Insecure Attachment in Clinical Supervisory Relationships: Balancing Personal with Professional

by

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Abstract

Background: The clinical supervisory relationship (SR) between counsellors-in-training and established psychologists has been considered by counsellor trainees, researchers, and the profession to be one of the most crucial and influential aspects of the training process. Accordingly, more positive and strongly bonded SRs have yielded a higher amount and magnitude of positive supervision outcomes in supervisees' observed and felt sense of professional development and competencies. In the past few decades, an attachment theory lens has been applied to the SR to help explain relational dynamics that can enhance or hinder the quality and strength of the alliance. Within this literature base, insecure (as opposed to secure) supervisory attachments (ISAs) have been demonstrated to interfere with the SR and thus, the training process and its positive outcomes. Ethically speaking, part of a supervisor's professional responsibilities is to work through relationship barriers or ruptures that occur within the SR that have the potential to impede training. However, addressing attachment concerns often involves more personal, rather than professional, interactions and conversations which can cross professional boundaries, take time away from other training activities, and create more emotionally intimate relationships. Overcoming an ISA in the SR can therefore further threaten the already challenging personal-professional balance supervisors are expected to maintain. As such, the current study aimed to acquire a deeper understanding of clinical supervisors' experiences navigating and overcoming ISA in their supervisees, while still appropriately balancing their personal and professional roles.

Methodology: Three clinical supervisors practicing in Alberta were interviewed. All participants had experiences within the last five years of successfully easing at least two supervisees' ISAs into a more secure bond during clinical supervision. Interpretative Phenomenological Analysis was then employed to analyze each interview separately and later collectively to extract similarities and differences in themes among participants.

Results: Five group experiential themes (GETs) and 15 sub-themes emerged from the interviews. GETs consisted of: (1) *Increased Demands on Supervisors*, (2) *Supervisors' Intentional Attunement for Guiding Action*, (3) *Supervisors' Encouragement of Vulnerability (Becoming a Safe Haven)*, (4) *Supervisors' Activation of Exploration (Becoming a Secure Base)*, and (5) *The SR Gaining Equilibrium*.

Conclusions: The findings from this study reflect many of the findings and recommendations in the attachment theory literature and established best practices for clinical supervisors in the supervision literature. Furthermore, these findings provide further insight into how ISAs can (a) be identified, (b) challenge the supervisor, (c) be successfully and appropriately addressed in the SR, and (d) change when easing into more security. Implications for practicing clinical supervisors and supervision training are presented. Future research may wish to investigate the success of particular methods outlined in this study, gain the perspectives of supervisees, and understand the role of diversity in addressing ISA in SRs.

Preface

This thesis is an original work by Brittany Elena Volk. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name "Insecure Attachment in Clinical Supervisory Relationships", No. Pro00112106, September 9, 2021. No part of this thesis has been previously published.

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Finally, to any readers, thank you for endeavouring to read this thesis and learning alongside me as I take you through this journey and my findings. I hope this research can provide some knowledge, inspiration, or insight you may not have previously possessed. A forewarning: The nature of academic writing limits the personable elements within the rest of this document, so perhaps get a coffee, tea, or snack before you settle in to make the rest of this process more tolerable. Happy reading!

Table of Contents

Abstract ..... **ii**

Preface ..... **iv**

Acknowledgments ..... **v**

Abbreviations ..... **xi**

Chapter 1: Introduction and Background **1**

Introduction **1**

Positioning Myself in the Research **5**

Chapter 2: Literature Review **8**

Purpose of Clinical Supervision **8**

Models of Supervision 9

Importance of the Supervisory Alliance **11**

The Supervisory Working Alliance on Training and Trainees 12

The Supervisory Working Alliance and the Therapeutic Working Alliance 12

Multiple Roles in the Supervisory Relationship **14**

Boundaries in Clinical Supervision 16

Role Ambiguity and Conflict in Supervision 18

Harmful Supervisory Relationships **20**

Frequency and Ease of Harm 21

Power Differential 22

Negative Outcomes for Supervisees 23

Multiple Roles and Harmful Supervision Concluding Thoughts **24**

Supervisory Relationship from an Attachment Perspective **24**

Attachment Theory 25

Supervisor as Attachment Figure 28

Supervisor as Secure Base and Safe Haven 29

Identifying Attachment Patterns 29

Incorporating Attachment Theory in Supervision 32

The Current Study **34**

Conclusions 37

Chapter 3: Methodology **38**

Design **38**

Philosophical Worldview **38**

Theoretical Underpinnings **39**

Methods **41**

Sampling 41

Recruitment 41

Participants 43

Procedures 44

Measures 44

Data Collection 45

Data Analysis 46

Analysis Process *47*

Methodological Integrity *51*

Chapter 4: Findings **54**

Description of Participants **54**

Overview of Group Experiential Themes **55**

Group Experiential Theme 1: Increased Demands on Supervisors 58

Sub-Theme 1: Supervisees' Pulling Towards or Pushing Away *58*

Sub-Theme 2: Cautious Interactions *62*

Sub-Theme 3: Weighted Sense of Responsibility *63*

Group Experiential Theme 2: Supervisors' Intentional Attunement for Guiding Action 65

