers have noted (e.g., Watkins & Riggs, 2012), individuals who become supervisors and graduate training programs likely have relatively high levels of attachment security. Therefore, finding effects due to attachment may require large and heterogeneous samples in order to detect the presence of real effects.

It will also be beneficial to examine whether supervisors’ perceptions of their caregiving styles is consistent with supervisees’ perceptions. Given that it is ultimately the supervisees’ perceptions of safe haven and secure base processes that impact their attachment-system activation and deactivation according to attachment theory, looking at supervisees’ perceptions of caregiving behaviors in supervision will advance
understanding in this area and help to build evidence for the efficacy of the Attachment-Caregiving Model of Supervision (Fitch et al., 2010).

While some research has examined the interactions between supervisory dyads on their ratings of attachment and supervision variables, this research has been limited by the use of statistical models used. Newer approaches such as the Actor-Partner Interdependence Model (Cook & Kenny, 2005) can provide more sophisticated options for modeling the unique and interactional effects of supervisor and supervisee variables on supervisory processes and outcomes. Research has started using the APIM to examine attachment dynamics in romantic relationships but has not yet been extended to supervisory relationships. The APIM model also affords the benefit of analyzing longitudinal data.

Overall, this study represents an examination of a handful of sand in the ocean of research on clinical supervision. Research in this area has only yet begun and there are many more handfuls of sand to be analyzed. The most meaningful next steps would be to continue examination of attachment dynamics within the supervisor using various samples and perspectives to capture differences before we can fully reject the importance of attachment dynamics to differences within supervisors.
REFERENCES


APPENDIX A

STUDY INVITATION AND INFORMED CONSENT

Attention Clinical Supervisors!

You are invited to participate in a research project about clinical supervision being conducted by Erin Armoutliev, MA, a graduate student in Counseling Psychology from the Department of Psychology at The University of Akron along with Dr. John Queener, the dissertation advisor. Clinical supervision is an important part of each clinician’s initial training and ongoing development and yet is an understudied topic. This study is investigating how supervisor’s characteristics relate to one’s unique style of working with supervisees. I am interested in understanding how one’s general style of relating to others may impact one’s development as a supervisor.

The only criterion for participation is that you have had at least one clinical supervisee with whom you have worked on an ongoing basis. If you choose to participate, you will be asked a series of questions relating to how you see yourself in relationships, as a supervisor, and how you typically respond to others. Completion of the survey should take approximately 15 minutes. Your responses will be kept secure and confidential and no personal identifying information will be tied to your responses. Risks of participation are minimal and include the risk of feeling distressed from thinking about issues related to your relationships with others. The benefits of participation may
include having a better understanding of your style of relating to others and of providing supervision.

Your participation in this research is voluntary and you may refuse to participate, or may discontinue participation at any time, without penalty. Your responses to this survey are anonymous; no identifying information will be included in the data you provide, and your anonymity is further protected by not asking you to sign and return the informed consent form. By clicking on the “I accept” button, you constitute informed consent.

If you have any questions about this project, you may leave a message for me at 330-972-7280 (or email me at erin@zips.uakron.edu) or call my advisor Dr. John Queener at 330-972-6149 (or email him at queener@uakron.edu). This project has been reviewed and approved by The University of Akron Institutional Review Board (##). If you have any questions about your rights as a research participant, you may call the IRB at 330-972-7666 or 1-888-232-8790; any other questions should be directed to me or my advisor.

Thank you very much for your time and consideration.

Do you accept?

