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Karen Elise Ladr-Finefrock
Attachment in Clinical Supervision:
Relationships Between Attachment and
the Supervisory Working Alliance

ABSTRACT

The present study explored the alliance between Masters in Social Work (MSW) student trainees and their clinical supervisors using the lens of attachment theory. The sample consisted of 95 participants: 77 trainees (81.9% White; 88.3% female) and 18 of their supervisors (100% White; 83.3% female). Trainees completed The Experiences in Close Relationships-Relationship Structures questionnaire (ECR-RS; Fraley, Heffernan, Vicary & Brumbaugh, 2011) to assess their attachments to their supervisors, as well as their perceptions of their supervisors' attachments to them. Supervisors completed The ECR-RS to assess their attachments to their trainees, as well as their perceptions of their trainees' attachments to them. Trainees and supervisors rated various aspects of their relationship using the Supervisory Working Alliance Inventory (SWAI; Efstation, Patton & Kardash, 1990). Relationships between attachment and the supervisory alliance were explored. Findings revealed that anxiety is a salient factor in trainees' and supervisors' evaluations of the working alliance; trainees' attachment anxiety, their perceptions of supervisors' attachment anxiety, and the supervisors' perceptions of the trainees' attachment anxiety were all negatively related to trainees' evaluations of the working alliance. Trainees' attachment avoidance also was related to their ratings of the working alliance. The present study provides evidence that trainees are particularly attuned to their perceptions of attachment anxiety in themselves and their supervisors. Supervisors and trainees may benefit from training and/or reflection regarding the connection between supervisees' attachment styles and the working alliance; recommendations for supervisors, trainees, and field offices are discussed.

ATTACHMENT IN CLINICAL SUPERVISION:
RELATIONSHIPS BETWEEN ATTACHMENT AND
THE SUPERVISORY WORKING ALLIANCE

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2013

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CHAPTER ONE

Introduction

Graduate students seeking a Masters in Social Work (MSW) are required to participate in 900 hours of practical field experience under the supervision of a social worker who has completed an MSW (Council on Social Work Education, 2010). The Smith College School for Social Work requires as many as 1,980 hours of supervised field experience towards MSW degree fulfillment (Smith College, n.d.). Given the weight placed on supervised fieldwork as a part of clinical social work training, the supervisor-supervisee relationship is of paramount importance to the professional training of graduate students in MSW programs. Therefore, it is necessary to explore how supervisor-supervisee relationships are formed and maintained. The current project will explore the supervisory relationship using the lens of attachment theory.

My own experience in supervision during my first clinical internship, in addition to experiences shared by peers, led me to reflect on the nature of the supervisory alliance and how it comes to be understood during clinical training: What does each person bring to the table? How does the trainee's bond with the supervisor affect the development of the supervisory alliance? How do perceptions of the other's style affect each individual's evaluation of the alliance?

Reflecting on these questions and my own growth in supervision led me to think about the role of the supervisor as a *secure base* for professional development, a concept that originates from attachment theory to explain the importance of trusting relationships with the primary caregiver from which the infant can explore and develop (Ainsworth, Blehar, Waters, & Wall,

1978). Initially developed to describe infant-mother bonding using secure and insecure (anxious-ambivalent and avoidant) attachment styles (Ainsworth et al., 1978), attachment theory has since been used to conceptualize other interpersonal interactions across the lifespan (Bowlby, 1982).

Attachment theory is now used as a theoretical framework to understand how early experiences with attachment figures (e.g., mother, father, or other primary caregivers) influence *inner working models* for subsequent relationship formation (Bowlby, 1982). Researchers have also acknowledged that while an individual's attachment style may be similar across relationships, there is also variability within the individual's attachment patterns (Fraley, Heffernan, Vicary & Brumbaugh, 2011). Therefore, in addition to early measures created to conduct research on infant attachment styles, subsequent measures have been developed to measure adult attachment styles pertaining to romantic partners and other relationship-specific attachment figures. Over the last two decades, researchers have used these measures to explore the application of attachment theory to clinical trainees' relationships with their supervisors, particularly during the early years of clinical training (e.g., Bennett, Mohr, BrintzenhofeSzoc & Saks, 2008).

As supervised fieldwork has continued to assume a central role in the standard of clinical training, instruments such as the Supervisory Working Alliance Inventory (SWAI; Efstation, Patton & Kardash, 1990) have been developed to measure the extent to which the supervisory relationship provides the trainee with support, and allows the trainee to better understand his or her clients, in addition to the extent to which the trainee identifies with the supervisor. Parallel versions of this measure were developed for clinical trainees and supervisors in order to acknowledge the perspective of each member of the dyad. Additionally, the working alliance

construct has been used to explore how the various aspects of the supervisory working alliance relate to the trainee's development of self-efficacy.

Although researchers have begun to explore the application of attachment theory to the clinical supervisory relationship, previous research has primarily taken into account the perspective of clinical trainees rather than their supervisors. The present study is designed to take into account the perspectives of both trainees and their supervisors in order to explore the relationship between the supervisors' and trainees' attachments to each other, their perceptions of how the other would rate them on attachment measures, and their evaluations of the supervisory alliance. These relationships will be examined using data collected from both clinical trainees and their supervisors through an online survey. It is expected that trainees with a secure attachment to their supervisors will rate the working alliance with their supervisor more positively than trainees with insecure attachments. Other relationships between attachment and the working alliance will also be explored to better understand how both the trainees' and supervisors' attachment styles are associated with the supervisory alliance.

The next chapter will begin with a literature review of infant and adult attachment styles. Subsequently, literature applying attachment theory to educational and workplace settings will be discussed, followed by exploration of the research on relationships between clinical trainees and their supervisors, and ending with how the supervisory relationship has been studied with regard to attachment styles.

While the terms *trainees* and *supervisees* are often used interchangeably in the literature on supervisory relationships, supervisees/trainees are differentiated from their supervisors using the label "trainee" throughout this paper, with the exception of sections attempting to capture language or construct as presented by a cited author.

CHAPTER TWO

Literature Review

Attachment Overview

Attachment theory in its original form is a theory that explains how infants begin to demonstrate “attachment behaviors” with primary caregivers (Bowlby, 1958). “Here we are concerned with the distinction between attachment as a bond, tie, or enduring relationship between a young child and his mother and attachment behaviors through which such a bond first becomes formed and that later serve to mediate the relationship” (Ainsworth et al., 1978, p. 17). These early attachment behaviors include sucking, clinging, following, crying, and smiling (Bowlby, 1958). Subsequent researchers further explicated attachment behaviors including differential smiling, crying and vocalization in the presence of the primary caregiver (the mother in early research) versus other adults, and greeting the primary caregiver with behaviors such as clapping (Ainsworth, 1967). Additionally, behaviors such as “flight to the haven of safety” (Ainsworth, 1967, p. 9) and “use of the mother as a secure base for exploration” (p. 8) have been conceptualized as adaptive behaviors developed during the first three years of life. Through these behaviors, a child is able to gain increasing independence in a gradual process of leaving the mother and returning for support in successive approximations (Ainsworth, 1967, p. 8-9).

The results of the Ainsworth Strange Situation Experiment were used to describe three infant attachment styles: secure, anxious-ambivalent, and avoidant (Ainsworth et al., 1978). An infant classified as secure uses the mother “as a secure base from which to explore the

unfamiliar environment, just as at home he spends a large amount of his time in exploratory play” (Ainsworth et al., 1978, pp. 311-312). These infants become upset when their mother leaves the room, but are happy to see her upon her return.

Anxious-ambivalent and avoidant attachment classifications are both considered insecure attachment styles (Ainsworth et al., 1978). Anxious-ambivalent infants are described as “chronically anxious in relation to the mother [...] they tend to respond to the mother’s departures in the separation episodes with immediate and intense distress; their attachment behavior has a low threshold for high intensity activation” (pp. 314-315). These infants demonstrate high levels of separation anxiety. They exhibit distress in the mother’s absence yet often resist contact upon her return; “They do not seem to have confident expectations of the mother’s accessibility and responsiveness” (p. 314).

Avoidant infants demonstrate approach-avoidance conflict; “they are both anxious as well as avoidant” (Ainsworth et al., 1978, p. 319). These infants exhibit distress in the absence of the mother but avoid her upon her return. “The anxiety implicit in the [avoidant] attachment relationship surely must itself make the approach-avoidance conflict more intense than it might otherwise be, for the attachment behavior of an anxious baby tends to be more readily activated and at a more intense level” (p. 319).

Subsequently, a fourth classification of infant attachment has been added (Main & Solomon, 1990). These infants, previously designated as “unclassifiable,” were classified as “insecure-disorganized/disoriented;” as exemplified by “simultaneous display of contradictory patterns” and “mutual inhibition of the attachment and exploratory behavioral systems” (p. 141). Due to these children’s exhibition of behaviors that fall into both secure and insecure attachment types, the initial three attachment categories left room for children with a disorganized

attachment style to be falsely labeled as “secure” (p. 140). For example, a disorganized infant may demonstrate strong attachment-seeking behaviors such as reaching for the caregiver before suddenly turning away from and ignoring the caregiver. Disorganized infants in high-risk samples were more likely to have been abused than infants in low-risk control samples. Notably, disorganized infants in low-risk samples were more likely than infants in other categories to have parents with “still-unresolved attachment-related traumas” (p. 123).

The aforementioned germinal authors initially focused on infants’ attachments to their mothers, but expanded attachment theory early on to include other attachment figures including fathers, grandparents, and childcare providers (Bowlby, 1982; Ainsworth, 1989; etc.). Similarly, Bowlby (1982) describes how early attachment experiences contribute to the development of inner “working models” of relationships that may persist throughout the life course. Ainsworth (1989) suggests that secondary attachment figures such as an “understanding teacher or athletic coach” may also play an important role in the development of “working models of attachment” (p. 711). Ainsworth adds that, “In the case of older persons, attachment figures cast in the parental mold might include mentors, priests or pastors, or therapists” (p. 711). While secondary attachment figures may be transient, Ainsworth posits that their “influence may continue to be valued and the representational model of the relationship may persist” (p. 711).

Adult Attachment

The use of attachment theory as a model of relationship patterns across the lifespan has expanded attachment theory well beyond the bounds of infant-caregiver relationships. Early researchers applying three attachment styles (secure, avoidant, and anxious/ambivalent) to adults in romantic relationships found roughly the same distribution of attachment styles across two studies (56% secure, 24% avoidant, and 20% anxious/ambivalent, Hazan & Shaver, 1987, p.

521) as found in samples of infants from middle-class families (65% secure, 20-25% avoidant, and 10-15% anxious/ambivalent; Campos, Barrett, Lamb, Goldsmith, & Sternberg, 1983).

Additionally, the researchers found that adults in each attachment classification tended to exhibit expectations of romantic relationship unique to their attachment classification (Hazan & Shaver, 1987). For example, secure romantic partners “emphasized being able to accept and support their partner despite their partner’s faults” (p. 515), whereas avoidant romantic partners “were characterized by fear of intimacy, emotional highs and lows, and jealousy” (p. 515).

A meta-analysis of adult attachment classifications as measured by the Adult Attachment Interview (AAI; George, Kaplan & Main, 1987) indicated a distribution of 58% secure-autonomous, 24% insecure-dismissing, and 18% insecure-preoccupied in non-clinical samples (van IJzendoorn & Bakermans-Kranenburg, 1996). Researchers conducting a more recent analysis found distributions of 50% secure-autonomous, 32% insecure-dismissing, and 18% insecure-preoccupied in a small sample of 37 participants (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). These researchers conducted a 20-year longitudinal study on the stability of attachment classifications over the life course and found 72% correspondence between infant attachment styles as classified using the Strange Situation and adult styles as classified using the AAI (Waters et al., 2000). Additionally, participants who did demonstrate a change in attachment style were more likely to have experienced “stressful life events” (e.g., parental loss and/or mental illness; p. 684, 687) than individuals who maintained their attachment classifications.

A number of three- and four-category measures of adult attachment have been developed and studied in relationship to other variables. For example Brennan, Shaver and Tobey (1991) conducted a study with a sample of 840 college students to examine the relationship between

attachment styles and parental drinking habits. The researchers utilized both a three-category (secure, anxious-ambivalent, avoidant) measure of adult attachment (Hazen & Shaver, 1987) and a four-category (secure, preoccupied, fearful, dismissing) measure of adult attachment (Bartholomew, 1990 as cited in Brennan et al., 1991). The researchers found that avoidant or anxious-ambivalent adult attachment styles, as measured by the three-category model, were more prevalent among college students who grew up with an alcoholic parent than the general population. However, the researchers found that “subjects in the dismissing category also came from Hazen & Shaver’s secure category, suggesting that some avoidant people with high self-esteem are forced by the three category model to misclassify themselves as secure, even though they are unlikely to exhibit secure behavior in close relationships” (Brennan et al., 1991, p. 462). Interpretation of these data suggest that four-categories such as those used in the Bartholomew model may provide a more accurate measurement of adult attachment styles.

The Experiences in Close Relationships Questionnaire (ECR) in its original form was developed as an adult attachment questionnaire to measure romantic relationships. Two scales were developed through factor analysis: avoidance and anxiety (Brennan, Clark & Shaver, 1998, p. 58-59). The scales were used to cluster participants into four categories: secure (low avoidance, low anxiety), fearful (high avoidance, high anxiety), preoccupied (low avoidance, high anxiety), and dismissing (high avoidance, low anxiety.) The measure was subsequently rescaled using item response theory to develop the Experiences in Close Relationships Questionnaire-Revised (ECR-R; Fraley, Waller & Brennan, 2000), and use of the scale has expanded beyond romantic relationships to include various kinds of “close” relationships.

More recently, researchers have expanded the application of attachment beyond traditional attachment relationships to other relationships that may activate adult attachment

styles. This expansion has sparked the development of a new version of the ECR, the Experiences in Close Relationships – Relationship Structures Questionnaire (ECR-RS; Fraley et al., 2011). This version of the questionnaire aims to measure attachment styles with regard to specific relationships, and can be used to measure attachments to specific individuals (e.g., mother, a specific teacher or mentor) or individuals in specific role types (e.g., mother-like figures, basketball coaches). Thus, as a measure of adult attachment, the ECR-RS is uniquely adaptable to assessing the attachment between clinical trainees and supervisors in field placement settings. Furthermore, a comparison of the ECR-R and the ECR-RS found that the ECR-RS is a better predictor of interpersonal (e.g., relationship quality ratings) and intrapersonal (e.g., depression ratings) characteristics, whereas the ECR-R is a better predictor of personality traits (Fraley et al., 2011). Therefore, the ECR-RS may provide the most utility in considering how attachments specific to the supervisory relationship relate to the quality of the working alliance.

Attachment in Education & The Workplace

Attachment theory has been used to conceptualize relationships and styles of interaction (e.g., leadership) in the workplace (Hazen & Shaver, 1990) and educational settings (Kennedy & Kennedy, 2004). The application of attachment theory to an employment context was part of a broader movement to use theories in personality psychology to predict workplace outcomes (Harms, 2011). For example, researchers examining relationships between a group of professionals and their mentors found that dyads in which both individuals had a secure attachment style were most likely to achieve desired workplace outcomes; it was noted, however, that mismatched attachment styles between mentees and mentors did not preclude success (Germain, 2011). Attachment styles have also been associated with differences in

counterproductive work behaviors (Richards & Schat, 2011), and styles of seeking feedback (Hepper & Carnelley, 2010). Similarly, attachment theory has been used to inform interactions between school-age students and teachers in educational settings (Kennedy & Kennedy, 2004). Kennedy and Kennedy encouraged educators to engage in self-reflection regarding their own attachment styles and the impact of their own attachment styles on their students. In a similar vein, self-reflection about one's own attachment style in relation to a supervisor or supervisee could shed light on the working alliance, particularly when the supervisor assumes the role of the primary mentor or educator for the supervisee.