Sub-Theme 4: Self-Awareness and Continuous Inner Attunement *65*

Sub-Theme 5: Professional Attunement *68*

Sub-Theme 6: Supervisee Attunement *72*

Group Experiential Theme 3: Supervisors' Encouragement of Vulnerability (Becoming a Safe Haven) ... 74

Sub-Theme 7: Actively Creating Space *74*

Sub-Theme 8: Compassionately Responding to Vulnerability *77*

Sub-Theme 9: Normalizing Humanness *80*

Group Experiential Theme 4: Supervisors' Activation of Exploration (Becoming a Secure Base) 81

Sub-Theme 10: Maintaining Predictability Through Consistency *81*

Sub-Theme 11: In This Together While Passing Responsibility *84*

Sub-Theme 12: Building Supervisees' Self-Attunement *86*

Group Experiential Theme 5: The Supervisory Relationship Gaining Equilibrium 88

Sub-Theme 13: Dependable Independence *88*
Sub-Theme 14: At Ease Together *91*
Sub-Theme 15: Feelings of Fulfillment *92*
Chapter 5: Discussion **94**
Summary of Themes **94**
Increased Demands on Supervisors 94
Supervisors' Intentional Attunement for Guiding Action 97
Supervisors' Encouragement of Vulnerability (Becoming a Safe Haven) 100
Supervisors' Activation of Exploration (Becoming a Secure Base) 104
The Supervisory Relationship Gaining Equilibrium 107
Limitations **109**
Future Directions **111**
Implications and Conclusions **112**
References **118**
Appendices **135**
Appendix A: Recruitment Poster **135**
Appendix B: Screening Questions **136**
Appendix C: Information Letter and Consent Form **139**
Appendix D: Demographic Survey **143**
Appendix E: Interview Questions **145**
Appendix F: Sub-theme 1 of GET 1 ..... **146**

List of Tables

Table 1. Participant demographic information 54

Table 2. Group experiential themes and sub-themes.....56

Abbreviations

CAP – College of Alberta Psychologists

CPA – Canadian Psychological Association

GET – Group Experiential Theme

IPA – Interpretative Phenomenological Analysis

ISA – Insecure Supervisory Attachment

IWM—Internal Working Model

PET – Personal Experiential Theme

SR – Supervisory Relationship

SWA – Supervisory Working Alliance

TWA – Therapeutic Working Alliance

Chapter 1: Introduction and Background

Introduction

When learning to become a practicing psychologist in Canada, individuals must complete a graduate-level program in clinical or counselling psychology (Canadian Psychological Association, n.d). As part of the practical training within these programs, the student enters into a clinical supervisory relationship (SR) with an experienced psychologist to assist in their development and application of professional competencies. This clinical SR in psychologists' training is considered to be a fundamental component for the protection of the public, the profession's reputation, and the learning and development of trainees (Allan, 2017; Canadian Psychological Association, 2017b, p. 4). Adding to this, trainees have often identified their time within supervision as the most influential part of their time in training programs (Furr & Carroll, 2003; Ramos-Sanchez et al., 2002). Supervisees that perceive stronger positive relationships with their supervisors have also reported more positive supervision outcomes (e.g., Angus & Kagan, 2007; Gunn & Pistole, 2012). It has therefore been suggested that the strength of the SR influences the amount of positive change and development in supervisees, and by extension, theoretically for supervisees' clients as well (Bordin, 1983). Given these understandings, it is important to understand and address the challenges supervisees face within supervision to increase the likelihood of strong supervisory alliances being formed that help flourish rather than hinder trainees' learning and development.

Within clinical supervision, supervisors and supervisees navigate a unique mix of personal and professional boundaries (Truscott & Crook, 2022). To reduce the likelihood of the supervisees' personal views, biases, or ignorance influencing client care, part of the SR includes discussion, awareness, and reflection of a number of deeply personal areas (Callahan & Watkins, 2018). This is especially true for trainees who are being freshly exposed to a multitude of (a) therapeutic orientations and techniques, (b)

presenting concerns, (c) client dispositions and interaction styles, and (d) ethical dilemmas that may not have been considered previously. Because of this, the professional services typically expected in general supervision, such as overseeing and evaluating performance, often become intertwined with more personal interactions and discussions, such as personal reactions to clients or trainee anxieties. However, balancing this unique mix of personal and professional boundaries can quickly become complicated.

Personal and professional relationships carry different, and at times conflicting, rules and expectations that can easily collide with one another when intermeshed (Barnett & Molzon, 2014; Duff & Shahin, 2010; Gottlieb et al., 2007). The appropriate actions for a personal relationship are not always the appropriate actions for a professional relationship, and vice versa. Furthermore, since each SR has its own unique set of needs, it requires its own tailoring, and therefore, determining the appropriate personal and professional balance is largely left up to each supervisor-supervisee dyads' discretion (Callahan & Watkins, 2018). It can thus be challenging for supervisors and supervisees to navigate and negotiate where the appropriate boundaries for their own particular SR fall. In other words, how much personal should be mixed into their professional relationship that is both simultaneously appropriate and desirable to the goals of clinical SRs, as well as to the specific individuals' wants and needs within it. This uncertainty has the unfortunate power to create confusion and ambiguity which increases the likelihood of conflict and/or distress within the very mechanism associated with the most change and value during the training process (Callahan & Watkins, 2018).