I accept

I don’t accept
APPENDIX B

DEMOGRAPHIC QUESTIONNAIRE

1. What is your gender?
   A. Female
   B. Male
   C. Transgender
   D. Other (please specify) ______________

2. What is your age?

3. What is your sexual orientation?
   A. Lesbian
   B. Bisexual
   C. Gay
   D. Heterosexual
   E. Other (please specify) _____________

4. What is the highest degree you have completed?
   A. PhD
   B. PsyD
   C. EdD
   D. MS/MA
   E. Other, (please specify) ____________
5. What is your licensing status?
   A. Licensed psychologist
   B. Licensed professional counselor
   C. Licensed social worker
   D. Prelicensure
   E. Other (Please Specify) ______________

6. What is your current work setting?
   A. Community Mental Health
   B. VA Medical Center
   C. Psychiatric Hospital
   D. General Hospital/Medical Setting
   E. University/College Counseling
   F. Forensic
   G. Research/Academic
   H. Other (please specify)

7. For how many years and months have you been providing clinical supervision?

8. How many supervisees have you ever worked with as the primary supervisor?

9. How would you best describe your approach to supervision?
   A.

10. How much is your current therapeutic practice guided by each of the following theoretical frameworks:
    (0 not at all….. 1… 2….3….4….5 greatly)
    A. Psychoanalytic/dynamic
B. Behavioral
C. Cognitive
D. Humanistic
E. Systems
F. Eclectic/integrative
G. Other (please specify)

11. What is your race/ethnicity?
A. African American/Black
B. Asian American/Pacific Islander
C. Caucasian/European American
D. Latino/Hispanic
E. Multiracial/Biracial
F. Native American/Alaskan Native
G. Arab American
H. Other (please specify)
APPENDIX C

ADAPTED SUPERVISION CAREGIVING QUESTIONNAIRE

The following statements concern how you feel in your supervisory relationships. We are interested in how you generally experience your supervision relationships, not just in what is happening in a current supervisory relationship. Respond to each statement by indicating how much you agree or disagree with it.

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Proximity versus Distance

1. When my supervisee seems to want or need to meet with me, I’m glad to do so.

2. When my supervisee is troubled or upset, I attempt to meet with him or her and provide support or reassurance.

3. I sometimes draw away from my supervisee’s attempts to get reassurance from me.

4. I feel comfortable sitting and talking with my supervisee when s/he needs support and reassurance.
5. I sometimes avoid my supervisee when s/he attempts to meet with me outside of our regular supervision session.

6. When my supervisee cries or is distressed, my first impulse is to reassure him/her.

7. When my supervisee is crying or emotionally upset, I sometimes feel like withdrawing.

8. I don’t like it when my supervisee is needy.

Sensitivity versus Insensitivity

9. I’m very good at recognizing my supervisee’s needs and feelings even when they are not brought up directly.

10. I am very attentive to my supervisee’s nonverbal signals for help and support.

11. I can always tell when my supervisee needs help and support, even when s/he doesn’t ask for it.

12. Too often, I don’t realize when my supervisee is upset or worried about something.

13. I sometimes miss subtle signs that show how my supervisee is feeling.

14. I’m good at knowing when my supervisee needs my help and support and when s/he would rather handle things alone.

15. I’m not very good at ‘tuning in’ to my supervisee’s needs and feelings.

16. I sometimes ‘miss’ or ‘misread’ my supervisee’s signals for help and understanding.

Cooperation versus Control

17. I tend to be too directive when trying to help my supervisee.
18. When helping my supervisee address an issue, I am much more ‘cooperative’ than ‘controlling’.

19. When I help my supervisee with something, I tend to want him or her to do things ‘my way’.

20. I can help my supervisee work out his/her problems without ‘taking control’.

21. I am always supportive of my supervisee’s own efforts to solve his/her problems.

22. When my supervisee tells me about a problem, I sometimes go too far in critiquing his/her own attempts to deal with it.