The Supervisory Working Alliance

Clinical supervision of MSW students in field settings is uniquely set up as both an educational and work experience in which the clinical supervisor is both an educator and workplace supervisor. As a part of the clinical social work training process, MSW trainees are routinely presented with clients' circumstances, which are unfamiliar and may require consultation. These situations often involve ethical dilemmas that MSW trainees have not previously confronted in a professional context (Dodd, 2007). In the face of ethical concerns during clinical fieldwork, MSW trainees in one study reported that the resource to which they most frequently turned was supervision (75.2%), followed by peer consultation (45.7%), in-class discussion (38.0%), and agency personnel (20.9%; p. 13). However, in the same study with regard to these four types of resources, MSW trainees reported that supervision had the lowest rate of being helpful or extremely helpful (71.1%), while peer consultation (94.9%), in-class discussion (91.8%), and agency personnel (81.5%) were found to be more consistently helpful (p. 13). In light of MSW trainees' demonstrated reliance on clinical supervision, consideration of these data raise questions regarding how to better understand the nature of supervisor-supervisee

interactions, as well as what can be done to improve upon the perceived helpfulness of supervisory relationships.

Bordin (1983) and Holloway (1987) argued that the working alliance developed within the clinical supervisory relationship is a key component of clinical training, more valuable than the mere transmission of clinical content, and therefore integrally related to the overall quality of the clinical training experience. Consequently, instruments have been developed to measure the strength of the supervisory alliance as they relate to the overall clinical training experience. One measure that has been used to gauge the efficacy of the supervisory relationship is the Supervisory Working Alliance Inventory (SWAI; Efstation et al., 1990). In acknowledgement of the intersubjective nature of the supervisory alliance, parallel versions of this measure were developed for clinical trainees and supervisors. The two versions of the measure inventory factors related to trainees' and supervisors' perceptions of the supervisory relationship, respectively, as related to two overall subscales: *client focus* and *rapport* (Efstation et al., 1990). The client focus subscale is designed to measure the extent to which supervision helps the trainee to better understand his or her clients, whereas the rapport subscale is designed to measure the extent to which the trainee is supported by the supervisory alliance. An additional subscale emerged for the supervisor version of SWAI using factor analysis, suggesting that supervisors may have a more differentiated understanding of the factors that contribute to the working alliance than do trainees. This additional subscale, labeled *identification*, measures the extent to which the supervisor believes that the trainee identifies with the supervisor.

High scores on the trainee version of the rapport and client focus subscales were found to be a significant predictor of trainees' sense of self-efficacy in performing clinical protocols (Efstation et al., 1990). These subscales were also found to be positively correlated with

measures of supervisory styles (e.g., task oriented, interpersonally sensitive), demonstrating some convergent validity with the Supervisory Styles Inventory (Friedland & Ward, 1984 as cited in Efstation et al., 1990). Weak positive correlations (.03 to .36) between the trainee and supervisee subscales demonstrated that although trainees' and supervisors' evaluations of the working alliance are related, there is also considerable variation in the evaluation of the working alliance within dyads. This variation highlights the importance of measuring both trainees' and supervisors' evaluation of the working alliance, rather than using data from only one member of the dyad.

Attachment & Supervision

Pistole and Watkins (1995) were among the first to suggest that relationships between clinical psychologists and their supervisors could be conceptualized using an attachment framework. Subsequently, researchers have examined aspects of clinical supervisory relationships through the lens of attachment.

Bennett et al. (2008) found that 72 MSW students' relationship-specific attachment styles as measured using the ECR-RS were predictive of aspects of the working alliance, whereas global attachment styles were not. Most of the participants reported a secure global attachment style (low avoidance and low anxiety) but reported higher than average avoidance and anxiety with regard to their relationship with their supervisor. Thus, relationship-specific attachment may be more predictive of variations in the working alliance than global attachment styles. Alternatively, measures that assess participants' specific relationships may activate attachment styles more readily than similar measures that assess abstract relationships.

In a sample of masters-level counseling students, researchers found that trainees' attachment styles accounted for 22.9% of the variance in working alliance rapport (Renfro-Michel & Sheperis, 2009). Neswald-McCalip (2001) provided qualitative evidence that trainees' attachment styles shape both the supervisory relationship and the trainees' experiences working with clients. Case examples of situations in which the supervisory working alliance provided trainees with a secure base from which to develop a more secure working model of relationships were provided by the author. However, the conceptualization of supervision as a corrective model for insecure trainees assumes that the supervisor is able to serve as a secure base. Like the trainee, the supervisor's own "emotional availability towards others is strongly associated with early attachment experiences" (van IJzendoorn & Bakermans-Kranenburg, 1997 as cited in Shemmings, 2006). Therefore, a supervisor who does not have a secure attachment style may not be able to provide a secure base to his or her trainee.

In a study of 87 doctoral interns in psychology who participated in an online survey (Riggs & Bretz, 2006), participants were asked to rate both their own attachment styles and their perceptions of their supervisors' attachment styles. They were also asked to assess the working alliance in the supervisory relationship. Results indicated that trainees' reports of their supervisors as secure predicted a stronger supervisory bond, whereas trainees' self-reported attachment styles were not predictors of the working alliance. Authors of an Internet study of 259 British post-doctoral psychology interns reported similar results (Dickson, Moberly, Marshall, & Rielly, 2011).

Only a few studies have recruited supervisor-trainee dyads. One such study found that while trainees' attachment styles were not predictive of the supervisory working

alliance, supervisors' attachment styles were predictive of both their own ratings of the working alliance and the working alliance ratings of their trainees (White & Queener, 2003). These findings suggest that while both the supervisor and trainee bring their own attachment styles to the supervisory relationship, the supervisor's attachment style may be more influential in the supervisory working alliance and therefore may have more impact on the field component of the clinical training process.

While these studies are useful in understanding the role of attachment in clinical supervisory relationships, they are also limited in their designs and external validity. One limitation is that most of the studies utilized only trainees as participants rather than recruiting matched pairs of trainees and supervisors. Additionally, many of the aforementioned studies were conducted with psychology interns in doctoral programs and may not be generalizable to supervisory relationships in MSW programs that may be different in scope and/or format. "Attachment processes may be more directly related to the supervisory bond among less advanced trainees, who presumably require more nurturance and interpersonal support than the clinical interns;" for example, in Riggs & Bretz' (2006, p. 564) sample. Therefore, participants should be recruited from a variety of stages of the clinical training process and without limitation to any single MSW program.

Research Questions and Hypotheses

Given the similar way in which both traditional attachment figures and clinical supervisors are ideally used as secure bases in the development of personal and professional identities, respectively, the present study was designed to examine associations between the supervisors' and trainees' attachment styles to one another, their

perceptions of the other's attachment to them, and the subjective quality of their experiences in clinical supervision as rated by both parties. In doing so, it is intended for the present study to contribute to literature regarding how trainees' and supervisors' attachment styles contribute to effective supervisory relationships that are supportive of MSW trainees.

Recently, researchers have explored how supervisor training can integrate existing knowledge of the role of attachment in supervisory relationships (e.g., Deal, Bennett, Mohr & Hwang, 2011). These researchers have found that attachment-informed training was more effective than traditional training in preparing supervisors "to better understand their students' attachment-related behaviors" (Deal, Bennett, Mohr & Hwang, 2011). The intervention group demonstrated stronger supervisory working alliances and higher supervisor evaluations of their trainee's grasp of core social work competencies.

The following research questions will be explored in order to develop a better understanding of how the perceived and actual relationship-specific attachment styles of supervisors and trainees predict the strength of the working alliance: (1) Are measures of trainees' attachments to supervisors (as rated by self) related to the working alliance as rated by a) supervisors, and/or b) trainees? (2) Are measures of supervisors' perceptions of trainees' attachments to supervisors (as rated by supervisors) related to the working alliance as rated by a) supervisors, and/or b) trainees? (3) Are measures of supervisors' attachments to trainees (as rated by self) related to the working alliance as rated by a) supervisors, and/or b) trainees? (4) Are measures of trainees' perceptions of supervisors' attachments to trainees (as rated by trainees) related to the working alliance as rated by a) supervisors, and/or b) trainees?

CHAPTER THREE

Methodology

The current study was designed as a replication and extension study of previous studies on this topic. Data were gathered regarding supervisors' and trainees' attachment styles within the supervisory relationship and their subjective evaluations of the supervisory working alliance. The Smith College School for Social Work Human Subjects Review Board approved the following methodology (HSRB; see Appendix A for HSRB application with consent form and approval letter.)

Sample

Participant characteristics. Data from 95 study participants were collected and analyzed. These participants included 77 current MSW students who are enrolled in the Masters programs at Smith College School for Social Work or another Masters-level social work program, in addition to 18 of their clinical supervisors. All participants reported that they were either (a) currently completing a clinical internship or field placement as part of an MSW program, or (b) the clinical supervisor of an individual completing a clinical field placement as part of an MSW program. "Supervisors" were defined as "the person at the agency where a student is interning who is responsible for providing primary supervision to the student." Data from an additional 16 survey respondents were thrown out; 5 of these individuals did not indicate that they met study criteria and 11 had extensive sections of missing responses. Participants who

completed the majority of the survey but omitted answers to specific sections were retained in the data set. The number of participants reflected in each analysis is indicated with the results.

The sample ($N = 95$) consisted of 10 men (10.5%; “male”), 83 women (87.3%; e.g., “female,” “feminine,” “woman,” “cisgender woman”), and 2 queers (2.2%; e.g., “queer,” “genderqueer”), with an overall sample mean age of 29.21 ($SD = 1$; see Table 1). The trainee subsample ($n = 77$) consisted of 7 men (9.1%), 68 women (88.3%), and 2 queers (2.6%), with a mean age of 29.13 ($SD = 6.68$). The supervisor subsample ($n = 18$) included 15 women (83.3%) and 3 men (16.7%), with a mean age of 46.61 ($SD = 11.63$). Of the 95 participants, a total of 18 supervisee-supervisor pairs participated. The rest of the sample included trainees whose counterparts did not choose to participate.

Participants were asked to report their race and/or ethnicity in an open-ended format; one hundred percent of participants indicated their race and/or ethnicity. A summary of participants’ racial and ethnic identifiers is presented in Table 1. Participants were limited to individuals who were able to read and respond in English because study material had not been translated into other languages.

In summary, the sample was largely White and female across trainees and supervisors. The trainee subsample (81.9% White/Caucasian) was nearly representative of the target sample; in 2011, 25-percent of students enrolling at Smith College School for Social Work self-identified as “Students of Color” (Jacobs, 2011, p. 3). The number of men recruited was low across both trainee and supervisor subsamples; however, there was a higher percentage of men in the supervisor subsample (16.7%) than in the trainee subsample (9.1%). Additionally, participants identifying as queer were only present in the trainee subsample.

Table 1

Participant Demographic Characteristics by Role.

	Entire Sample N = 95	Trainees n = 77	Supervisors n = 18
Gender			
Female/Woman	88.0	88.3	83.3
Male/Man	10.0	9.1	16.7
Queer/Genderqueer	2.0	2.5	-
Race/Ethnicity			
African-American	2.2	2.6	-
Asian/Catonese/Chinese	2.2	2.6	-
Biracial	1.1	1.3	-
Chinese & White	1.1	1.3	-
European/American	1.1	-	5.6
Japanese-American	1.1	1.3	-
Jewish	1.1	1.3	-
Korean & Caucasian	1.1	1.3	-
Latino	1.1	1.3	-
Native American	1.1	1.3	-
White or Caucasian	82.4	76.7	88.8
White/Caucasian & Jewish	4.4	5.2	5.6

Note. Values represent the percentage of participants who self-reported demographic identifier.

Sampling procedures. Participants were recruited using a convenience and snowball sample of Masters-level social work students. The researcher used the Smith College School for Social Work (Smith SSW) directory to identify current students. This recruiting list is available to students to contact one another. The researcher received permission from the thesis coordinator to access students in the stated way. The researcher emailed a recruitment letter (see HSRB application in Appendix A) to all first- and second-year Smith SSW students. This letter provided a link to all individuals who wished to access the study. Additionally, the letter

requested that readers forward the study link to any additional contacts that met study criteria. As individual student-participants completed the survey, they were prompted to email a second recruitment letter (see HSRB application in Appendix A) to their clinical supervisors, which included the survey link and a unique identifier code.

All participants were offered entry into a raffle for one of two \$20 Target gift cards. Participants were entered into the raffle after signing the informed consent and entering their contact information into a separate window at the end of the survey; survey responses were not linked to participation in the lottery. Participants were kept in the drawing even if they withdrew or failed to complete the entirety of the survey materials. Trainees' and supervisors' participation in the lottery was not dependent on collecting data from the matched pair.

While the target sample was comprised of trainee-supervisor matched pairs, trainees were permitted to participate regardless of their supervisors' participation. Due to the methodological design, supervisors' participation was not requested until their supervisees had already participated. Supervisors were only recruited to participate at the request of a trainee who had already participated in the study; supervisors were cautioned not to request their trainee's participation in the study in order to avoid coercion.

Ethical issues. Initial recruitment efforts were directed toward student trainees, rather than supervisors, to avoid coercion. Trainees were then asked to email a second recruitment letter to their clinical supervisors in order to request the supervisor's participation. Student participants who chose to send the survey to their supervisors disclosed their participation to their supervisors in doing so; however, students were not provided with any information regarding their supervisors' participation unless individual supervisors chose to disclose this information.

Participants were offered entry into a raffle for one of two \$20 Target gift cards. All participants who signed the informed consent were prompted to open a second window in order to enter their contact information for the raffle so that their survey responses would not be linked to participation in the lottery. Participants were kept in the drawing even if they withdrew or failed to complete the entirety of the survey materials. Trainees' and supervisors' participation in the lottery were not dependent on collecting data from the matched pair.

Participation was voluntary and participants were able to refuse to answer any question. Participants who chose to withdraw during participation in the study, were able to leave the remainder of the form blank, at which point their data was omitted from data analyses. Due to the fact that data was collected anonymously, participants were not able to withdraw from the study following completion of the survey.

Risks of participation. Participants taking the attachment measure may have had knowledge of attachment and may have experienced discomfort due to answering questions about their attachment style. Social Work trainees may have been self-conscious about what their attachment style means to their social work training and capabilities. Trainees may have felt mild anxiety about their supervisor, placement, and/or personal performance. Participants were encouraged to consult with the supervisor directly or to talk with their Smith Faculty Field Advisor (FFA) or other school field advisor if participation caused anxieties about their field internship experience. Social work supervisors, too, may have felt mild distress as the result of knowing that their trainees were rating aspects of their working alliance. In order to mitigate these risks, participation was voluntary and both trainees and supervisors had the opportunity to decline participation. Information was not shared between dyads, and the trainees were not

informed about their supervisors' participation or lack thereof, unless their individual supervisor shared this information directly.

Benefits of participation. Students and supervisors will have access to the results of the study and may be able to use the results to reflect on past, present, or to inform subsequent supervisory interactions. Participating in the study may have sparked trainees' and/or supervisors' interest, insight, and/or discussion regarding factors that relate to their supervisory experience. As evidence of this, a number of students emailed the researcher to share their thoughts on the study topic. For example, multiple students responded with comments such as, "...I would really be interested in knowing the results of your study." While other students wrote more extensive feedback such as, "I just wanted to share how much I appreciate your thesis topic. I would love to hear your thoughts on how we might be able to use this information to better prepare people for field supervision and help them make sense of that relationship while they are in the field."

Instruments

Informed consent procedure. Due to the web-based nature of this study, informed consent was obtained online through the website SurveyMonkey.com, to which participants were directed through the recruitment email they received. Once participants had electronically answered the screening question affirmatively, meeting inclusion criteria, they were directed to a webpage containing the Informed Consent. Participants were asked to read through the text explaining the informed consent, and accept all terms of participation by checking a button ("I agree") that indicated agreement; they were also given the choice to exit the survey by checking a box that read, "I disagree." Participants were unable to move on to the survey unless this procedure was completed. Participants who indicated disagreement with the terms of informed

consent were automatically directed to a Disqualification Page. Participants who indicated agreement were asked to print a copy of the webpage with the Informed Consent form for their records.

All informed consent materials were developed in English. Therefore, only English-speaking participants were recruited. Participants were MSW students or supervisors and were therefore expected to be above the age of majority (18 years of age.)

Demographics. After signing an informed consent, participants were directed to answer a brief demographic survey including standard information regarding social group membership (age, race and/or ethnicity, gender.)

Role survey. Participants were asked to indicate whether or not they were an MSW student or the clinical supervisor of an MSW student.