It seems to be universally accepted, even by the Canadian Psychological Association (2017b), that strong, positive supervisory alliances are vital for better fulfilling the goals of training and supervision. At the same time, however, the ethical guidelines and standards of practice in place for supervision caution supervisors against developing personal relationships with supervisees that could result in potentially harmful dual roles (Canadian Psychological Association, 2017b; College of Alberta

Psychologists, 2016). Some examples of potential harm from a dual relationship can include increased risks of intensifying boundary ambiguity, unintentional boundary crossings, and a loss of a supervisor's objectivity (Barnett & Molzon, 2014; Beddoe, 2017; Kozlowski et al., 2014). To avoid the potential harm and risks from becoming more personal in supervision, some supervisors therefore prefer to cautiously reside more on the professional side of the personal-professional spectrum.

Further towards the personal side of the personal-professional spectrum, however, are writers arguing for the creation of strong, secure bonds in SRs using an attachment theory perspective (e.g., Fitch et al., 2010; Mammen, 2020; Watkins & Riggs, 2012). Those who conceptualize supervision from an attachment-based lens argue that insights from attachment theory can help inform how strong SRs can be established. More concretely, these attachment theorists have highlighted the parallels between the clinical SR and the parent-child relationship, arguing that similar attachment processes can be triggered to create secure or insecure supervisory attachment bonds (e.g., Fitch et al., 2010; Mammen, 2020; Watkins & Riggs, 2012).

According to attachment theory, individuals have a tendency towards developing secure or insecure attachments with others based on early interpersonal experiences (Bowlby, 1969). In general, those who feel secure in their important early attachment relationships are likely to develop secure attachments in their future relationships as well, whereas those who do not, are more likely to develop insecure attachments in their future relationships (Bowlby, 1988; Cassidy & Shaver, 2008). That said, helping professions such as counselling have the tendency to attract individuals with higher rates of adverse life events and psychological concerns in comparison to other professions (Miller et al., 1998). In particular, research on the motivating factors for individuals choosing a career in a helping profession has found that these individuals tend to experience early forms of significant loss in their childhood (Barnett, 2007) and are more likely than non-therapists to have grown up as a parentified child in their family of origin (DiCaccavo, 2002). Therefore, as parentification often creates insecure attachments in

childhood that can extend into adulthood (Engelhardt, 2012), it is likely not uncommon for counsellors-in-training to come into clinical SRs with a tendency towards developing insecure attachments.

Insecure attachments are, by nature, distressing. The reason for this is that they entail a lack of felt security and/or safety with an individual one is supposed to rely on (Bowlby, 1969). This insecurity leads to anxious and/or avoidant interactions, self-talk, emotional regulation patterns, and views of the world. Insecure attachments within a clinical supervisory context specifically have also been associated with undesirable training consequences, including supervisees not seeking out, responding well to, or effectively utilizing corrective feedback (Rogers et al., 2019). Therefore, insecure supervisory attachments (ISAs) present potential concerns for trainees' wellbeing and interfere with their learning and development.

Given the importance of supervisory bonds to client protection, the profession's reputation, and trainee learning and development, it is important to address obstacles that impede the development of strong securely bonded SRs. Therefore, it is essential to identify and work through signs of an insecure attachment developing within a SR. That said, doing so often involves more time and attention spent on personal concerns, history, and interpersonal dynamics, which can further complicate the already challenging balance of personal and professional dimensions SRs are expected to maintain. While previous writers have provided suggestions for balancing personal and professional dimensions within SRs (e.g., Barnett & Molzon, 2014; Duff & Shahin, 2010), and more recent research has examined some effects of secure versus insecure bonds within clinical SRs (e.g., Riggs & Bretz, 2006; Rogers et al., 2019), no research has yet combined these two areas. Specifically, how balancing personal and professional aspects of the SR are navigated when supervisees present with or disclose an insecure attachment that interferes with the training or supervisory process. Furthermore, most research in both areas seem to largely neglect qualitative accounts of how supervisors and/or supervisees work towards building a more secure relationship and what this experience is like. Within the current study, I, therefore, plan to

explore the experience of clinical supervisors navigating SRs with trainees that have disclosed or presented with an ISA.

This thesis will be comprised of five chapters. Following this introduction in the first chapter, I position myself within the research to acknowledge and illuminate my own lens and biases. The second chapter presents a review of the relevant clinical supervision and attachment theory literature that highlights the rationale for and purpose of the current study. In the literature review, I will cover (a) the purpose and broad models of clinical supervision, (b) the importance of the SR, (c) supervisors' and supervisees' multiple roles in the SR, (d) the potential for and effects of harm in the SR, and (e) the SR from an attachment perspective. Within the third chapter, I outline the research methodology and methods employed to conduct the present study. The fourth chapter starts with a description of participants and then focuses on the results of the study wherein I provide descriptions of the findings and present quotes from participants to corroborate my interpretations. The final chapter moves to a discussion and interpretation of the current study's results based on how they converge, diverge, or extend previous relevant literature. Following this, I discuss the limitations of this study, directions for future research, and the implications of the present study's findings for SRs and supervision training.