23. I always respect my supervisee’s ability to make his/her own decisions and solve his/her own problems.

24. I often end up telling my supervisee what to do when s/he is trying to make a decision.

Compulsive Caregiving

25. I tend to get overinvolved in my supervisee’s problems and difficulties.

26. I frequently get too ‘wrapped up’ in my supervisee’s problems and needs.

27. I tend to take on my supervisee’s problems – and then feel burdened by them.

28. I create problems by taking on my supervisee’s troubles as if they were my own.

29. I help my supervisee without becoming overinvolved in his/her problems.

30. When necessary, I can say ‘no’ to my supervisee’s requests for help without feeling guilty.

31. I can easily keep myself from becoming overly concerned about or overly protective of my supervisee.
32. When it’s important, I take care of my own needs before I try to take care of my supervisee’s.
APPENDIX D

SUPERVISORY STYLES INVENTORY

Please indicate your perception of your supervisory style on each of the following descriptors. Circle the number on the scale, from 1 to 7, that best reflects your view of your style.

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APPENDIX E

EXPERIENCES IN CLOSE RELATIONSHIPS SCALE

The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with it.

Disagree Strongly     Neutral/Mixed     Agree Strongly
1                   2                   3                   4                   5                   6                   7

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

2. I worry about being abandoned.

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

4. I worry a lot about my relationships.

5. Just when my partner starts to get close to me I find myself pulling away.

6. I worry that romantic partners won’t care about me as much as I care about them.

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

8. I worry a fair amount about losing my partner.
9. I don’t feel comfortable opening up to romantic partners.

10. I often wish that my partner’s feelings for me were as strong as my feelings for him/her.

11. I want to get close to my partner but I keep pulling back.

12. I often want to merge completely with romantic partners, and this sometimes scares them away.

13. I am nervous when my partners get too close to me.


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

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

17. I try to avoid getting too close to my partner.

18. I need a lot of reassurance that I am loved by my partner.

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

20. Sometimes I feel that I force my partners to show more feeling, more commitment.

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

22. I do not often worry about being abandoned.

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

24. If I can’t get my partner to show interest in me, I get upset or angry.
25. I tell my partner just about everything.

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

27. I usually discuss my problems and concerns with my partners.

28. When I’m not involved in a relationship, I feel somewhat anxious and insecure.

29. I feel comfortable depending on romantic partners.

30. I get frustrated when my partner is not around as much as I would like.

31. I don’t mind asking partners for comfort, advice, or help.

32. I get frustrated if romantic partners are not available when I need them.

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

34. When romantic partners disapprove of me, I feel really bad about myself.

35. I turn to my partner for many things, including comfort and reassurance.

36. I resent it when my partner spends time away from me.
APPENDIX F

IRB NOTICE OF APPROVAL

Office of Research Services and Sponsored Programs
A stron, OH 44325-2102
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NOTICE OF APPROVAL

May 29, 2012

Erin Armoutiliev
85 Failing Water Circle
Munroe Falls, Ohio 44262

From: Sharon McWhorter, IRB Administrator

Re: IRB Number 20120516 “Attachment, Supervisory Style and Caregiving In Clinical Supervisors”

Thank you for submitting your IRB Application for Review of Research Involving Human Subjects for the referenced project. Your application was approved on May 29, 2012. Your protocol represents minimal risk to subjects and matches the following federal category for exemption:

☐ Exemption 1 - Research conducted in established or commonly accepted educational settings, involving normal educational practices.

☒ Exemption 2 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior.

☐ Exemption 3 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior not exempt under category 2, but subjects are elected or appointed public officials or candidates for public office.

☐ Exemption 4 - Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens.

☐ Exemption 5 - Research and demonstration projects conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine public programs or benefits.

☐ Exemption 6 - Taste and food quality evaluation and consumer acceptance studies.

Annual continuation applications are not required for exempt projects. If you make changes to the study's design or procedures that increase the risk to subjects or include activities that do not fall within the approved exemption category, please contact me to discuss whether or not a new application must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to implementation.

Please retain this letter for your files. This office will hold your exemption application for a period of three years from the approval date. If you wish to continue this protocol beyond this period, you will need to submit another Exemption Request. If the research is being conducted for a master’s thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

☒ Approved consent form/s enclosed

Cc: John Queener - Advisor
Cc: Stephanie Woods - IRB Chair