Experiences in Close Relationships – Relationship Structures Questionnaire. (ECR-RS). The ECR-RS contains 9 items that are rated on a 7-point Likert scale of strongly disagree (1) to strongly agree (7). Instructions can be re-worded to refer to individuals in specific relationships (e.g., “Please answer the following questions about your father or a father-like figure;” Fraley et al., 2000). The ECR-RS contains two subscales, Avoidance ($\alpha = .88$ to $.92$) and Anxiety ($\alpha = .88$ to $.91$; Fraley et al., 2000). Sample questions from the Avoidance subscale include, “I usually discuss my problems and concerns with this person,” (reverse coded) and “I prefer not to show this person how I feel deep down.” Sample questions from the Anxiety subscale include, “I’m afraid that this person may abandon me” and “I worry that this person won’t care about me as much as I care about him or her.”

Trainees were prompted to complete a version of the ECR-RS (labeled ECR-RS A to identify the version), which asked them to complete the survey about their relationship with the

clinical supervisor (trainee's relationship-specific attachment to supervisor.) Subsequently, trainees were asked to complete a second version (labeled ECR-RS B), which asked them how they believed their supervisor would complete the survey about them (trainee's perception of supervisor's attachment to trainee). Supervisors were prompted to complete a third version of the ECR-RS (labeled ECR-RS D), which asked them to complete the survey about their relationship with their trainees (supervisor's relationship-specific attachment to trainee.) Subsequently, the supervisors were asked to complete a fourth version by answering how they believed the trainee would complete the survey about them (supervisor's perception of trainee's attachment to supervisor; labeled ECR-RS C.) The researcher received permission from the first author to use this measure.

Supervisory Working Alliance Inventory (SWAI). The SWAI was used as a measure of trainees' and supervisors' satisfaction with the clinical supervisory relationship (Efstation et al., 1990). The SWAI was administered in two versions: the trainee's version and the supervisor's version. The trainee's version contains 19 items that are rated on a 7-point Likert scale of "almost never" (1) to "almost always" (7). Two subscales are Client Focus ($\alpha = .97$) and Rapport ($\alpha = .77$; Efstation et al., 1990). Sample questions from the Trainee Client Focus subscale include, "My supervisor helps me work within a specific treatment plan with my clients," and "My supervisor encourages me to take time to understand what the client is saying and doing". Sample questions from the Trainee Rapport subscale include, "I feel free to mention to my supervisor any troublesome feelings I might have about him/her," and "My supervisor encourages me to talk about my work with clients in ways that are comfortable to me."

The supervisor's version of the SWAI contains 23 items that are rated on a 7-point Likert scale of "almost never" (1) to "almost always" (7; Efstation et al., 1990). Three subscales

identified using factor analysis were Client Focus ($\alpha = .71$), Rapport ($\alpha = .73$), and Identification ($\alpha = .77$; Efstation et al., 1990). Sample questions from the Supervisor Client Focus subscale include, “In supervision I place a high priority on our understanding the client's perspective,” and “In supervision, I expect my trainee to think about or reflect on my comments to him/her”. Sample questions from the Supervisor Rapport subscale include, “I welcome my trainee's explanations about his/her client's behavior,” and “I make an effort to understand my trainee”. Sample questions from the Supervisor Identification subscale include, “My trainee understands client behavior and treatment technique similar to the way I do,” and “My trainee appears to be comfortable working with me”.

Data Collection

The present study was conducted using a cross-sectional, quantitative procedure in the format of an online questionnaire. Participation took approximately 10-20 minutes. Participants were able to take the survey on any computer that had Internet access including a personal computer or a public computer (e.g., library computer.) Data was gathered using the online survey tool, SurveyMonkey, and was downloaded onto the researcher's computer following the final date of data collection (April 11, 2013.) Measures were taken to ensure confidentiality of participants.

All participants first completed a screening question; participants who met the criteria of writing and speaking English and being either a supervisor or trainee were then directed to review and electronically sign an informed consent outlining the purpose and possible risks and/or benefits of participating in the study. Once informed consent was obtained, participants were able to access the survey. The survey contained demographic questions, the Experiences in Close Relationships – Relationship Structures Questionnaire (ECR-RS; Fraley et al., 2011), and

the Supervisory Working Alliance Inventory (SWAI; Efstation et al., 1990). For full survey as it appears on Survey Monkey see HSRB Application in Appendix A. Participants were asked to identify their role as either a supervisor or trainee, and were directed to complete measures differentially as follows.

Trainees. Each participant was directed to complete an online survey that included a screening page, an informed consent, and a brief demographic survey as listed above. Once indicating their role as MSW student supervisees, trainees were directed to complete the following measures: (a) the ECR-RS A (Fraley et al., 2011), (b) the ECR-RS B, and (c) the trainee's version of the SWAI (Efstation et al., 1990). Each trainee was then directed to develop a unique identifier (favorite color, mother's birth year, last four digits of phone number.) The trainee was then asked to send a prewritten recruitment email to his or her supervisor, by copying and pasting the text into an email in a new browser. Finally trainees were provided with a link to a separate survey, which allowed them to provide their contact information for participation in a raffle for one of two \$20 gift cards to Target.

Supervisors. Each participant was directed to complete an online survey that included a screening page, an informed consent, and a brief demographic survey as listed above. Once indicating his or her role as a clinical supervisor of an MSW student, each supervisor was directed to enter the unique identifier provided by his or her trainee. The supervisor was then directed to complete (a) the ECR-RS D (Fraley et al., 2011), (b) the ECR-RS C, and (c) the supervisor's version of the SWAI (Efstation et al., 1990). Finally, supervisors were provided with a link to a separate survey, which allowed them to provide their contact information for participation in a raffle for one of two \$20 gift cards to Target.

Data

Data pairing. Due to the relationship-specific nature of the ECR-RS, trainee participants were required to disclose their participation to their supervisor in order to request his or her participation. However, the data that both the supervisor and trainee submitted were only identifiable by a unique identifier, which was not overtly associated with the trainee. Student trainees were asked to create unique identifiers so that their data could be paired with the data of their supervisors, by indicating 4 digits of their phone numbers, plus mother's birth year, plus favorite color. The trainee sent the unique identifier to the supervisor as a component of supervisor recruitment. The supervisor was prompted to provide the unique identifier as part of the survey. Each trainee's participation was revealed to his or her supervisor only in the event that the student self-disclosed participation during the supervisor recruitment process. However each participant's data were kept confidential by the researcher. If the supervisors chose to participate, they were prompted to enter the unique identifier so data could be kept confidential both to the researcher and the student.

Data collection & storage. Only the primary researcher was given access to the data prior to the removal of identifying information. The researcher's research advisor was only given access to the data after all identifying information had been removed. In preparation for presentations, participants' information has been aggregated so that it is not individually identifiable. Electronic data has been encrypted and password protected. All data will be kept secure for a minimum of three years as required by Federal regulations. After that time, data will be destroyed or will continue to be kept secure until it is no longer needed.

Data analysis.

Descriptive statistics. Descriptive statistics were used to analyze demographic variables for the entire sample, the supervisee subsample, and the supervisor subsample.

Inferential statistics.

Correlations. Intercorrelation matrices were generated to explore relationships between the measures of attachment and the supervisory working alliance. Matrices were generated separately for each of the attachment measures. Correlations generated with data from both trainee and supervisor subsamples were conducted using data from the matched pairs ($n = 18$). Correlations generated based on data from only one subsample were conducted using the entire data set from either the trainee ($n = 77$) or supervisor ($n = 18$) subsample. The attachment measures included: the Experiences in Close Relationships – Relationship Structures Questionnaire (ECR-RS) version A (trainee’s relationship-specific attachment to supervisor), ECR-RS version B (trainee’s perception of supervisor’s attachment to trainee), ECR-RS version C (supervisor’s perception of trainee’s attachment to supervisor), and ECR-RS version D (supervisor’s relationship-specific attachment to trainee.) Two subscales, Anxiety and Avoidance, were calculated for each measure of attachment. The supervisory working alliances measures included the trainee and supervisor versions of the Supervisory Working Alliance Inventory (SWAI). Rapport and Client Focus subscales were calculated for the Trainee SWAI. Rapport, Client Focus and Identification subscales were calculated for the Supervisor SWAI.

Exploratory Analyses. Exploratory analyses were conducted to determine the nature of the relationships between measures of attachment and the supervisory alliance in the study sample.

T-Tests. In addition to testing the correlations between trainee and supervisor scores, trainees and supervisors were categorized as secure or insecure based on their avoidance and anxiety subscale scores. Median scores were used to divide the sample into high and low subgroups on the avoidance and anxiety subscales of the ECR-RS. Next, two attachment variables were created for each iteration of the ECR-RS completed by the participant: "secure" if they scored low on both anxiety and avoidance (below median) and "insecure" if they scored high on at least one of the subscales (high on both avoidance and anxiety, or high on only one). Trainees' attachment categorizations were based on their self-reported attachment (ECR-RS A), whereas supervisors' scores were based on the trainee's perception of the supervisor's attachment to them (as reported by the Trainee using the ECR-RS B.) Insecure attachment categories were not divided further (e.g., Dismissing, Fearful and Preoccupied) due to the limitations of the sample size.

Two t-tests were run to explore whether trainees with secure and insecure attachments to their supervisors would score differently on the two Trainee SWAI subscales. Additionally, two t-tests were run to explore whether trainees' perceptions of their supervisors as having secure or insecure attachments would be related differently to the two Trainee SWAI subscales.

Levels of Significance. Due to the small sample size of supervisors ($n = 21$) and matched pairs ($n = 18$), power was inadequate to obtain statistical significance on analyses, so significance levels of $p < .10$ will be discussed. Significance levels of $p < .05$, $p < .01$ and $p < .001$ will be indicated as appropriate. All p-levels are two tailed statistics.

CHAPTER FOUR

Results

Correlations within Measures

SWAI Subscales. Significant correlations were found between some of the SWAI subscales (see Table 2). These correlations will subsequently be evaluated in terms of specific research questions.

Table 2

Pearson Correlations between SWAI Subscales.

	<u>Supervisor SWAI</u>			<u>Trainee SWAI</u>	
	Client Focus	Rapport	Identification	Client Focus	Rapport
Client Focus (Supervisor)	-	.099 (<i>n</i> = 18) ^c	.518* (<i>n</i> = 18) ^c	.113 (<i>n</i> = 18) ^a	.292 (<i>n</i> = 18) ^a
Rapport (Supervisor)		-	.094 (<i>n</i> = 18) ^c	.028 (<i>n</i> = 18) ^a	.307 (<i>n</i> = 18) ^a
Identification (Supervisor)			-	.568* (<i>n</i> = 18) ^a	.436 (<i>n</i> = 18) ^a
Client Focus (Trainee)				-	.778*** (<i>n</i> = 77) ^b
Rapport (Trainee)					-

Note. * $p < .05$. ** $p < .01$ *** $p < .001$. ^aFor data correlations between supervisors and trainees, the sample was restricted to include those trainees whose supervisors had also participated (*n* = 18). ^bFor the data correlations from trainees only, the entire trainee subsample was used (*n* = 77). ^cFor the data correlations from supervisors only, the entire supervisor subsample was used (*n* = 18).

Supervisor Subscales. Client Focus and Identification subscales of the Supervisor's SWAI were significantly positively related ($r = .518, p < .05$). Thus, as supervisors rated the supervisory relationships with trainees as having more Client Focus, they perceived trainees as demonstrating stronger Identification.

Trainee Subscales. Additionally, there was a significant positive correlation between the Client Focus and Rapport subscales of the Trainee SWAI ($r = .778, p < .001$). Thus, as trainees rated the supervisory relationship as having more Client-Focus, they reported stronger Rapport with supervisors.

Supervisor & Trainee Subscales. Similarly, there was a significant correlation between Supervisor Identification and Trainee Client Focus ($r = .568, p < .05$). Thus, as supervisors perceived trainees as demonstrating stronger Identification, trainees rated the supervisory relationship as having a stronger Client-Focus.

Attachment (ECR-RS) Subscales.

ECR-RS A Subscales. Trainees' Attachment Avoidance with the supervisor was significantly correlated with Trainees' Attachment Anxiety ($r = .527, p < .001$). As trainees reported more anxiety in their relationship with supervisors they also reported higher levels of avoidance.

ECR-RS B Subscales. There was no significant correlation between trainees' perceptions of supervisors' Attachment Avoidance and their perceptions of supervisors' Attachment Anxiety.

ECR-RS C Subscales. There was no significant correlation between supervisors' self-rated Attachment Avoidance and their Attachment Anxiety with trainees.

ECR-RS D Subscales. There was no significant correlation between supervisors' perceptions of trainees' Attachment Avoidance and Anxiety with supervisors.

Research Question 1

Are measures of trainees' attachments to supervisors (as rated by self) related to the working alliance as rated by a) supervisors, and/or b) trainees?

Correlations. Pearson correlations were calculated between the ECR-RS A and the Trainee and Supervisor SWAI subscales; an intercorrelation matrix was produced (see Table 3).

Table 3

Pearson Correlations between Trainees' Attachments to their Supervisors (ECR-RS A subscales) and Trainee and Supervisor Measures of the Supervisory Working Alliance (Trainee and Supervisor SWAI).

	<u>Supervisor SWAI</u>			<u>Trainee SWAI</u>	
	Client Focus	Rapport	Identification	Client Focus	Rapport
Avoidance (ECR-RS A)	-.153 (<i>n</i> = 18) ^a	-.398† (<i>n</i> = 18) ^a	.023 (<i>n</i> = 18) ^a	-.678*** (<i>n</i> = 77) ^b	-.792** (<i>n</i> = 77) ^b
Anxiety (ECR-RS A)	-.018 (<i>n</i> = 18) ^a	.200 (<i>n</i> = 18) ^a	-.047 (<i>n</i> = 18) ^a	-.411*** (<i>n</i> = 77) ^b	-.517** (<i>n</i> = 77) ^b

Note. †*p* < .10. **p* < .05. ***p* < .01 ****p* < .001. ^aFor the data correlations between supervisors and trainees, the sample was restricted to include those trainees whose supervisors had also participated (*n* = 18). ^bFor the data correlations among trainees only, the entire trainee subsample was used (*n* = 77).

Supervisor SWAI. A nearly significant trend was found between Trainee Attachment Avoidance and Supervisors' ratings of Rapport ($r = -.398, p = .102$). This negative correlation suggests that trainees' self-reported Avoidant attachments to supervisors were associated with slightly lower Rapport in the relationship according to supervisors. Trainee Attachment Avoidance was not significantly correlated with Supervisor Client Focus or Identification. Trainee Attachment Anxiety was not significantly correlated with any measures of the

supervisor's perceptions of their working alliance. Thus, trainees' attachments generally were not related to how the supervisors rated the training experience or relationship.

Trainee SWAI. Significant negative correlations were found between the Trainee Attachment subscales and Trainee SWAI subscales. Trainee Attachment Avoidance was significantly negatively correlated with both Trainee Rapport and Trainee Client Focus, such that higher Attachment Avoidance with supervisors was related to lower ratings of Rapport with supervisors ($r = -.398, p = .102$), in addition to less Client Focus ($r = -.678, p < .001$). Similarly, Trainee Attachment Anxiety was negatively correlated with both the Trainee Rapport and Trainee Client Focus, such that a trainee's anxiety with his or her supervisor was related to lower ratings of Rapport ($r = -.517, p < .001$), in addition to less Client Focus ($r = -.411, p < .001$). As such, trainees' attachments to their supervisors were found to be related to their perceptions of the working alliance.

Research Question 2

Are measures of supervisors' perceptions of the trainees' attachments to supervisors (as rated by supervisors) related to the working alliance as rated by a) supervisors, and/or b) trainees?

Correlations. Pearson correlations were calculated between the ECR-RS D and the Trainee and Supervisor SWAI subscales; an intercorrelation matrix was produced (see Table 4).

Table 4

Pearson correlations between Supervisors' Perceptions of Trainees' Attachments to Them (ECR-RS D subscales) and Trainee and Supervisor Measures of the Supervisory Working Alliance (Trainee and Supervisor SWAI).