Positioning Myself in the Research

As a current student in an Albertan graduate training program for counselling psychology, I have had recent first-hand experience navigating the unique blend of personal and professional dimensions in my own clinical SRs. The larger inclusion of personal dimensions into a professional evaluative relationship was entirely novel to me and as such, was disorienting to say the least. The supervisory contract introduced on day one that presents both parties' expectations and boundaries initially felt straight forward. A month or so into my clinical work, however, I began recognizing the true ambiguity

inherent within the contract as well as the applicable ethical and practice guidelines of the profession within supervision.

My own history influenced a tendency towards developing some insecurity within my own attachments in childhood and early adolescence. That said, it also influenced a deep understanding of how pivotal strong secure relationships and support systems can be for all areas of someone's life. These experiences and views have since influenced a history and lasting interest in my own education and research in attachment theory to better understand how strong secure bonds are formed and maintained. Presently, I consider myself to largely develop secure relationships with others and put a great deal of effort into ensuring individuals attached to or relying on me, both in my personal and professional roles, also feel a secure and beneficial bond.

Surprisingly to me, the novel context of my first clinical SR activated some previous leanings towards insecure attachment processes. Determined to be the most effective counsellor possible for my clients, I was open and vulnerable with my supervisor, but often exacerbated my distress in the SR as a result. This is because, underlying insecure attachments are fears that becoming vulnerable with or relying on others, especially those in positions of power, results in becoming "controlled, hurt, or rejected" (Gilbert & Procter, 2006, p. 356). As such, these fears trigger insecure attachment patterns to emerge as protection and/or safety strategies. However, although I continued to choose vulnerability (as is typically done in overcoming activations of attachment insecurity within a relationship [e.g., Cassidy & Shaver, 2008]), I commonly trapped myself in an insidious loop with this method due to the professional and hierarchal nature of SRs. The more vulnerable I became in supervision, the more imminent harm felt on my horizon, and the more concerned I became about disrupting the appropriate personal-professional balance with my supervisor in a way that could negatively impact us both, if this cycle continued.

The distress and uncertainty I experienced during this time is what originally pushed me towards the clinical supervision literature. I was determined to seek clarity regarding this novel personal and professional balance. In particular, I desired to (a) know the appropriate degree of supervisee disclosure in supervision, (b) ensure I was not unintentionally crossing professional boundaries or becoming a taxing supervisee, and (c) know whether my experience was similar to ones other SRs were navigating. As a result of the gaps in the literature, however, I did not feel I achieved the level of clarity I had originally sought out.

From my own perspective, while the endeavor to enhance and maintain trust, security, and continued vulnerability without compromising professionalism was challenging and stress-inducing at times, it also led to a strongly bonded SR that had significant positive impacts on my personal and professional growth. Many of these impacts I do not believe would have been possible otherwise. It was this profound difference I saw in my learning, development, and impact on clients as well as the frequency within which I heard peers describing insecurities–both seemingly attachment-related and not–in their own SRs that inspired me to switch my thesis topic. Namely, to investigate the experience of navigating and working through insecure attachments coming up in clinical SRs. My ultimate goal with this thesis is to make the process of establishing and maintaining strong, secure supervisory bonds more clear and less daunting to more easily pass on the same gift I was ultimately given to future counselling practitioners in similar positions and those supervising them.

Chapter 2: Literature Review

There are six major sections within this literature review. In the first section, I introduce the purpose of clinical supervision, what this process and relationship can entail, and end with a brief description and rationale for different supervision models. Springboarding off this, the second section highlights the importance of clinical supervision and a strong SR for maximizing it's benefits to the training process, current and future clients, and the profession's reputation. The third and fourth sections then go further into the key issues and complexities of this unique relationship. This includes (a) the multiple roles supervisors and supervisees are expected to fulfill as well as (b) the prevalence, ease, and ramifications of harmful supervision. Sprinkled throughout these last two sections are explanations on the concerns in both incorporating and excluding more personal components into the supervision process and the relevant research findings and/or rationales backing up each argument. Within the fifth section, I describe an attachment perspective as well as how it relates to and can benefit clinical supervision. In particular, I further present how the incorporation of personal elements according to an attachment framework has been argued to enhance the strength of SRs and thus, the supervision process and outcomes. Within the final sixth section, I close this chapter by providing a more detailed rationale for the current study, including an explanation of what gaps it seeks to fill within the clinical supervision literature and the desired implications.

Purpose of Clinical Supervision

Part of the process of becoming a practicing psychologist in Canada involves the supervision of trainees' work with clients by an experienced psychologist (Canadian Psychological Association, n.d). In Alberta, clinical supervisors must be a regulated member of the College of Alberta Psychologists (CAP) and are tasked with ensuring that the services provided to and by the supervisee meet and uphold the laws, standards, and expectations of the profession within Canada, and especially, within the province of

Alberta (College of Alberta Psychologists, 2016). Although many definitions for this form of clinical supervision exist, one presented in the Guidelines for Psychological Supervision by the Canadian Psychological Association (CPA) from the Mutual Recognition Agreement of the Regulatory Bodies for Professional Psychologists in Canada is as follows:

> *[Supervision is] a kind of management that involves responsibility for the services provided under one's supervision and may involve teaching in the context of a relationship focused on developing or enhancing the competence of the person being supervised. Supervision is a preferred vehicle for the integration of practice, theory and research, with the supervisor as role model* (Mutual Recognition Agreement, 2001, p. 10 in Canadian Psychological Association, 2017b, p. 5, italics in original).

This definition, along with many others, tend to be conservatively broad to allow for the century-long debate over clinical supervision's scope and content (Morgan & Sprenkle, 2007). Under such a broad definition, many models of supervision can be practiced by psychologists in supervisory roles.

Models of Supervision

Although a consensus exists regarding clinical supervision's overall importance in the training of future psychologists, there is disagreement regarding how clinical supervision should be ideally implemented. This has led to a wide variety of supervision models being developed to help frame and guide the teaching and practice of supervision. Haynes et al. (2003) describes a *supervision model* as a "theoretical description of what supervision is and how the supervisee's learning and professional development occur" (p. 109). These models can be differentiated into three broad categories: (1) psychotherapy-based models, (2) developmental models, and (3) integrated models. Brief descriptions of these models will be provided to shed light into how the shared assumptions and task focus of each model can influence supervisory practice and thus play a role in the current study.

Psychotherapy-based models of supervision were the most popular up until the 1980s. In these models, supervisors employ the same therapeutic orientation in supervision with supervisees as they do in therapy with clients (Morgan & Sprenkle, 2007). The shared assumption behind these models is that the same strategies for creating meaningful development and change in clients will similarly function to create meaningful development and change in supervisees. The particular therapeutic orientation of the supervisor thus determines what the foci, interventions, and style of supervision will look like.

Developmental models of supervision have received the most attention and traction in the research literature following the 1980s (Morgan & Sprenkle, 2007). These models assume that individuals grow and progress through a set of discrete stages, with each stage requiring a different optimal environment for growth. The main task of the supervisor, then, is to correctly identify which stage the supervisee is in and provide the stage-appropriate focus, interventions, and style associated with optimal growth, while at the same time attempting to guide supervisees progression to the next developmental stage. Supervisors who adhere to these models typically aim to help illuminate supervisee's own strengths and areas of growth, progress from more to less structured to gradually build independence, and commonly utilize scaffolding techniques (i.e., encouraging new learning by building upon previously acquired knowledge and skills) (Smith, 2009).

Integrated models are models based on the incorporation of multiple therapeutic orientations and supervision models (Fleming & Steen, 2012). An example of an integrated model is Holloway's (1995) *Systems Approach to Supervision*. This approach emphasizes the importance of the supervisor-supervisee relationship and proposes seven functions and tasks of supervision to build around the SR. The responsibilities of a supervisor include: monitoring/evaluating, instructing/advising, modelling, consulting/exploring, and supporting/sharing. Supervision tasks include: counselling skills, case conceptualisation, professional role, emotional awareness, and self-evaluation.

Supervisors' knowledge of their preferred model and their ability to properly apply it is considered essential to ethical reflective practice. That said, although individual supervisors tend to favour a particular model of supervision, research comparing and contrasting models has yet to demonstrate the superiority of one model over the others (Fleming & Steen, 2012). In a review by Watkins (2020) on clinical supervision research, the research on most supervision models is argued to be lacking, as it often only offers support for components of the models and its' results can be influenced by external factors. Part of these external factors being that supervisors tend to create their own personalized supervisory style and day-to-day practice by integrating aspects and/or practices arising from different models and perspectives they are exposed to throughout their careers. However, one of the most important and impactful aspects of successful clinical supervision, regardless of the chosen supervision model, has consistently been associated with the quality of the supervisory *relationship* (e.g., Barnett & Molzon, 2014; Cliffe et al., 2016; Fleming & Steen, 2012; Henrich, 2018; Hiebler-Ragger, 2021)

Importance of the Supervisory Alliance

According to the CPA's supervision guidelines, positive supervisory working alliances (SWAs) "enhanc[e] learning" and facilitates "working to a higher standard of performance" that further protects the public from harm (2017b, p. 4). The SWA has also been identified by psychologist trainees to be one of, if not the most, important and critical aspects of their training (Furr & Carroll, 2003; Ramos-Sanchez et al., 2002). Furthermore, the quality and strength of the SWA is expected to relate to the amount of change seen in trainees (Bordin, 1983). It is for these reasons that the supervisory bond is often cited as one of the most critical mechanisms of the training process, leading many experts to place a strong emphasis on establishing a strongly bonded relationship (Cliffe et al., 2016; Fitch et al., 2010; Mammen, 2020; Pistole & Fitch, 2008; Rogers et al., 2019; Watkins & Milne, 2014; Watkins & Riggs, 2012). In the

following sub-section, I break down how supervision contributes to the training process and outline some of the many positive outcomes associated with positive SWAs for trainees. In the second sub-section, I present an argument for incorporating more personal bonds within clinical supervision by exploring the similarities of SWAs to the working alliances with trainee's clients and how positive SWAs may then be positively affecting client work.