	<u>Supervisor SWAI</u>			<u>Trainee SWAI</u>	
	Client Focus	Rapport	Identification	Client Focus	Rapport
Avoidance (ECR-RS D)	-.371 (<i>n</i> = 18) ^b	-.301 (<i>n</i> = 18) ^b	-.301 (<i>n</i> = 18) ^b	-.168 (<i>n</i> = 18) ^a	-.420 (<i>n</i> = 18) ^a
Anxiety (ECR-RS D)	.027 (<i>n</i> = 18) ^b	.121 (<i>n</i> = 18) ^b	-.396 (<i>n</i> = 18) ^b	-.399† (<i>n</i> = 18) ^a	-.427† (<i>n</i> = 18) ^a

Note. † $p < .10$. * $p < .05$. ** $p < .01$ *** $p < .001$. ^aFor the data correlations between supervisors and trainees, the sample was restricted to include those trainees whose supervisors had also participated (*n* = 18). ^bFor the data correlations among supervisors only, the entire supervisor subsample was used (*n* = 18).

Supervisor SWAI. The Supervisors' perceptions of trainees' Attachment Anxiety and Attachment Avoidance (ECR-RS D subscales) were not significantly correlated with Supervisor Client Focus, Rapport, or Identification. In summary, the supervisor's perceptions of the trainee's attachment to the supervisor were not found to be related to the working alliance as rated by supervisors.

Trainee SWAI. Nearly significant trends were found between Supervisors' perceptions of trainees' Attachment Anxiety (ECR-RS D) and the Trainee SWAI subscales. There was a negative correlation between supervisors' perceptions of their trainees' Anxious Attachment and trainees' Rapport ratings, such that when supervisors perceived trainees as more Anxiously Attached, trainees rated slightly lower Rapport in the supervisory relationship ($r = -.427, p < .10$). Similarly, there was a negative correlation between supervisors' evaluations of trainees' Attachment Anxiety and trainees' Client Focus ratings, such that when supervisors

perceived trainees as more Anxiously Attached, trainees rated slightly less Client Focus in the supervisory relationship ($r = -.399, p < .10$). In summary, when supervisors believed that trainees were Anxiously Attached to them, trainees had more negative perceptions of the working alliance, including lower Rapport and Client Focus.

There were no significant correlations between Supervisors' perceptions of trainees' Attachment Avoidance (ECR-RS D) and Trainee SWAI subscales. Supervisors' perceptions of trainees' Avoidance with their supervisors were not related to how trainees rated the training experience or relationship.

Research Question 3

Are measures of supervisors' attachments to trainees (as rated by self) related to the working alliance as rated by a) supervisors, and/or b) trainees?

Correlations. Pearson correlations were calculated between the ECR-RS C and the Trainee and Supervisor SWAI subscales; an intercorrelation matrix was produced (see Table 5).

Table 5

Pearson Correlations between Supervisors' Attachments to their Trainees (ECR-RS C subscales) and Trainee and Supervisor Measures of the Supervisory Working Alliance (Trainee and Supervisor SWAI).

	<u>Supervisor SWAI</u>			<u>Trainee SWAI</u>	
	Client Focus	Rapport	Identification	Client Focus	Rapport
Avoidance (ECR-RS C)	-.204 (<i>n</i> = 18) ^b	-.141 (<i>n</i> = 18) ^b	-.216 (<i>n</i> = 18) ^b	-.225 (<i>n</i> = 18) ^a	-.290 (<i>n</i> = 18) ^a
Anxiety (ECR-RS C)	.066 (<i>n</i> = 18) ^b	.252 (<i>n</i> = 18) ^b	-.077 (<i>n</i> = 18) ^b	-.221 (<i>n</i> = 18) ^a	-.357 (<i>n</i> = 18) ^a

Note. †*p* < .10. **p* < .05. ***p* < .01 ****p* < .001. ^aFor the data correlations between supervisors and trainees, the sample was restricted to include those trainees whose supervisors had also participated (*n* = 18). ^bFor the data correlations among supervisors only, the entire supervisor subsample was used (*n* = 18).

Supervisor SWAI. There were no significant correlations between Supervisor Attachment to the trainee (ECR-RS C) and Supervisor Client Focus, Rapport, or Identification. Supervisors' attachments to the trainees were not related to their ratings of the working alliance with their supervisees.

Trainee SWAI. There were no significant correlations between supervisor attachment to the trainee (ECR-RS C) and Trainee Rapport, or Client Focus. Supervisors' attachments to their trainees were not related to the working alliance as rated by their trainees.

Research Question 4

Are measures of trainees' perceptions of the supervisors' attachments to trainees (as rated by trainees) related to the working alliance as rated by a) supervisors, and/or b) trainees?

Correlations. Pearson correlations were calculated between the ECR-RS B and the Trainee and Supervisor SWAI subscales; an intercorrelation matrix was produced (see Table 6).

Table 6

Pearson Correlations between Trainees' Perceptions of Supervisors' Attachments to Them (ECR-RS B subscales) and Trainee and Supervisor Measures of the Supervisory Working Alliance (Trainee and Supervisor SWAI).

	<u>Supervisor SWAI</u>			<u>Trainee SWAI</u>	
	Client Focus	Rapport	Identification	Client Focus	Rapport
Avoidance (ECR-RS B)	-.218 (<i>n</i> = 18) ^a	.127 (<i>n</i> = 18) ^a	.136 (<i>n</i> = 18) ^a	-.063 (<i>n</i> = 76) ^b	-.141 (<i>n</i> = 76) ^b
Anxiety (ECR-RS B)	-.202 (<i>n</i> = 18) ^a	-.043 (<i>n</i> = 18) ^a	-.228 (<i>n</i> = 18) ^a	-.316** (<i>n</i> = 76) ^b	-.391*** (<i>n</i> = 76) ^b

Note. †*p* < .10. **p* < .05. ***p* < .01 ****p* < .001. ^aFor the data correlations between supervisors and trainees, the sample was restricted to include those trainees whose supervisors had also participated (*n* = 18). ^bFor the data correlations among trainees only, the entire trainee subsample was used, with the exception of one participant who did not complete the ECR-RS B (*n* = 76).

Supervisor SWAI. There were no significant correlations between trainees' perceptions of supervisors' attachments to their trainees (ECR-RS B) and Supervisor Client Focus, Rapport or Identification. As such, measures of supervisors' perceived attachment to their trainees (as rated by trainees) were not related to how supervisors rated the supervisory experience or relationship.

Trainee SWAI. There were significant negative correlations between the trainees' perceptions of their supervisors as Anxiously Attached to their trainees and the Trainee SWAI subscales. There was a negative correlation between trainees' perceptions of their supervisors as Anxiously Attached and Trainee Rapport. As such, trainees who perceived that supervisors were more anxiously attached to them indicated lower Rapport ratings ($r = -.391, p < .001$). Similarly, there was a negative correlation between perception of the supervisor as Anxiously Attached and Trainee Client Focus, such that trainees who indicated that supervisors were more Anxiously

Attached to them indicated less Client Focus ($r = -.316, p < .001$). In summary, Trainees' perceptions of supervisors as Anxiously Attached in their relationship were related to the working alliance as rated by trainees.

There were no significant correlations between Trainees' perceptions of supervisors' Attachment Avoidance in their relationship (ECR-RS B) and Trainee Rapport or Client Focus. Trainees' perceptions of supervisors' avoidance with their trainees were not related to trainees' ratings of the working alliance.

Exploratory Analyses

Trainees' Attachments to their Supervisor. Exploratory analyses were conducted to answer the following questions: Does attachment style (secure versus insecure) make a difference in trainees' evaluations of Rapport? Does attachment style (secure versus insecure) make a difference in trainees' evaluations of Client Focus?

The group was split (as detailed in the previous chapter) into secure and insecure groups based on their mean scores on the ECR-RS version A subscales. Two t-tests were performed to determine whether there is a difference in Trainee Rapport or Trainee Client Focus by trainees' self-reported attachment styles to their supervisors (Trainee Attachment Styles).

Rapport. There was a significant difference in the mean score on Trainee Rapport by Trainee Attachment Styles ($t(71.20) = 7.28, p = .000$). The insecure group had a lower mean score (mean = 4.62) than the secure group (mean = 6.27); the insecure group reported lower Rapport with their supervisors.

Client Focus. There was a significant difference in the mean score on Trainee Client Focus by Trainee Attachment Styles ($t(72.35) = 6.552, p = .000$). The insecure group had a lower

mean score (mean = -4.27) than the secure group (mean = 5.83). As such, securely attached trainees rated more Client Focus with their supervisors than insecurely attached trainees.

Trainees' Perceptions of their Supervisors' Attachments to their Trainees. Two additional t-tests were conducted to explore the following questions: Do trainees' perceptions of their supervisors' attachments to their trainees (secure versus insecure) make a difference in Trainee Rapport? Do trainees' perceptions of their supervisors' attachments to their trainees (secure versus insecure) make a difference in Trainee Client Focus?

The group was split into secure and insecure groups based on their mean scores on the ECR-RS version B subscales. Two t-tests were performed to determine whether there is a difference in Trainee Rapport or Trainee Client Focus by trainees' perceptions of their supervisors' attachments to their trainees (Perception of Supervisor Attachment Styles).

Rapport. There was a significant difference in the mean score on Trainee Rapport by Perception of Supervisor Attachment Styles ($t(74) = 2.122, p = .037$). The insecure group had a lower mean score (mean = 5.05) than the secure group (mean = 5.77). Trainees who perceived their supervisors as securely attached had stronger Rapport with their supervisors than insecurely attached trainees.

Client Focus. There was a significant difference in the mean score on Trainee Client Focus by Perception of Supervisor Attachment Styles ($t(74) = 3.315, p = .001$). The insecure group had a lower mean score (mean = -4.57) than the secure group (mean = 5.62). Trainees who perceived their supervisors as securely attached rated more Client Focus with their supervisors than insecurely attached trainees.

CHAPTER FIVE

Discussion

The present study was designed to examine associations between supervisors' and trainees' attachment styles to one another, their perceptions of the other's attachment to them, and the subjective quality of their experiences in clinical supervision. Findings based on the four research questions and additional exploratory analyses revealed that anxiety is a salient factor in trainees' evaluations of the working alliance; trainees' self-rated attachment anxiety, their perceptions of supervisors' attachment anxiety, and the supervisors' perceptions of the trainees' attachment anxiety were all negatively related to trainees' evaluations of rapport and client focus in the working alliance. Additionally, trainees' self-rated attachment avoidance was related to their ratings of the working alliance. These findings will be discussed individually and in combination with regard to their relevance to the current study, previous research, and future research. Additionally, implications for clinical practice will be highlighted.

Trainees' Attachments to Supervisors and the Working Alliance

Exploration of Research Question 1 confirmed that the greater the extent to which trainees identified themselves as being anxious and/or avoidant with their supervisors, the more they saw their alliances with their supervisors in a negative light. Notably, the more trainees reported anxiety and/or avoidance in their relationships with their supervisors, the less they reported rapport and client focus in the working alliance. Although trainees' self-reported anxiety and avoidance were related to their own evaluations of their relationships with their

supervisors, overall they were not related to their supervisors' evaluations of the relationship. The only exception to this finding was that the more trainees identified themselves as being avoidant with their supervisors, the more supervisors perceived that they had less rapport with their trainees.

Significant relationships between trainees' reports of their attachments to their supervisors and evaluations of the working alliance may be expected because these measurements all reflect individual participants' evaluations of the same relationship. However, it is interesting that both trainees' anxious and avoidant attachment ratings were related to all aspects of the working alliance captured by the Trainee SWAI. These findings suggest that trainees who have anxious and/or avoidant tendencies with their supervisors may have difficulty identifying the source of anxious or avoidant tendencies in their relationship, which may manifest as negative ratings of the working alliance. Conversely, trainees who have negative perceptions of one or more aspects of the working alliance may adopt more avoidant and/or anxious styles of relating with their supervisors.

Although overall trainees' self-reported attachment styles were not related to supervisors' evaluations of the working alliance, the positive relationship between trainees' self-reported avoidance and supervisors' evaluations of rapport offers an important insight. This finding suggests that supervisors (relative to trainees) may have a more nuanced understanding of how trainees' interpersonal avoidance may affect rapport, but not necessarily other aspects of the working alliance. For example, supervisors may discern that while trainees' avoidance detracts from their rapport, it doesn't necessarily interfere with other aspects of supervision that are more technical in nature (e.g., client focus). Similarly, supervisors may understand that trainees' anxiety with supervisors does not necessarily detract from the working alliance.

Trainees, who are less experienced with regard to the various aspects of clinical supervision, may be more prone to generalizing their negative feelings about relating to their supervisors (anxious and/or avoidant) to negative perceptions of the alliance. For example, a trainee who doesn't feel that the supervisor engages in enough client-focused discussion (e.g., strategies for working with particular clients) may begin to feel overwhelmed and generalize the negative evaluation of client focus to other aspects of the work, such as evaluations of rapport and anxiety about working with the supervisor. Conversely, as trainees' anxiety and/or avoidance increase, they may have more difficulty seeking support from their supervisors, resulting in diminished views of rapport and client focus.

This generalization by trainees does not seem to be mirrored by supervisors. For example, as trainees' avoidant and/or anxious tendencies increase, supervisors may still feel able to engage in discussions about client specific issues (Client Focus). Therefore, trainees' attachment ratings are closely related to multiple aspects of their evaluations of the working alliance, whereas the supervisors' attachment ratings are related to the supervisors' ratings of rapport, but not other aspects of the working alliance. Limitations with regard to sample size will be discussed subsequently.

Supervisors' Perceptions of Trainees' Attachments and the Working Alliance

Exploration of Research Question 2 revealed that trainees' evaluations of the working alliance were related to supervisors' perceptions of trainees as being anxiously attached. As such, the more trainees made negative evaluations of rapport and/or client focus in the working alliance, the more they were perceived by their supervisors as being anxiously attached. Interestingly, supervisors' perceptions of their trainees' anxious and/or avoidant attachments were not related to their own evaluations of the working alliance. Similarly, supervisors'

perceptions of their trainees' avoidant attachment tendencies were not related to trainees' evaluations of their working alliance.

The absence of a relationship between supervisors' perceptions of their trainees' attachments to them and evaluations of the working alliance warrants thoughtful exploration. The irony is that it is the trainees' own perceptions of their attachments that are related to supervisors' perceptions of rapport (as discussed previously), rather than the supervisors' perceptions of the trainees' attachment avoidance and/or anxiety. It is possible that how trainees categorize themselves may have an impact on their interactions with their supervisors, and consequently how both the trainees and supervisors feel about the relationship; however the supervisors do not assign meaning to the trainees' behaviors with regard to their attachment styles. To my knowledge this area has not been addressed in previous research and is a topic for further exploration.

Supervisors' Attachments to Trainees and the Working Alliance

Next, supervisors' attachments to their trainees were explored in relation to both parties' perceptions of the working alliance. Analysis of Research Question 3 revealed that there was not a relationship between supervisors' attachments to trainees and either supervisors' or trainees' evaluations of the working alliance.

Although previous research found that the supervisor's attachment style was a stronger predictor of the working alliance relative to the trainee's attachment style (White & Queener, 2003), this was not found in the present sample. It is possible that this difference from previous findings resulted from the method used to measure supervisors' attachments in the current study. Previous studies (e.g., White & Queener, 2003) were conducted using the supervisor's global attachment style as measured by the Adult Attachment Scale (AAS; Collins & Read, 1990 as

cited in White & Queener, 2003), whereas the present study measured relationship-specific attachment to the trainee using the ECR-RS. This difference in constructs measured may account for the discrepancy in findings because the AAS is designed to measure adults' abilities to form healthy relationships, whereas the ECR-RS completed by supervisors in the present study was administered to assess their attachment styles specific to their relationships with their trainees. Alternatively, supervisors in the current study may have been professional enough to segregate their own feelings about working with the trainee from their evaluations of the working alliance. Researchers should weigh the utility of assessing supervisors' global attachment styles and/or relationship-specific attachment styles before undertaking future research. It is important to evaluate whether or not it makes sense to measure supervisors' relationship-specific attachments to the trainees, as a trainee would not be considered an attachment figure for a supervisor. The merit of assessing supervisors' attachment styles will be discussed subsequently with regard to limitations of the present study.

Trainees' Perceptions of Supervisors' Attachments and the Working Alliance

Finally, trainees' perceptions of supervisors' attachments to them were explored in relation to both parties' evaluations of their working alliance. Exploration of Research Question 4 revealed that trainees' evaluations of the working alliance were related to their own perceptions of supervisors as being anxiously attached to them. Trainees with more negative evaluations of rapport and/or client focus in their relationship with their supervisors perceived their supervisors as being more anxiously attached to them.

The relationship between trainees' perceptions of their supervisors' attachment styles and their assessments of the working alliance support and extend findings from previous research. Riggs & Bretz (2006) and Deal et al. (2011) found that trainees' perceptions of their supervisors'

attachment styles were a significant predictor of their own evaluations of the working alliance. There are important differences between the present study and the aforementioned studies. For example, both of the aforementioned studies used The Reciprocal Attachment Questionnaire (RAQ; West & Sheldon-Keller, 1994 as cited in Deal et al., 2011; Riggs & Bretz, 2006) to measure trainees' and supervisors' relationship-specific attachments "in relation to the person to whom they feel closest" (Deal et al., 2011, p. 325). Deal et al. also used The Relationship Questionnaire (RQ, Bartholomew & Horowitz, 1991 as cited in Deal et al., 2011) in order to measure both trainees' attachments in close relationships and their perceptions of the supervisors' attachments in close relationships (p. 325). Additionally, both of these studies were conducted using path analysis to infer causality between perceptions of supervisors' attachment styles and trainees' evaluations of the working alliance.

Therefore, previous studies provided evidence that trainees' perceptions of supervisors' general attachment styles in close relationships predict the quality of trainees' perceptions of the working alliance. The present study demonstrates that these findings may be extended to include a relationship between perceptions of supervisors' relationship-specific attachment styles with their trainees and the trainees' evaluation of the working alliance. Additional research is necessary to provide evidence of causality with regard to the current findings.

Exploratory Analyses

Both trainees' self-reported attachment styles to their supervisors and their perceptions of their supervisors' attachment styles to them made a difference in trainees' evaluations of the working alliance. Trainees who identified themselves as securely attached to their supervisors had higher evaluations of the rapport and client focus aspects of their working alliance than trainees who identified themselves as insecurely attached. Furthermore, trainees who perceived

their supervisors to be securely attached to their trainees had higher evaluations of the rapport and client focus aspects of their working alliance than trainees who identified their supervisors as insecurely attached.

These findings provide further evidence that trainees' own attachment styles and their perceptions of their supervisors' attachment styles are both salient to their evaluations of the working alliance. Consistent with findings previously discussed, trainees with insecure attachment styles may have difficulty discriminating the source of their insecurity (anxiety and/or avoidance) in the working alliance as evidenced by negative relationships with multiple aspects of the working alliance (see previous section) and lower rating of the working alliance relative to securely attached trainees.

Furthermore, there is evidence that trainees react to their perceptions of their supervisors' insecurities in ways that are similar to their reactions to their own insecurities. Riggs and Bretz's (2006) findings provide further evidence of this phenomenon: "Ratings by secure supervisees represented the polar extremes of the quality of the supervisory alliance, suggesting that secure individuals may be more attuned to interpersonal behaviors and thus more likely to notice and respond to the attachment styles of others" (p. 564). For example, trainees may be highly attuned to their supervisors' attachments and may have difficulty discriminating between negative aspects of their supervisory relationships (rapport and/or client focus) and the relational style of their supervisors.

In aggregate, these findings suggest that trainees may be highly attuned to attachment insecurities, particularly with regard to anxious attachment styles, both with regard to how the trainees relate to supervisors and how they believe the supervisors relate to them. However, trainees may also be less able to discriminate between specific sources and/or implications of

these insecurities, relative to their more experienced counterparts. This phenomenon may account for trainees' negative evaluations of all aspects of the working alliance when they sense anxiety with or from the supervisor.

Limitations

Sampling. The sample used was a non-probability sample and therefore posed inherent biases. For example, by recruiting and therefore sampling primarily Smith SSW students, the sample will not be generalizable to social work students at other schools. The diversity of the sample was limited by the diversity of the students currently enrolled in the social work program, and the diversity of their supervisors (a comparatively homogeneous “White” and/or “Caucasian” sample.) Due to the limited demographic information collected in this study, it cannot be determined whether or not trainees and supervisors shared similar training and/or educational background, a factor that may have an impact on the supervisory working alliance, particularly with regard to trainees identifying with their supervisors. This factor may be especially salient at social work schools such as Smith College, where alumni are often recruited as supervisors. Thus, it would have been useful to know where both trainees and supervisors were trained.

The present study had a very small sample of trainee-supervisor matched-pairs even for a non-probability sample. Considerably fewer supervisors participated than trainees. This imbalance was likely mediated by a number of factors. For example, current Smith students may have been more likely to participate in support of research being conducted by a peer. Student trainees may also be more likely to participate in research that is perceived as benefiting their training; whereas, supervisors may be less likely to participate in research that is perceived as

examining and/or critiquing their relationships with trainees. Additionally, supervisors may have more time constraints or may be less familiar with taking online surveys.

Perhaps most importantly, recruitment of supervisors was contingent upon trainees emailing recruitment information to their supervisors. This step was cumbersome due to the limitations of the online survey tool, which required trainees to copy and paste recruitment materials in a separate window. Trainees may not have recruited their supervisors for a variety of reasons including: confusion regarding how to engage in supervisor recruitment, lack of motivation to recruit their supervisor, and/or desire not to have the supervisor participate in a study (e.g., some trainees may not have wanted their supervisor to rate their alliance, or may not have wanted the supervisor to know that the trainee had rated their alliance.)

Future efforts at recruiting supervisors may be augmented by (a) making potential research benefits specific to supervisors more explicit, (b) allowing more time for supervisor recruitment, (c) providing the survey in alternative formats (e.g., paper copy), (d) recruiting supervisors and trainees simultaneously based on school listservs, and/or (e) simplifying the procedure for trainees to recruit their supervisors.

The present study was likely limited by the recruitment of participants and the social desirability of self-report measures. For example, participants, particularly those with a background in attachment theory, may have been biased to answer survey measures in a socially desirable way. Additionally, because trainee participation and supervisor recruitment were voluntary, this may have created a self-selection bias in which only trainees who felt safe with their supervisors chose to participate and/or recruit their supervisors. While pairing participants will serve to expand the existing literature, a self-selection bias may have limited the variability of participants' attachment styles. To adjust for the potential of this type of bias, median (rather

than mean) splits were used to categorize trainees' attachment styles. However, a more diverse sample may have led to stronger correlations between attachment and other variables assessed in the study.

Methodology. The present study used the ECR-RS to measure relationship-specific attachments based on previous research, which indicated that the relationship-specific attachment is a better predictor of interpersonal factors, whereas a measure of global attachment is a better predictor of personality traits (Fraley, Heffernan, Vicary & Brumbaugh, 2011). However, the exclusive use of the ECR-RS to measure attachments may have infused limitations to the study. For example, Trainee Avoidance (ECR-RS A) was highly correlated with both Trainee Rapport ($r = -.678, p < .001$) and Trainee Client Focus ($r = -.792, p < .01$), suggesting that the constructs measured may be conceptually similar. Furthermore, Trainee Rapport and Client Focus were highly correlated to each other ($r = .778, p < .001$). It is possible that using the ECR-RS during the middle of the internship year rather than at the beginning resulted in measuring a construct closer to the working alliance rather than the individual's inner working model of a relationship with a clinical supervisor. Future research should consider the timing of survey administration relative to the internship calendar.

Importantly, there was no significant correlation between Supervisor Avoidance or Anxiety (ECR-RS D) with Supervisor Rapport, Supervisor Client Focus, or Supervisor Identification. These findings provide further evidence that convergence of Trainee ECR-RS and SWAI subscales may indicate trainees' lack of discrimination amongst factors related to the working alliance, whereas supervisors may have been more discriminating. Future exploration of the ECR-RS and SWAI are necessary in order to establish convergent or discriminant validity.

Measuring both trainees' and supervisors' global attachment styles as well may have offered a useful basis of comparison to the relationship-specific attachment styles measured in the present study. Additionally, the question of whether it makes sense to look at supervisors' attachments to their trainees should be considered in light of the present study. Perhaps it would have made more sense to look at supervisors' attachment to a supervisor of his or her own (similar to looking at a mother's attachment to her own mother, rather than her attachment to her child.) Researchers should consider how best to capture supervisors' attachment styles as related to supervisors' inner working models of the supervisory relationship for future studies.

Finally, it is important to consider whether or not the ECR-RS instructions to participants are clear enough. Directions on the self-assessment versions of the ECR-RS (Versions A & D) seemed clear to most participants; however, there is some question as to the clarity of the versions asking individual participants to rate their perception of the other's attachment to them. It is possible that some of the participants who were excluded from analyses due to missing data omitted sections due to confusion regarding how to complete the measures.

Researcher Bias. As a second year MSW student, I have completed an eight-month supervised clinical field placement prior to designing this study, and was completing a second field placement concurrent with the execution of this study. Similarly, I have consulted with many of my peers regarding their experiences in clinical field placements and in supervisory relationships. My personal belief is that the personality characteristics, including but not limited to attachment style of both the supervisor and trainee, play a determining role in the subjective experience and overall quality of the supervisee's experience and professional training. While infant attachment may provide a useful metaphor to the use of the supervisor as a secure base in professional development, previous research using this model has suggested that strengths and

limitations of the supervisor with regard to attachment are more salient to the working alliance than those of the trainee. As a trainee, it is convenient to believe that the determining factor of the quality of the supervisory relationship, and ultimately the quality of the training experience, rests with a characteristic of the supervisor. However, as with all relationships, the supervisory relationship is undoubtedly affected by any number of factors including characteristics of both the supervisor and trainee.

Implications for the Field of Social Work

It is important to consider the findings of the current research study with regard to their implications for clinical social work training. It would be neither feasible nor desirable to screen out trainees and/or supervisors who have insecure attachment styles; however, helping both parties to better understand their own attachment styles and their responses to others' attachment styles, with regard to both strengths and weaknesses, may present an opportunity for personal and professional growth. "...[I]t seems important not to pathologize us in describing our attachment patterns and how they play out but rather to bring them to awareness, accept them, and build on their strengths" (Germain, 2011, p. 143). For trainees, experiences in supervision during MSW training may serve to establish inner working models that are carried into future experiences in supervision both with future supervisors and potentially with their own supervisees. Therefore, early experiences in supervision are a key opportunity for trainees to develop an understanding of the interplay of both parties' attachment styles as they relate to the working alliance.

MSW students who take on the role of clinical trainees would likely benefit from reflecting on how their own attachment styles impact their relationships with their supervisors. Additionally, trainees may benefit from considering how their past experiences in supervision

affect their current expectations both positively and/or negatively. In addition to personal reflection, trainees may benefit from engaging in conversations with their supervisors regarding expectations of the supervisory alliance based on past experiences, the strengths and weaknesses of their relationship, and/or the interplay of both parties' interpersonal styles. Trainees who feel particularly anxious with their supervisors or who have concerns about their supervisors' anxieties with them may benefit from seeking their own psychotherapy and/or consulting an advisor from their MSW program.

Similarly, supervisors may benefit from having access to knowledge or training about the interplay of both trainees' and supervisors' attachment styles in the context of the working alliance. For example, supervisors may benefit from education regarding the potentially negative implications for the working alliance when trainees perceive their supervisor as anxiously attached to them. Additionally, supervisors may benefit from strategies to support their students by addressing weakness in the working alliance, in addition to building on strengths. Field departments at social work schools may be uniquely situated to facilitate these types of training opportunities. Preliminary research provides evidence that attachment-informed supervisor training is more effective than traditional forms of supervisor training (see Deal et al., 2011).

Even in the absence of attachment-informed training programs, supervisors' own research and reflection on the interplay of attachment styles in supervision may serve to support their working alliance with trainees. Serving their dual role as educators and workplace supervisors, clinical supervisors are ideally situated to help shape their trainees' understandings of interpersonal interactions both in supervision and with clients. In a vein similar to recommendations that teachers reflect on the impact of their own attachment styles with regard to their students (Kennedy & Kennedy, 2004), supervisors' reflections on their own attachment

styles in relationship to the working alliance may benefit supervisors, their trainees, and the working alliance.

Future Research

In light of the small sample of matched pairs in the present study, future research could further explore relationships between trainees' and supervisors' attachment styles and their supervisors' evaluations of the working alliance. Research on this topic would allow for further exploration of the interplay of attachment styles in the supervisory dyad and has the potential to inform strategies for improving experiences in the working alliance and/or the formation of working models for future supervisory experiences.

Researchers who undertake further exploration of attachment in the supervisory working alliance may consider a longitudinal approach, in which measures of attachment (e.g., the ECR-RS) are administered before the field placement is begun and measures of the working alliances (e.g., the SWAI) are administered throughout the year. This type of methodology would allow researchers to differentiate trainees' inner working models of attachments with "a supervisor" and the effects of already having begun to work with a specific supervisor. Additionally, a longitudinal approach could offer insight as to whether or not supervisors with secure attachment styles are uniquely situated to provide insecure trainees with a secure base from which to develop personally and professionally.

As previously discussed, researchers should weigh the merits of measuring global attachment styles of both trainees and their supervisors in addition to measuring their relationship-specific attachments. Thus, if the ECR-RS is used to measure supervisors' attachments, the target of the attachment should be carefully considered. For example, there may be more utility in measuring the supervisor's attachment to a supervisor of his or her own, rather

than attachment to trainee. This would be conceptually similar to looking at a mother's attachment to her own mother, rather than her attachment to her child.

Finally, researchers should explore the impact of gender and race differences within the supervisor-trainee dyad with regard to impact on both parties' evaluations of the working alliance. Consideration of the role of race is particularly important since the present study was conducted using an all white sample of supervisors. For example, trainees of color may have been more anxious and/or avoidant of their white supervisors than their white peers. Racial differences may not have been as salient to white supervisors working with trainees of color due to their position of privilege, with regard both to their race and authority role within the dyad. It is important to consider that the experience in the supervisory dyad not only activates inner working models related to relationships with previous supervisors, but may also activate other working models, including those related to an individual's past experiences working with someone of a particular racial or ethnic background.

Conclusions

The present study provides further evidence of the relationship between supervisors' and trainees' attachment styles and their evaluations of the working alliance, particularly with regard to trainees' attunement to their perceptions of attachment anxiety in themselves or their supervisors. Supervisors and trainees may benefit from discussions about the interplay of their respective attachment styles as it relates to the strengths and weaknesses of their working alliance. Supervisors and trainees alike may benefit from self-reflection and training on the effects of attachment styles as they are manifested in the working alliance. Further exploration of these relationships and their utility for positively impacting the supervisory working alliance are important areas for future research.

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Appendix A

HSR Application with Informed Consent and Approval Letter

Human Subjects Review Application

Investigator Name: Karen Ladr

Project Title: The Relationship between Attachment Styles and the Clinical Supervision Experience

Project Purpose and Design

The proposed study is designed to examine the attachment styles of Master's' of Social Work (MSW) student supervisees and their clinical supervisors in relation to their working alliance during the MSW field placement internship. The following study will be conducted using a cross-sectional, quantitative study, in the format of an online questionnaire (SurveyMonkey). The study will contain a demographic survey, the Experiences in Close Relationships-Relationship Structures questionnaire (ECR-RS; Fraley, Heffernan, Vicary & Brumbaugh, 2011), and the Supervisory Working Alliance Inventory (SWAI; Efstation, Patton, & Kardash, 1990). The data collected will be used for the researcher's Master's in Social Work thesis, presentation, and possible publication. Research results will be disseminated on the Smith College School for Social Work campus during the summer of 2013 (exact method of dissemination to be determined).

Literature Review

Graduate students seeking a Masters in Social Work (MSW) are required to participate in 900 hours of practical field experience under the supervision of a social worker who has completed an MSW (Council on Social Work Education, 2010). Some social work schools (e.g., Smith College School for Social Work) require as many as 1,980 hours of supervised field experience towards MSW degree fulfillment (Smith College, n.d.). Given the importance placed on supervised fieldwork as a part of clinical social work training, the supervisor-supervisee relationship is of paramount importance to the professional training of graduate students in MSW programs. Therefore, it is important to explore models for how supervisor-supervisee relationships are formed and maintained, as well as how they contribute to the overall perceived efficacy of training MSW students. One model that is often used to conceptualize relationship formation and interpersonal interactions is attachment theory.