The Supervisory Working Alliance on Training and Trainees

The relationship and interactions supervisees have with their supervisors significantly contributes to the trainee's professional development in a number of critical ways. In essence, this includes strengthening skills, knowledge, and judgement (Barnett, & Molzon, 2014; Callahan & Watkins, 2018), which together are essential for developing and maintaining competency (Truscott & Crook, 2022). More than this, positive SWAs have been shown to create numerous positive supervision outcomes, including enhancing supervisee's (a) self-efficacy, (b) disclosure, (c) willingness to take risks, (d) working alliances with clients, (e) adherence to treatment protocol, (f) increased connection to the profession, and (g) well-being (Angus & Kagan, 2007; Gunn & Pistole, 2012; Fredricks, 2018; Heinrich, 2018; Hiebler-Ragger, 2021; Marmarosh et al., 2013; Mehr et al., 2015; Wrape et al., 2017). While these are in part due through teaching and supporting roles, supervisors also importantly act as a model for numerous skills including (a) ethical decision making, (b) creation of a therapeutic environment, (c) collaborative interactions, (d) repairing ruptures, (e) self-reflection, and (f) self-awareness (Mammen, 2020; Pistol & Fitch, 2008). Therefore, high-quality supervisory alliances are considered to be foundational for significant positive therapeutic growth and learning in trainees, and by extension, theoretically their clients as well (Bernard & Goodyear, 2014; Hiebler-Ragger, 2021; Pistol & Fitch, 2008).

The Supervisory Working Alliance and the Therapeutic Working Alliance

The SWA closely resembles that of a therapeutic working alliance (TWA) between a therapist and client. For instance, they both involve a contract for services, a similar routine, and occur at a set time and day (Gediman & Wolkenfeld, 1980). Moreover, similarly to how the quality of the therapeutic relationship has been consistently demonstrated to be an important predictor of client satisfaction and outcomes (e.g., Bernecker et al., 2014; Horvath et al., 2011), the SR has also been demonstrated as an important predictor of supervisee satisfaction, disclosure, and supervision outcomes (e.g., Goodyear, 2014; Marmarosh et al., 2013; Watkins & Riggs, 2012; Wrape et al., 2017).

Furthermore, both supervisor-supervisee and clinician-client alliances include the creation of a positive emotional bond for collaboration and agreement on goals and tasks (Heinrich, 2018). While investigating how strongly bonded SRs are formed, Heinrich (2018) found that "intimacy" - a personal rather than professional characteristic - was mentioned by all supervisee participants as one of the largest contributors for being strongly bonded to a clinical supervisor (Heinrich, 2018, p. 80). Intimacy therefore emerged as a core theme that set strongly bonded SRs apart from other less strongly bonded relationships. This intimacy was defined by participants as including feelings of "care, closeness, understanding, and valuing" as well as having a "deeper sense of knowing [. . .] and feeling known by their supervisor" (p. 80). Having this type of connection with a supervisor was reported by these supervisees to increase their willingness to (a) be vulnerable by sharing more "cringe-worthy" videos (p. 82), (b) open up about more uncomfortable emotions towards clients, and (c) initiate and engage in more authentic self-exploration.

Given the similarities between the SWA and TWA, as well as trainees' dual role as both help-seeker and helper, a *parallel process* of similar relational dynamics is hypothesized to emerge within both supervision sessions and the supervisee's client sessions (Arnaud, 2017). More specifically, in supervision sessions, supervisees tend to re-enact their clients' behaviours and interactions, whereas in client sessions, they subsequently tend to re-enact their supervisor's behaviours and interactions.

Supporting this, another study with 17 client-trainee-supervisor triads found trainees' usual behaviour patterns in both client and supervision sessions to notably shift in dominance and affiliation in a manner predicted by this parallel process theory (Tracey et al., 2012).

Based on the findings presented above, it is not surprising that there is a positive correlation between the perceived strength of the SWA by supervisees and the perceived strength of the TWA by supervisees' clients (Patton & Kivlighan, 1997). The development of a strong bond in supervision thus likely acts as a model for supervisees to create strong therapeutic bonds with clients (Wheeler, 2007). Therefore, if the SR is largely professional, this can also likely be emulated in supervisees' therapeutic relationships with clients (Barnett & Molzon, 2014). As such, if the quality of SWAs influence the TWA trainees have with their clients, and the quality of TWAs influences client outcomes, developing more personal bonds in supervision is in line with the ethical principle to maximize the benefits for those seeking services in *Principle II: Responsible Caring* (see Canadian Psychological Association, 2017a, II.21).

Multiple Roles in the Supervisory Relationship

In the present section, we will explore the multiple roles inherent within clinical supervision, the difficult and ambiguous balance of such roles, and the added complexity of incorporating more personal elements into the relationship. I start by outlining the types of multiple roles supervisors take on in clinical supervision and the relevant guidelines and standards they are expected to follow while doing so. Next, I discuss the boundaries in clinical supervision, including (a) the difference between boundary crossings and boundary violations and (b) the reasoning for and against the crossings of professional boundaries. Following this, I review the role ambiguity and conflict for both supervisors and supervisees, and illustrate how role uncertainty can consequently unfold in practice.