Pistole and Watkins (1995) were among the first to suggest that relationships between clinical psychologists and their supervisors could be conceptualized using an attachment framework. Subsequently, researchers have examined aspects of clinical supervisory relationships through the lens of attachment (e.g., Bennett, Mohr, BrintzenhofeSzoc & Saks, 2008; Renfro-Michel & Sheperis, 2009; Neswald-McCalip, 2001; Riggs & Bretz, 2006; Dickson, Moberly, Marshall, & Rielly, 2011). However, only a few studies have recruited supervisor-supervisee dyads. One such study found that while supervisees' attachment styles were not predictive of the supervisory working alliance, supervisors' attachment styles were predictive of both their own ratings of the working alliance and the working alliance ratings of their supervisees (White & Queener, 2003). These findings suggest that while both the supervisor and supervisee bring their own attachment styles to the supervisory relationship, the supervisor's

attachment style may be more influential in the supervisory working alliance and therefore may have more impact on the field component of the clinical training process.

While these studies are useful in understanding the role of attachment in clinical supervisory relationships, they are also limited in their designs and external validity. One limitation is that most of the studies utilized only supervisees as participants rather than recruiting matched pairs of supervisees and supervisors. Additionally, many of the aforementioned studies were conducted with psychology interns in doctoral programs and may not be generalizable to supervisory relationships in MSW programs that may be different in scope and/or format. “Attachment processes may be more directly related to the supervisory bond among less advanced trainees, who presumably require more nurturance and interpersonal support than the clinical interns” in Riggs & Bretz’ (2006, p. 564) sample, for example. Therefore, participants should be recruited from a variety of stages of the clinical training process and from a variety of MSW programs.

Recently, a number of researchers have explored how supervisor training can integrate existing knowledge of the role of attachment with supervisory relationships (*see Deal, Bennett, Mohr & Hwang, 2011*). These researchers have found that attachment-informed training was more effective than traditional training in preparing supervisors “to better understand their students’ attachment-related behaviors.” The intervention group demonstrated stronger supervisory working alliances and higher supervisor evaluations of supervisees’ grasp of core social work competencies.

Given the similar way in which both traditional attachment figures and clinical supervisors are ideally used as secure bases in the development of personal and professional identities, respectively, the present study will examine associations between

the supervisor's and supervisee's adult attachment styles and the subjective quality of their working alliance in the clinical supervisory experience. In doing so, the present study is intended to provide information about how the attachment styles of supervisees and supervisors contribute to effective supervisory relationships that are supportive of MSW trainees.

Research Questions

The following research questions will be explored in order to develop a better understanding of how the perceived and actual attachment styles of supervisors and supervisees predict the strength of the working alliance: Do actual attachment styles of the supervisee (self-rated) predict the working alliance as rated by a) supervisors, and/or b) supervisees? Do perceived attachment styles of the supervisee (supervisor-rated) predict the working alliance as rated by a) supervisors, and/or b) supervisees? Do actual attachment styles of the supervisor (self-rated) predict the working alliance as rated by a) supervisors, and/or b) supervisees? Do perceived attachment styles of the supervisor (supervisee-rated) predict the working alliance as rated by a) supervisors, and/or b) supervisees? Is either the perceived or actual attachment style of the supervisor a stronger predictor of the working alliance? Is either the perceived or actual attachment style of the supervisee a stronger predictor of the working alliance? Is the attachment style of the supervisor or that of the supervisee a stronger predictor of the working alliance? Exploratory analyses will be conducted to determine the nature and direction of the relationships between attachment styles and the supervisory alliance in the study sample.

The Characteristics of Participants

Participants will be current MSW students who are enrolled in the Masters program at Smith College School for Social Work or another masters level social work program. Additionally, their clinical supervisors will receive a link to complete a survey if their supervisees elect to send it to them. Approximately 60 student “supervisees” and up to 60 of their respective supervisors will participate. Participants must either be (A) currently completing a clinical internship or field placement as part of an MSW program, OR (B) the clinical supervisor of an individual completing a clinical field placement as part of an MSW program. Supervisors are defined as the person at the agency where a student is interning who is responsible for providing primary clinical supervision to the student. Supervisors (category B) may only participate at the request of a supervisee; supervisors may not request their supervisees’ participation in the study. Supervisees (category A) will be asked to email the survey link to their supervisor after completing the survey. While the target sample will be comprised of supervisee-supervisor matched pairs, supervisees may participate regardless of their supervisors’ participation. However, due to the methodological design, supervisors’ participation will not be requested until their supervisees have already participated. All participants must be able to read and respond in written English because study materials have not been translated into other languages. Participants must also have access to a computer with Internet access.

The Recruitment Process

Sampling Procedures

Participants will be recruited using a convenience and snowball sample of masters-level social work students. The researcher will use the Smith College School for Social Work (Smith

SSW) directory to identify current students. This recruiting list is available to students to contact one another. The researcher has received permission from the thesis coordinator to access students in the way stated. The researcher will email a recruitment letter (see appendix [A1]) to all first- and second-year Smith SSW students. This letter will provide a link to all individuals who wish to access the study. Additionally, the letter will request that readers forward the study link to any additional potential contacts that meet study participation criteria. As individual student-participants complete the survey, they will be redirected to a screen, which prompts them to email the survey link and an identifier code to their supervisor.

Limitations. The sample used will be a non-probability sample and will therefore pose inherent biases. For example, by sampling primarily Smith students the sample will not be generalizable to social work students at other schools. The diversity of the sample will be limited by the diversity of the students currently enrolled in the social work program, and the diversity of their supervisors. More importantly, the present study will be limited by the recruitment of participants and social desirability on self-report measures. For example, participants, particularly those with a background in attachment theory, may be biased to answer survey measures in a socially desirable way. Additionally, because supervisees must choose to participate and to request the participation of their supervisors, this may create a self-selection bias in which only people who feel safe with their supervisor choose to participate. While pairing participants will serve to expand the existing literature, a self-selection bias also may limit the variability of participants' attachment styles.

Ethical Issues. Initial recruitment efforts will be directed toward student supervisees, rather than supervisors, to avoid coercion. Supervisees will then be asked to email the survey link to their supervisor in order to request the supervisor's participation by following a prompt at

the end of the survey. Student participants who choose to send the survey to their supervisors will in doing so disclose their participation to their supervisors, however the students will not know whether their supervisors participate unless the supervisors choose to disclose this information.

Participants will be offered entry into a raffle for one of two \$20 Target gift cards. Participants will be entered once they sign the informed consent and enter their contact information in a separate window so that their survey responses will not be linked to participation in the lottery. Participants will be kept in the drawing even if they withdraw or fail to complete the entirety of the survey materials. Supervisees' and supervisors' participation in the lottery will not be dependent on collecting data from the matched pair.

Plan B. If a large enough sample of matched pairs cannot be recruited, data will be collected and analyzed using only supervisees as participants. In this case, the hypotheses will be narrowed to compare only supervisees' attachment styles and their perceptions of the supervisors' attachment styles. In the event that not enough matched samples can be collected, the present methodology will serve as a replication study of previous research.

The Nature of Participation

Data Collection Procedure

The present study will be conducted using a cross-sectional, quantitative procedure in the format of an online questionnaire. Participation will take approximately 15-30 minutes. Participants will be able to take the survey on any computer that has Internet access including a personal computer or a public computer (e.g., library computer). Data will be gathered using the online survey tool, SurveyMonkey, and will be downloaded onto the researcher's computer

following the final date of data collection (tentatively March 15, 2013). Measures taken to ensure confidentiality will be discussed in a subsequent section.

Participants will first complete the screening question; participants meeting the criteria of writing and speaking English and being either a supervisor or supervisee will then be directed to review and electronically sign an informed consent outlining the purpose and possible risks and/or benefits of participating in the study. Once the Informed Consent has been completed, participants will be able to access a survey. The survey will contain demographic questions, the Relationship Structures (ECR-RS) Questionnaire (Fraley, Heffernan, Vicary & Brumbaugh, 2011), and the Supervisory Working Alliance Inventory (Efstation, Patton, & Kardash, 1990). For full survey as it appears on Survey Monkey see Appendix [A12].

Supervisees. Each participant will complete an online survey that includes the following measures: (1) a screening page, (2) an informed consent, and (3) a brief demographic survey as listed above. Once indicating their role as a MSW student supervisee, supervisees will be directed to complete (4) the ECR-RS (Fraley, Heffernan, Vicary & Brumbaugh, 2011), and (5) the trainee's version of the SWAI (Efstation et al., 1990). Each supervisee will then be directed to develop an individual identifier (favorite color, mother's birth year, last four digits of phone number). The supervisee will then be asked to send a pre-written email to his or her supervisor, by copy and pasting the text into an email in a new browser. Finally, supervisees will be provided with a link to a separate survey, which will allow them to provide their contact information for participation in a raffle for one of two \$20 gift cards to Target.

Supervisors. Each participant will complete an online survey that includes the following measures: (1) a screening page, (2) an informed consent, and (3) a brief demographic survey as listed above. Once indicating his or her role as a clinical supervisor of an MSW student, each

supervisor will be directed to enter the unique identifier provided by his or her supervisee. The supervisor will then be directed to complete (4) the ECR-RS (Fraley, Heffernan, Vicary & Brumbaugh, 2011), and (5) the supervisor's version of the SWAI (Efstation et al., 1990). Finally, supervisors will be provided with a link to a separate survey, which will allow them to provide their contact information for participation in a raffle for one of two \$20 gift cards to Target.

Instruments

Demographic Surveys. After signing an informed consent, participants will answer a brief demographic survey including standard information regarding social group membership (age, race, ethnicity, etc.; see Appendix [A4]). Supervisees will be directed to a second demographic survey page which will ask them to indicate the school they attend and what year of social work training they are in (1st, 2nd, 3rd; see Appendix [A6]).

Role Survey. Participants will be asked to indicate whether or not they are an MSW student or the clinical supervisor of an MSW student (see Appendix [A5]).

Experiences in Close Relationships – Relationship Structures Questionnaire (ECR-RS). The ECR-RS contains 9 items that are rated on a 7-point Likert scale of strongly disagree (1) to strongly agree (7). Instructions can be re-worded to refer to individuals in specific relationships (e.g., “Please answer the following questions about your father or a father-like figure;” Fraley, Waller, & Brennan, 2000). The ECR-RS contains two subscales, anxiety (alphas for specific relationships range from .88 to .91) and avoidance (alphas for specific relationships range from .88 to .92). Sample questions include, “I usually discuss my problems and concerns with this person,” and “I prefer not to show this person how I feel deep down” (p. 618). Supervisees will complete a version of the ECR-RS, which asks them to complete the survey about their relationship with their clinical supervisor (self-rated) and subsequently how they

believe the supervisor would complete the survey about them (supervisee-rated; Appendix [A7]). Supervisors will complete a version of the ECR-RS, which asks them to complete the survey about their relationship with their supervisee (self-rated) and subsequently how they believe the supervisee would complete the survey about them (supervisor-rated; Appendix [A8]). The researcher has received permission from the first author to use this measure (see Appendix M).

Supervisory Working Alliance Inventory. The SWAI will be used as a measure of supervisees' and supervisors' satisfaction with the clinical supervisory relationship (Efstation et al., 1990). The researcher has received permission from the second author to use this measure (see Appendix N). The SWAI is administered in two versions: the trainee's version (see Appendix [A9]) and the supervisor's version (see Appendix [A10]). The trainee's version contains 19 items that are rated on a 7-point Likert scale of "almost never" (1) to "almost always" (7). Examples of items include, "My supervisor encourages me to take time to understand what the client is saying and doing," and "I feel free to mention to my supervisor any troublesome feelings I might have about him/her" (p. 327). Two subscales identified using factor analysis were client focus (alpha .97) and rapport (alpha .77).

The supervisor's version contains 23 items that are rated on a 7-point Likert scale of "almost never" (1) to "almost always" (7). Examples of items include, "I encourage my trainee to formulate his/her own interventions with his/her clients," and "I help my trainee stay on track during our meetings" (p. 326). Three subscales identified using factor analysis were client focus (alpha .71), rapport (alpha .73), and identification (alpha .77).

Risks of Participation

Participants taking the attachment measure may have knowledge of attachment and may experience discomfort due to answering questions about their attachment style. Social work

trainees may be self-conscious about what their attachment style means to their social work training and capabilities. Supervisees may feel mild anxiety about their supervisor, placement, and/or personal performance. Participants will be encouraged to consult with the supervisor directly or to talk with their Smith Faculty Field Advisor or other school field advisor if participation causes anxieties about their field internship experience. Social work supervisors, too, may feel mild distress as the result of knowing that his or her supervisee will be rating the quality of the supervisory working alliance. In order to mitigate these risks participation will be voluntary and both supervisees and supervisors may choose not to participate. Student supervisees can choose not to invite supervisors to participate. Information will not be shared between dyads, and supervisees will not know if their supervisor participated, unless their supervisor shares this information directly.

Benefits of Participation

Students and supervisors will have access to the results of the study and may be able to use the results to reflect on past, present, or inform subsequent supervisory interactions. Participating in the study may spark supervisees' and/or supervisors' interest, insight, and/or discussion regarding factors that relate to their supervisory experience.

Informed Consent Procedures

Due to the web-based nature of the study, informed consent will be obtained online through the website SurveyMonkey.com, to which participants will be directed through the recruitment email they receive. Once participants have electronically answered the screening question affirmatively, meeting inclusion criteria, they will be directed to a webpage containing the Informed Consent form (see Appendix [A3]). Participants will be asked to read through the text explaining the consent process, and accept all terms of participation by checking a button (“I

agree”) that indicates agreement; they will also be given the choice to exit the survey at this time by checking a box that says “I disagree.” Participants will be unable to move on to the survey unless this procedure is completed. Participants who indicate disagreement with the terms of informed consent will be automatically directed to a Disqualification Page (see Appendix [A12]). Those who check “I agree” will be directed to the beginning of the survey. Participants will be asked to print a copy of the webpage with the Informed Consent form for their records.

All informed consent materials will be developed in English. Therefore, only English-speaking participants will be recruited. Participants will be MSW students and are therefore expected to be above the age of majority (18 years of age).

Precautions Taken to Safeguard Confidentiality and Identifiable Information

Data Pairing

Due to the relationship-specific nature of the ECR-RS, participants will need to disclose to their supervisor that they have participated in the survey in order to request his or her participation. However, the data that both the supervisor and supervisee submit will be identifiable only by an individual identifier not obviously associated with the supervisee. Student supervisees will be asked to create individual identifiers so that their data can be matched with the data of their supervisors (e.g., 4 digits of phone number plus mother’s birth year plus favorite color). The student will send the link and identifier to their supervisor, which will be asked for by a prompt on the last page of the survey. Each student’s participation will be known only to his or her supervisor, however each participant’s data will be confidential. If the supervisors choose to participate, they will enter the provided identifier so data will be kept confidential both to the researcher and student.

Data Collection & Storage

Only the primary researcher will have access to the data prior to the removal of identifying information. The researcher's research advisor will only have access to the data after all identifying information has been removed. In preparation for presentations, participants' information will be aggregated so that it will not be individually identifiable. Electronic data will be encrypted and password protected. All data will be kept secure for a minimum of three years as required by Federal regulations. After that time, data will be destroyed or will continue to be kept secure until it is no longer needed. .

The Voluntary Nature of Participation

Participation is voluntary and participants may refuse to answer any question. Participants who choose to withdraw during participation in the study can choose not to complete the form, at which point their materials will be destroyed. Due to the fact that data will be collected anonymously, participants will not be able to withdraw from the study following completion of the survey.

An approval letter for this HSR Application has been sent via email to Laurie Wyman by my thesis advisor, Marsha Pruett.

Appendix [A1]

Recruitment Email for Smith SSW Students

Dear Colleague,

My name is Karen Ladr, and I am a graduate student at the Smith College School for Social Work. I am writing to ask for your help in completing my Master's thesis by participating in a brief (15-30 minute) electronic survey on the relationship between attachment styles and the working alliance between MSW students and their supervisors in the context of clinical field placements. You are receiving this email because you are listed in the Smith College School for Social work student directory. My research study is a replication and extension study, which will explore how supervisees' and supervisors' attachment styles relate to the way supervisors and supervisors subjectively evaluate their supervisory relationship. By participating in this research and sharing information about your relationship with your supervisor, you can help to provide valuable information regarding how individuals' attachment styles affect supervisory relationships in the social work training experience. Your responses could benefit social work students, supervisors, and educators, by providing insight into factors that affect the supervisory relationship.

Participating in this study entails filling out a simple online survey. If you become a participant, an informed consent form will be presented to you as part of the online survey. You will not be asked for your signature, but only to check a box if you agree to participate. Following the survey you will be provided with the opportunity to request your clinical supervisor's participation in a supervisor version of the survey. Choosing to send the survey link to you supervisor will indicate to your supervisor that your have participated in the survey, but

he or she will not have access to any additional data that you provide. Furthermore, data between you and your supervisor will be identified using a unique identifier code.

You are eligible to participate in my study if you are currently a student in an MSW program who is completing a clinical internship as a part of that program. If you meet criteria for participating, I encourage you to take part in my study. Participation is anonymous, so I will have no way of knowing whether or not you participated. If you do not meet criteria, I encourage you to please forward this email to any acquaintances or colleagues you know of who may be eligible to participate. The forwarding of this email to other potential participants would be very helpful! Below is a link to the website containing my thesis questionnaire.

Please follow this link to the survey: <https://www.surveymonkey.com/s/AttachmentThesisSurvey>

If you have any questions about my research or the nature of participation, please feel free to reply to this email. If you reply to this email, please be cautioned not to hit “Reply all.”

Thank you for your time and interest in my research topic!

Sincerely,

Karen Ladr

MSW Candidate, Smith College School for Social Work

Appendix [A2]**Screening Page**

In order to participate in this survey you must either be:

(a) an MSW student who is currently completing a clinical internship and receives clinical supervision as a component of your education,

OR

(b) the clinical supervisor of an individual completing a clinical internship as part of an MSW program.

Are you either a supervisor or supervisee as defined above?

Yes

No

Appendix [A3]

Informed Consent

Dear Participant,

My name is Karen Ladr, and I am a graduate student at Smith College School for Social Work. I am conducting research for my Masters thesis, which explores the relationship between supervisee and supervisor attachment styles and their working alliance. Data collected will be used for my Masters thesis, presentations and possible publication.

To participate you must either be (A) currently completing a clinical internship or field placement as part of a MSW program, OR (B) the clinical supervisor of an individual completing a clinical internship or field placement as part of a MSW program. This study is only being conducted in English. Your participation in the study will take approximately 15-30 minutes depending on your pace.

If you are a supervisee (category A), you will be prompted to send a survey link to your supervisor's email for the sole purpose of requesting his or her participation. Supervisors will be informed that you have chosen to participate, but will not have access to any data that you provide. If you are a supervisor (category B), your supervisee has sent you an email with a unique identifier code, which will link your data to your supervisee's. Supervisors may not request their supervisees' participation in the study.

This study will be conducted through a quantitative questionnaire that will be administered via this website (SurveyMonkey.com). You will be asked 3 demographic questions (such as gender, age and racial identity). You will then be asked answer two surveys, one that relates to your attachment style as an adult and one that relates to your working alliance with your supervisor/supervisee.

Participating in this study has the potential to cause mild discomfort as it may prompt you to consider your own attachment style and/or your experiences in supervision. If you are a supervisee, you are encouraged to speak with your Smith Faculty Field Advisor or Field Advisor from another school. You may find that participation in the study offers you a new perspective on your own attachment style and/or your positive experience in a supervision relationship. You will be entered into a raffle for two \$20 Target gift cards if you choose to enter your contact information in a separate window following the informed consent. For supervisees, your participation in the raffle does not depend on whether or not your supervisor completes the survey.

Your participation in this survey will be kept confidential. Identifying information will be separated from your data once data collection is completed (tentatively March 15, 2013). Only my advisor, a data analyst, and I will have access to data. My advisor and the data analyst will only see your data after identifying information has been removed. In publications or presentations, data will be presented as a whole in order to protect individuals' identities. All electronic data will be kept securely (both encrypted and password protected) for a period of three years as required by Federal guidelines. If data are still needed after three years, they will remain securely protected. Data will be destroyed when no longer needed.

Participation in this study is voluntary. You may withdraw from the study at any time during the data collection process. You may refuse to answer any question. Should you have any concerns about your rights or about any aspect of the study, you are encouraged to contact Karen Ladr, or the Chair of the Smith College School for Social Work Human Subjects Review Committee.

YOUR ELECTRONIC SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOU PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Participant's Electronic Signature: _____

Date: _____

Researcher's Contact Information:

Karen Ladr

Please print or save a copy of this form for your records.

Thank you for your participation.

Appendix [A4]
Demographic Survey

Age: _____

Race/Ethnicity: _____

Gender: _____

Appendix [A5]**Role Survey**

Please check one.

I am...

___ an **MSW student** who is currently completing a clinical internship for which I receive clinical supervision

___ the **clinical supervisor** of an individual completing a clinical internship as part of an MSW program

Appendix [A6]

Demographic Survey Continued (Supervisees Only)

What school of social work are you currently enrolled in? _____

How many years have you completed in an MSW program? ____

Appendix [A7]

Relationship Structures (ECR-RS) Questionnaire (Supervisee Version)

This questionnaire is designed to assess the way in which you mentally represent important people in your life. You'll be asked to answer questions about your clinical supervisor. You will then be asked to answer questions about how you think your supervisor would answer the same questions about you. Please indicate the extent to which you agree or disagree with each statement by circling a number for each item.

Please answer the following questions about your clinical supervisor

1. It helps to turn to this person in times of need.

strongly disagree 1 2 3 4 5 6 7 strongly agree

2. I usually discuss my problems and concerns with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

3. I talk things over with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

4. I find it easy to depend on this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

5. I don't feel comfortable opening up to this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

6. I prefer not to show this person how I feel deep down.

strongly disagree 1 2 3 4 5 6 7 strongly agree

7. I often worry that this person doesn't really care for me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

8. I'm afraid that this person may abandon me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

9. I worry that this person won't care about me as much as I care about him or her.

strongly disagree 1 2 3 4 5 6 7 strongly agree

Please answer the following questions in the way you think your supervisor would answer about you.

1. It helps to turn to this person in times of need.

strongly disagree 1 2 3 4 5 6 7 strongly agree

2. I usually discuss my problems and concerns with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

3. I talk things over with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

4. I find it easy to depend on this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

5. I don't feel comfortable opening up to this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

6. I prefer not to show this person how I feel deep down.

strongly disagree 1 2 3 4 5 6 7 strongly agree

7. I often worry that this person doesn't really care for me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

8. I'm afraid that this person may abandon me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

9. I worry that this person won't care about me as much as I care about him or her.

strongly disagree 1 2 3 4 5 6 7 strongly agree

Appendix [A8]

Relationship Structures (ECR-RS) Questionnaire (Supervisor Version)

This questionnaire is designed to assess the way in which you mentally represent important people in your life. You'll be asked to answer questions about your student supervisee. You will then be asked to answer questions about how you think your student supervisee would answer the same questions about you. Please indicate the extent to which you agree or disagree with each statement by circling a number for each item.

Please answer the following questions about your clinical supervisee.

1. It helps to turn to this person in times of need.

strongly disagree 1 2 3 4 5 6 7 strongly agree

2. I usually discuss my problems and concerns with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

3. I talk things over with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

4. I find it easy to depend on this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

5. I don't feel comfortable opening up to this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

6. I prefer not to show this person how I feel deep down.

strongly disagree 1 2 3 4 5 6 7 strongly agree

7. I often worry that this person doesn't really care for me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

8. I'm afraid that this person may abandon me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

9. I worry that this person won't care about me as much as I care about him or her.

strongly disagree 1 2 3 4 5 6 7 strongly agree

Please answer the following questions in the way you think your supervisee would answer about you.

1. It helps to turn to this person in times of need.

strongly disagree 1 2 3 4 5 6 7 strongly agree

2. I usually discuss my problems and concerns with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

3. I talk things over with this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

4. I find it easy to depend on this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

5. I don't feel comfortable opening up to this person.

strongly disagree 1 2 3 4 5 6 7 strongly agree

6. I prefer not to show this person how I feel deep down.

strongly disagree 1 2 3 4 5 6 7 strongly agree

7. I often worry that this person doesn't really care for me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

8. I'm afraid that this person may abandon me.

strongly disagree 1 2 3 4 5 6 7 strongly agree

9. I worry that this person won't care about me as much as I care about him or her.

strongly disagree 1 2 3 4 5 6 7 strongly agree

Appendix [A9]

Trainee's Version of the Supervisory Working Alliance Inventory

Please rate the following items on a scale of *almost never* (1) to *almost always* (7).

1. I feel comfortable working with my supervisor.
2. My supervisor welcomes my explanations about the client's behavior.
3. My supervisor makes the effort to understand me.
4. My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.
5. My supervisor is tactful when commenting about my performance.
6. My supervisor encourages me to formulate my own interventions with the client.
7. My supervisor helps me talk freely in our sessions.
8. My supervisor stays in tune with me during supervision.
9. I understand client behavior and treatment technique similar to the way my supervisor does.
10. I feel free to mention to my supervisor any troublesome feelings I might have about him/her.
11. My supervisor treats me like a colleague in our supervisory sessions.
12. In supervision, I am more curious than anxious when discussing my difficulties with clients.
13. In supervision, my supervisor places a high priority on our understanding the client's perspective.
14. My supervisor encourages me to take time to understand what the client is saying and doing.
15. My supervisor's style is to carefully and systematically consider the material I bring to supervision.
16. When correcting my errors with a client, my supervisor offers alternative ways of intervening

with that client.

17. My supervisor helps me work within a specific treatment plan with my clients.

18. My supervisor helps me stay on track during our meetings.

19. I work with my supervisor on specific goals in the supervisory session.

Appendix [A10]

Supervisor's Version of the Supervisory Working Alliance Inventory

Please rate the following items on a scale of *almost never* (1) to *almost always* (7).

1. I help my trainee work within a specific treatment plan with his/her trainee.
2. I help my trainee stay on track during our meetings.
3. My style is to carefully and systematically consider the material that my trainee brings to supervision.
4. My trainee works with me on specific goals in the supervisory session.
5. In supervision, I expect my trainee to think about or reflect on my comments to him/her.
6. I teach my trainee through direct suggestion.
7. In supervision, I place a high priority on our understanding the client's perspective.
8. I encourage my trainee to take time to understand what the client is saying and doing.
9. When correcting my trainee's errors with a client, I offer alternative ways of intervening with that client.
10. I encourage my trainee to formulate his/her own interventions with his/her clients.
11. I encourage my trainee to talk about the work in ways that are comfortable for him/her.
12. I welcome my trainee's explanations about his/ her client's behavior.
13. During supervision, my trainee talks more than I do.
14. I make an effort to understand my trainee.
15. I am tactful when commenting about my trainee's performance.
16. I facilitate my trainee's talking in our sessions.
17. In supervision, my trainee is more curious than anxious when discussing his/her difficulties

with clients.

18. My trainee appears to be comfortable working with me.

19. My trainee understands client behavior and treatment technique similar to the way I do.

20. During supervision, my trainee seems able to stand back and reflect on what I am saying to him/her.

21.1 stay in tune with my trainee during supervision.

22. My trainee identifies with me in the way he/she thinks and talks about his/her clients.

23. My trainee consistently implements suggestions made in supervision.

Appendix [A11]

Recruitment Email for Supervisors

Dear Supervisor,

I have participated in a research study about the relationship between attachment styles and the working alliance between MSW students and their supervisors in the context of clinical field placements, which is part of a fellow student's Master's thesis. I am sending this message to you because the student researcher is seeking matched students and clinical supervisors to participate in the study. If you choose to participate in the study you will need the following identifier code to connect out data in the survey. My identifier code is _____. I will have no way of knowing whether or not you have participated. The following is a letter from the student researcher.

Thanks,

Dear Colleague,

My name is Karen Ladr, and I am a graduate student at the Smith College School for Social Work. I am writing to ask for your help in completing my Master's thesis by participating in a brief (15-30 minute) electronic survey on the relationship between attachment styles and the working alliance between MSW students and their supervisors in the context of clinical field placements. You are receiving this email because your supervisee **is** an MSW student who has participated in the research study. My research study will explore how supervisees' and supervisors' attachment styles relate to the way supervisors and supervisors subjectively evaluate their supervisory relationship. By participating in this research and sharing information about your relationship with your supervisor, you can help to provide valuable

information regarding how individuals' attachment styles are related to supervisory relationships in the social work training experience. Your responses could be of interest to you and could expand your awareness on this topic. Also, your participation could benefit social work students, supervisors, and educators, by providing insight into the supervisee-supervisory relationship.

Participating in this study entails filling out a simple online survey. If you become a participant, an informed consent form will be presented to you as part of the online survey. You will not be asked for your signature, but only to check a box if you agree to participate. Furthermore, data between you and your supervisee will be identified using a unique identifier code.

You are eligible to participate in my study if you are currently supervising a student in an MSW program who sent you this survey link. If you meet criteria for participating, I encourage you to take part in my study. Participation is anonymous, so I will have no way of knowing whether or not you participated. Similarly, your student will have no way of knowing whether or not you participated unless you disclose that information to him or her. Below is a link to the website containing my thesis questionnaire.

Please follow this link to the survey: <https://www.surveymonkey.com/s/AttachmentThesisSurvey>
If you have any questions about my research or the nature of participation, please feel free to email.

Thank you for your time and interest in my research topic!

Sincerely,

Karen Ladr

MSW Candidate, Smith College School for Social Work

Appendix [A12]

Thesis Survey

1. Criteria

In order to participate in this survey you must either be:

(a) an MSW student who is currently completing a clinical internship and receives clinical supervision as a component of your education,

OR

(b) the clinical supervisor of an individual completing a clinical internship as part of an MSW program.

Are you either a supervisor or supervisee as defined above?

Yes

No

2. Informed Consent

Dear Participant,

My name is Karen Ladd, and I am a graduate student at Smith College School for Social Work. I am conducting research for my Masters thesis, which explores the relationship between supervisee and supervisor attachment styles and the experience of supervision during MSW field internships. The study focuses on the attachment styles of the supervisor and supervisee and their experience in supervision during the field internship. Data collected will be used for my Masters thesis, presentations and possible publication.

To participate you must either be (A) currently completing a clinical internship or field placement as part of a MSW program, OR (B) the clinical supervisor of an individual completing a clinical internship or field placement as part of a MSW program. If you are a supervisor (category B), you may only participate at the request of a supervisee who meets the requirements of category A; Supervisors may not request their supervisees' participation in the study. If you are a supervisee (category A), you will be asked to send an email to your clinical supervisor for the sole purpose of requesting his or her participation. In order to participate, you must be able to read and respond in written English because study materials have not been translated into other languages. Your participation in the study will take approximately 15-30 minutes depending on your pace.

This study will be conducted through a quantitative questionnaire that will be administered via this website (SurveyMonkey.com). You will be asked demographic questions such as gender, age and racial identity. You will then be asked answer the Relationship Structures (ECR-RS) Questionnaire, which relates to you attachment style as an adult. Additionally, you will be asked to rate your overall relationship with your supervisor or supervisee using the Supervisory Working Alliance Inventory (SWAI).

Participating in this study has the potential to cause mild discomfort as it may prompt you to consider your own attachment style and/or your experiences in supervision. If you are a supervisee, you are encouraged to speak with your Smith Faculty Field Advisor or Field Advisor from another school. You may find that participation in the study offers you a new perspective on your own attachment style and/or your positive experience in a supervision relationship. You will be entered into a raffle for two \$20 Target gift cards if you choose to enter your contact information in a separate window following the informed consent. For supervisors, your participation in the raffle does not depend on whether or not your supervisor completes the survey.

Your participation in this survey will be kept confidential. Identifying information will be separated from your data once data collection is completed (April 1, 2013). Only my advisor, a data analyst and I will have access to data. My advisor will only see your data after identifying information has been removed. Any individuals, who analyze data other than myself, will sign a confidentiality pledge. In publications or presentations, data will be presented as a whole, and when brief vignettes are used, they will be carefully disguised to protect your identity. All electronic data will be kept securely (both encrypted and password protected) for a period of three years as required by Federal guidelines. If data is still needed after three years it will remain securely protected. Data will be destroyed when no longer needed.