Regardless of the supervision model chosen, supervisors take on multiple roles within the clinical SR, including being trainers, evaluators, and supporters to supervisees, guardians to clients, and

gatekeepers to the profession (Barnett & Molzon, 2014; Callahan & Watkins, 2018; College of Alberta Psychologists, 2016; Canadian Psychological Association, 2017b; Duff & Shahin, 2010). Supervisors are thus expected to balance multiple roles in a way that fulfills myriad obligations to the supervisee, clients, society, and the profession as a whole (Canadian Psychological Association, 2017b). In accordance with CAP's *Supervision Manual,* supervisors' duties are to, first and foremost, protect client wellbeing, second, aid in trainee learning and development, and third, provide fair and accurate evaluation to (a) assist in trainee development and (b) guard the gates of the profession from individuals who could harm the public and/or tarnish the profession's reputation (College of Alberta Psychologists, 2016, p. 2-3).

According to CPA's *Ethical Guidelines for Supervision in Psychology* (2017), these objectives require that supervisors "avoid dual or multiple relationships that may be harmful to themselves, to others, or that interfere with the learning objectives of the supervisory process" (p. 9). With that in mind, the CAP's *Standards of Practice* (2019) states that social and emotional relationships can constitute as a potentially harmful dual or multiple relationship (p. 21, 10.1). However, SRs require exploration of supervisees' personal biases, struggles, and ethical challenges that could impact clients (Canadian Psychological Association, 2017b). Additionally, supervisors rely on supervisee reports for knowing the latter's weaker areas that require more learning and development (Barnett & Molzon, 2014; Truscott & Crook, 2022). Therefore, some level of trust and intimacy needs to be established for supervisees to be forthcoming and truthful in disclosures, so supervisors can have the sufficient awareness to fulfill their supervisory obligations.

Given the deeply personal content and nature of the profession, part of professional development requires cultivating personal awareness and interpersonal effectiveness (College of Alberta Psychologists, 2016, p. 2). Furthermore, because of the reliance on supervisee reports, part of supervisors' professional obligations is to create a safe environment for supervisees to feel comfortable disclosing personal struggles as well as clinical shortcomings and mistakes (Barnett & Molzon, 2014;

Truscott & Crook, 2022). Methods of creating this safe holding environment often involves incorporating aspects that are more typically found within personal relationships to make supervisees feel more comfortable. These have been suggested to include enhancing intimacy, providing support, engaging in personal disclosures, and socializing (Angus & Kagan, 2007; Burian & Slimp, 2000; Gottlieb et al., 2007; Heinrich, 2018; Kozlowski et al., 2014; Mammen, 2020). In fact, there seems to be a consensus that forming social and emotional bonds are an inherent aspect of the SR.

As outlined in the previous section, the SWA and the TWA additionally share many similarities (Gediman & Wolkenfeld, 1980). Due to the SWA being arguably the most important mechanism for preparing trainees for managing TWAs with clients (e.g., Furr & Carroll, 2003) and TWAs being one of the most important mechanisms for successful treatment (e.g., Bernecker et al., 2014), some authors encourage even more aspects of the TWA to be embraced as a way to strengthen the SWA and thus, the benefits acquired through supervision (e.g., Mammen, 2020; Wheeler, 2007). Moreover, some researchers even suggest that the most successful SRs are those that emulate our first and most profound personal relationship: the one between a parent and child (Fitch et al., 2010; Mammen, 2020; Watkins & Riggs, 2012; Wrape et al., 2017). Due to these presented considerations and the benefits that personal dimensions can bring into future psychologists' training and development, a purely professional SR is not required. Instead, CPA's guidelines advise supervisors to be aware of the professional nature and boundaries in SRs and manage any additional roles that arise in a way that does not compromise the integrity of the professional relationship with their supervisee (2017b, p. 9). The only type of relationship that is explicitly stated as being prohibited, however, is one of a sexual nature (Canadian Psychological Association, 2017b, p. 9).

Boundaries in Clinical Supervision

Boundaries in clinical supervision have been defined as "rules of the professional relationship that set it apart from other relationships" (Knapp & VandeCreek, 2006, p. 75). These boundaries typically involve rules in areas such as time and place of interactions, type of interactions, permitted self-disclosures, physical contact, gifts, etc. (Gutheil & Gabbard, 1993). Gottlieb et al. (2007) differentiate between *boundary crossings* as events that "[deviate] from the strictest professional role but [are] not unethical per se" (p. 241) and *boundary violations* as events that "reflect exploitation of the supervisee, a supervisor's loss of objectivity, disruption of the SR, or the reasonable foreseeability of harm" (p. 241). Boundary crossings thus include events such as socializing outside of work, supervisee disclosures unrelated to work, supervisor disclosure, or gift-giving, while boundary violations include events such as sexual contact, discrimination, or breaching confidentiality. While boundary crossings can be either positive or negative experiences, boundary violations are ultimately negative because they are likely to result in harm to the supervisee, the SR and/or client outcomes (Hardy, 2012). According to the values statement of *Principle III: Integrity in Relationships,* ethical relationships require that psychologists "avoid all forms of exploitation, or actions that harm the supervisor or supervisee" (Canadian Psychological Association, 2017b, p. 8). Therefore, since boundary violations are apt to result in harm to the supervisee and/or their clients, they ought to be avoided.