Participation in this study is voluntary. You may withdraw from the study at any time during the data collection process. You may refuse to answer any question. You may withdraw from the study by contacting Karen Ladr at kldrthesia@gmail.com or (860) 545-7554 until March 15, 2013. If you choose to withdraw by March 15, 2013 all materials pertaining to you will be destroyed. Should you have any concerns about your rights or about any aspect of the study, you are encouraged to contact Karen Ladr at kldrthesia@gmail.com or (860) 545-7554, or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

SELECTING "AGREE" BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Researcher's Contact Information:

Karen Ladr
kldrthesia@gmail.com
 (860) 545-7554

Please print or save a copy of this form for your records.

Thank you for your participation.

*** Having reading the above informed consent, do you agree to participate in this study?**

- Agree
 Disagree

3. Demographic

Age

Race/Ethnicity

Gender

4. Role

I am...

- an MSW student who is currently completing a clinical internship for which I receive clinical supervision
 the clinical supervisor of an individual completing a clinical internship as part of an MSW program

5. (A) ECR-RS

This questionnaire is designed to assess the way in which you mentally represent important people in your life. You'll be asked to answer questions about your clinical supervisor. You will then be asked to answer questions about how you think your supervisor would answer the same questions about you. Please indicate the extent to which you agree or disagree with each statement by circling a number for each item.

Please answer the following questions about your clinical supervisor:

1. It helps to turn to this person in times of need.

1 strongly disagree 2 3 4 5 6 7 strongly agree

2. I usually discuss my problems and concerns with this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

3. I talk things over with this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

4. I find it easy to depend on this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

5. I don't feel comfortable opening up to this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

6. I prefer not to show this person how I feel deep down.

1 strongly disagree 2 3 4 5 6 7 strongly agree

7. I often worry that this person doesn't really care for me.

1 strongly disagree 2 3 4 5 6 7 strongly agree

8. I'm afraid that this person may abandon me.

1 strongly disagree 2 3 4 5 6 7 strongly agree

9. I worry that this person won't care about me as much as I care about him or her.

1 strongly disagree 2 3 4 5 6 7 strongly agree

6. (B) ECR-RS

Please answer the following questions in the way you think your supervisor would answer about you:

1. It helps to turn to this person in times of need.

1 strongly disagree 2 3 4 5 6 7 strongly agree

2. I usually discuss my problems and concerns with this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

3. I talk things over with this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

4. I find it easy to depend on this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

5. I don't feel comfortable opening up to this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

6. I prefer not to show this person how I feel deep down.

1 strongly disagree 2 3 4 5 6 7 strongly agree

7. I often worry that this person doesn't really care for me.

1 strongly disagree 2 3 4 5 6 7 strongly agree

8. I'm afraid that this person may abandon me.

1 strongly disagree 2 3 4 5 6 7 strongly agree

9. I worry that this person won't care about me as much as I care about him or her.

1 strongly disagree 2 3 4 5 6 7 strongly agree

7. Supervisee SWAI

Please rate the following items on a scale of almost never (1) to almost always (7).

1. I feel comfortable working with my supervisor.

1 almost never 2 3 4 5 6 7 almost always

2. My supervisor welcomes my explanations about the client's behavior.

1 almost never 2 3 4 5 6 7 almost always

3. My supervisor makes the effort to understand me.

1 almost never 2 3 4 5 6 7 almost always

4. My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.

1 almost never 2 3 4 5 6 7 almost always

5. My supervisor is tactful when commenting about my performance.

1 almost never 2 3 4 5 6 7 almost always

6. My supervisor encourages me to formulate my own interventions with the client.

1 almost never 2 3 4 5 6 7 almost always

7. My supervisor helps me talk freely in our sessions.

1 almost never 2 3 4 5 6 7 almost always

8. My supervisor stays in tune with me during supervision.

1 almost never 2 3 4 5 6 7 almost always

9. I understand client behavior and treatment technique similar to the way my supervisor does.

1 almost never 2 3 4 5 6 7 almost always

10. I feel free to mention to my supervisor any troublesome feelings I might have about him/her.

1 almost never 2 3 4 5 6 7 almost always

11. My supervisor treats me like a colleague in our supervisory sessions.

1 almost never 2 3 4 5 6 7 almost always

12. In supervision, I am more curious than anxious when discussing my difficulties with clients.

1 almost never 2 3 4 5 6 7 almost always

13. In supervision, my supervisor places a high priority on our understanding the client's perspective.

1 almost never 2 3 4 5 6 7 almost always

14. My supervisor encourages me to take time to understand what the client is saying and doing.

1 almost never 2 3 4 5 6 7 almost always

15. My supervisor's style is to carefully and systematically consider the material I bring to supervision.

1 almost never 2 3 4 5 6 7 almost always

16. When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client.

1 almost never 2 3 4 5 6 7 almost always

17. My supervisor helps me work within a specific treatment plan with my clients.

1 almost never 2 3 4 5 6 7 almost always

18. My supervisor helps me stay on track during our meetings.

1 almost never 2 3 4 5 6 7 almost always

19. I work with my supervisor on specific goals in the supervisory session.

1 almost never 2 3 4 5 6 7 almost always

8. Request for Supervisor Participation

Please read the following instructions carefully.

The answers to the following three questions will be used as your unique identifier code in order to match your data with your supervisor's. Please write down the three answers you type into the form.

Favorite Color

Mother's Birth Year

Last 4 digits of your phone number

Thank you for your participation in this survey. In order to gather a complete data set the researcher is requesting that you send the survey link to your supervisor.

If you choose to request your supervisor's participation in this survey please open a separate window or tab and copy & paste the following text into an email to your clinical supervisor.

You must also provide your supervisor with the three answers listed above on this page (favorite color, mother's birth year, last four digits of phone number) so that your information can be matched. You can do this by inserting the words and numbers that you entered above (e.g., "Emerald19003909") where you see the capitalized text below.

Dear Supervisor,

I have participated in a research study about the relationship between attachment styles and the working alliance between MSW students and their supervisors in the context of clinical field placements, which is part of a fellow student's Master's thesis. I am sending this message to you because the student researcher is seeking matched students and clinical supervisors to participate in the study. If you choose to participate in the study you will need the following identifier code to connect out data in the survey. My identifier code is _____ (STUDENT - PLEASE FILL IN BEFORE SENDING). I will have no way of knowing whether or not you have participated. The following is a letter from the student researcher.

Thanks,

(STUDENT - PLEASE INSERT YOUR NAME)

Dear Colleague,

My name is Karen Ladr, and I am a graduate student at the Smith College

School for Social Work. I am writing to ask for your help in completing my Master's thesis by participating in a brief (15-30 minute) electronic survey on the relationship between attachment styles and the working alliance between MSW students and their supervisors in the context of clinical field placements. You are receiving this email because your supervisee is an MSW student who has participated in the research study. My research study will explore how supervisees' and supervisors' attachment styles relate to the way supervisors and supervisees subjectively evaluate their supervisory relationship. By participating in this research and sharing information about your relationship with your supervisor, you can help to provide valuable information regarding how individuals' attachment styles are related to supervisory relationships in the social work training experience. Your responses could be of interest to you and could expand your awareness on this topic. Also, your participation could benefit social work students, supervisors, and educators, by providing insight into the supervisee-supervisory relationship.

Participating in this study entails filling out a simple online survey. If you become a participant, an informed consent form will be presented to you as part of the online survey. You will not be asked for your signature, but only to check a box if you agree to participate. Furthermore, data between you and your supervisee will be identified using a unique identifier code.

You are eligible to participate in my study if you are currently supervising a student in an MSW program who sent you this survey link. If you meet criteria for participating, I encourage you to take part in my study. Participation is anonymous, so I will have no way of knowing whether or not you participated. Similarly, your student will have no way of knowing whether or not you participated unless you disclose that information to him or her. Below is a link to the website containing my thesis questionnaire.

Please follow this link to the survey: <https://www.surveymonkey.com/s/AttachmentThesisSurvey>

If you have any questions about my research or the nature of participation, please feel free to email (kladrthesis@gmail.com).

Thank you for your time and interest in my research topic!

Sincerely,

Karen Ladr

MSW Candidate, Smith College 5

9. Supervisor Unique Identifier Entry Page

You have indicated that you supervise an MSW student who requested your participation in this survey. In order for your data to be matched to your supervisee's data, please enter the identifier code provided in your supervisee's email.

10. (D) ECR-RS

This questionnaire is designed to assess the way in which you mentally represent important people in your life. You'll be asked to answer questions about your student supervisee. You will then be asked to answer questions about how you think your student supervisee would answer the same questions about you. Please indicate the extent to which you agree or disagree with each statement by choosing a number for each item.

Please answer the following questions about your clinical supervisee.

1. It helps to turn to this person in times of need.

1 strongly disagree 2 3 4 5 6 7 strongly agree

2. I usually discuss my problems and concerns with this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

3. I talk things over with this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

4. I find it easy to depend on this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

5. I don't feel comfortable opening up to this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

6. I prefer not to show this person how I feel deep down.

1 strongly disagree 2 3 4 5 6 7 strongly agree

7. I often worry that this person doesn't really care for me.

1 strongly disagree 2 3 4 5 6 7 strongly agree

8. I'm afraid that this person may abandon me.

1 strongly disagree 2 3 4 5 6 7 strongly agree

9. I worry that this person won't care about me as much as I care about him or her.

1 strongly disagree 2 3 4 5 6 7 strongly agree

11. (C) ECR-R5

Please answer the following questions in the way you think your supervisee would answer about you:

1. It helps to turn to this person in times of need.

1 strongly disagree 2 3 4 5 6 7 strongly agree

2. I usually discuss my problems and concerns with this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

3. I talk things over with this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

4. I find it easy to depend on this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

5. I don't feel comfortable opening up to this person.

1 strongly disagree 2 3 4 5 6 7 strongly agree

6. I prefer not to show this person how I feel deep down.

1 strongly disagree 2 3 4 5 6 7 strongly agree

7. I often worry that this person doesn't really care for me.

1 strongly disagree 2 3 4 5 6 7 strongly agree

8. I'm afraid that this person may abandon me.

1 strongly disagree 2 3 4 5 6 7 strongly agree

9. I worry that this person won't care about me as much as I care about him or her.

1 strongly disagree 2 3 4 5 6 7 strongly agree

12. Supervisor SWAI

Please rate the following items on a scale of almost never (1) to almost always (7).

- 1. I help my trainee work within a specific treatment plan with his/her trainee.**

1 almost never
 2
 3
 4
 5
 6
 7 almost always
- 2. I help my trainee stay on track during our meetings.**

1 almost never
 2
 3
 4
 5
 6
 7 almost always
- 3. My style is to carefully and systematically consider the material that my trainee brings to supervision.**

1 almost never
 2
 3
 4
 5
 6
 7 almost always
- 4. My trainee works with me on specific goals in the supervisory session.**

1 almost never
 2
 3
 4
 5
 6
 7 almost always
- 5. In supervision, I expect my trainee to think about or reflect on my comments to him/her.**

1 almost never
 2
 3
 4
 5
 6
 7 almost always
- 6. I teach my trainee through direct suggestion.**

1 almost never
 2
 3
 4
 5
 6
 7 almost always
- 7. In supervision, I place a high priority on our understanding the client's perspective.**

1 almost never
 2
 3
 4
 5
 6
 7 almost always
- 8. I encourage my trainee to take time to understand what the client is saying and doing.**

1 almost never
 2
 3
 4
 5
 6
 7 almost always
- 9. When correcting my trainee's errors with a client, I offer alternative ways of intervening with that client.**

1 almost never
 2
 3
 4
 5
 6
 7 almost always
- 10. I encourage my trainee to formulate his/her own interventions with his/her clients.**

1 almost never
 2
 3
 4
 5
 6
 7 almost always

11. I encourage my trainee to talk about the work in ways that are comfortable for him/her.

1 almost never 2 3 4 5 6 7 almost always

12. I welcome my trainee's explanations about his/ her client's behavior.

1 almost never 2 3 4 5 6 7 almost always

13. During supervision, my trainee talks more than I do.

1 almost never 2 3 4 5 6 7 almost always

14. I make an effort to understand my trainee.

1 almost never 2 3 4 5 6 7 almost always

15. I am tactful when commenting about my trainee's performance.

1 almost never 2 3 4 5 6 7 almost always

16. I facilitate my trainee's talking in our sessions.

1 almost never 2 3 4 5 6 7 almost always

17. In supervision, my trainee is more curious than anxious when discussing his/her difficulties with clients.

1 almost never 2 3 4 5 6 7 almost always

18. My trainee appears to be comfortable working with me.

1 almost never 2 3 4 5 6 7 almost always

19. My trainee understands client behavior and treatment technique similar to the way I do.

1 almost never 2 3 4 5 6 7 almost always

20. During supervision, my trainee seems able to stand back and reflect on what I am saying to him/her.

1 almost never 2 3 4 5 6 7 almost always

21.1 stay in tune with my trainee during supervision.

1 almost never 2 3 4 5 6 7 almost always

22. My trainee identifies with me in the way he/she thinks and talks about his/her clients.

1 almost never 2 3 4 5 6 7 almost always

23. My trainee consistently implements suggestions made in supervision.

1 almost never 2 3 4 5 6 7 almost always

13. Raffle Link

Thank you for your participation. To be entered into the raffle for one of (2) \$20 Target gift cards for your participation please copy and paste the following link into a new window:

https://www.surveymonkey.com/s/Participant_Raffle

The link will open a separate survey that is not connected any data you have entered previously.

Thank you for completing this survey. You are now on a separate form that cannot be linked to your survey data.

If you would like to be entered into the raffle for one of (2) \$20 Target gift cards please enter your contact information below. Raffle prizes will be distributed via USPS. Your participation in the raffle does not depend on whether or not your supervisor completes the survey. Please note that duplicate entries will only be counted once.

***1. Please provide the name and address to which you would like a gift card sent in the event that you win the raffle.**

Name:

Address:

Address 2:

City/Town:

State:

ZIP:

You have now been entered into the raffle for one of (2) \$20 Target gift cards. Raffle prizes will be distributed to the winners via USPS after March 15, 2013.

Appendix [A13]



Re: Request for Permission to use ECR-RS

1 message

Tue, Feb 26, 2013 at 9:05 PM

Please feel free to use the measure. Hope your work goes well.

- Chris

--

On Tue, Feb 26, 2013 at 6:54 PM,

Dear Dr. Fraley:

My name is Karen Ladr and I am currently working on a master's thesis in partial fulfillment of a Masters in Social Work at Smith College School for Social Work. I am writing to request permission to use the Relationship Structures (ECR-RS) Questionnaire in my thesis. My thesis is designed to explore attachment styles of MSW interns and their supervisors as it relates to their working alliance.

If you have any questions you can contact me

I appreciate your help.

Sincerely,

Karen Ladr

--
R. Chris Fraley
University of Illinois at Urbana-Champaign
Department of Psychology
603 East Daniel Street
Champaign, IL 61820
Internet: <http://www.psych.uiuc.edu/~rcfraley/>

Appendix [A14]



Request for Permission to use SWAI

Mon, Mar 11, 2013 at 1:31 PM


Dear Ms. Ladr:

Thank you for your prompt response to my questions regarding your use of the SWAI. Accordingly, I am granting you permission to use the SWAI in your Master's Thesis research at Smith College. I am attaching a copy of the SWAI items and a list of which items go with which subscales. If you have any questions please do not hesitate to ask. Good luck with your research.

Michael J. Patton, PhD
Professor Emeritus
Department of Educational, School
and Counseling Psychology
University of Missouri-Columbia

[Quoted text hidden]

[Quoted text hidden]

2 attachments **SWAI Items (1).doc**
51K **SWAI ITEMS BY SUBSCALE (1).doc**
20K

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Appendix [A15]

HSRB Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

March 20, 2013

Karen Ladr

Dear Karen,

Thank you for making all the requested changes to your Human Subjects Review application. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

A handwritten signature in cursive script that reads 'Marsha Kline Pruett / Ladr'.

Marsha Kline Pruett, M.S., Ph.D., M.S.L.
Vice Chair, Human Subjects Review Committee

CC: Marsha K. Pruett, Research Advisor