Alternatively, many researchers have persuasively argued that boundary crossings, on the other hand, can be beneficial and serve to enhance the SR and supervisee development. For example, supervisees have typically been found to interpret boundary crossings like socializing outside of the work environment, discussing personal topics, and supervisor disclosure as positive experiences that lessened supervisee anxiety and increased supervisee trust and disclosure (Burian & Slimp, 2000; Gottlieb et al., 2007; Knox et al., 2011; Kozlowski et al., 2014). That said, some supervisees have also interpreted boundary crossings from supervisors as inappropriate or damaging (Knox et al., 2011). Furthermore, the power imbalance due to the evaluative and hierarchical structure embedded within

the SR can place supervisees in a difficult position if they do not wish to consent to a boundary crossing (Kozlowski et al., 2014). Finally, a slippery slope from boundary crossings to boundary violations has been argued (Lamb & Catanzaro, 1998). This is because, personal and professional relationships inherently hold incongruent and even conflicting expectations and boundaries with one another, often creating role ambiguity and conflict for both the supervisee and the supervisor (Duff & Shahin, 2010; Moore, 2020; Smith et al., 2009; Truscott & Crook, 2022).

Role Ambiguity and Conflict in Supervision

In the context of clinical supervision, *role ambiguity* refers to uncertainty or ambiguity between the incongruent expectations of different roles in the SR (Ladany et al., 2016). *Role conflict*, on the other hand, refers to instances of *direct contradiction* between the expectations of two or more of these roles (Ladany et al., 2016). An example of conflicting roles placed on supervisors is the simultaneous competing expectations to put clients first in their professional role, but to put the supervisee first in their supportive role (College of Alberta Psychologists, 2016). For supervisees, part of this difficult role balance includes expectations to disclose mistakes and areas of weakness to grow and learn, while also respecting the professional boundaries of the relationship and knowing that the supervisor holds their key for further progression into the profession (Kreider, 2014; Mehr et al., 2010). It is therefore not surprising that supervisee nondisclosure of important client, personal, or supervisory-related information to supervisors is quite common (e.g., Kreider, 2014; Mehr et al., 2010). In fact, a relatively recent study found that 84% of supervisees have at least one instance of these forms of nondisclosure, with an average of almost three non-disclosures per supervision session (Mehr et al., 2015).

Inclusion of more personal roles into professional relationships can make role boundaries and expectations even more confusing (Barnett & Molzon, 2014). Maintenance of strict professional boundaries, from my own perspective, can feel more comfortable to navigate since appropriate actions

and interactions can be interpreted by previous experiences in, and exposure to, professional interactions. When the competing dynamics and boundaries of a personal relationship become added, many actions can be considered congruent in one role, and not in the other. For example, while discussion of and reflection upon a childhood struggle can be considered acceptable in a personal relationship, this generally would not be considered appropriate self-disclosure in many professional contexts. This is an area that overlaps in clinical SRs, since a supervisee's personal history and struggles can affect clients and the supervisory process. As such, acting in line with *Principle I: Respect for the Dignity of Persons and Peoples* is to "strive to disclose personal biases, beliefs, and personal characteristics that may affect the supervisory process" (Canadian Psychological Association, 2017b, p. 7). Additionally, *Principle II: Responsible Caring* "involves self-awareness and exploration of personal attitudes and beliefs" (p. 7). Finally, *Principle III: Integrity in Relationships* "requires openness, objectivity, honesty, and straightforwardness" (p. 8). Therefore, to exclude discussions of a supervisee's current or past personal struggles that could be affecting their client or supervisory work would fail to uphold principles I-III.

Nevertheless, once a professional boundary has been crossed, it can be difficult to know the extent to which future professional boundaries can and should be respectfully crossed to aid in positive supervision outcomes, without creating a conflict of interest. This conflict of interest being any relationship development that carries a reasonably probable likelihood of interfering with the best interests of clients and/or the supervisee's learning and development (Canadian Psychological Association, 2017a, III.33-III.34).

Therefore, in the case of trainees disclosing clinically related anxieties, at what point does time dedicated to these disclosures in supervision hinder rather than aid in a trainee's development? While discussing such anxieties may provide valuable opportunities to ease and empower trainees as well as shed light on the skills that need the most development in supervision, time dedicated to these

discussions inevitably takes away time spent on other supervision activities. Activities such as practicing therapeutic techniques, case consultation, session review, client outcome review, et cetera. In Kozlowski et al.'s (2014) study, it was typical for supervisees to experience at least initial confusion about the extent to which clinical insecurities should be brought up and discussed in supervision. Given the high frequency these insecurities can occur as a trainee, and especially as a brand new student clinician in an intensive graduate program (Johnson, 2020; Mammen, 2020), this confusion is warranted.

Another important consideration pertaining to more personal SRs is the higher potential for a supervisors' objectivity to be compromised (Beddoe, 2017). For instance, necessary reporting of a supervisee when an emotional and/or social bond also exists, becomes much more difficult. Even if reporting is not necessary, supervisor judgment and objectivity can become impaired when they feel closely bonded or personally invested in their supervisee (Barnett & Molzon, 2014). According to Ammirati and Kaslow (2017), more personal relationships could therefore lead to costs in client care, gatekeeping duties, and/or supervisees' professional development (see Canadian Psychological Association, 2017a, III.10-III.12). These costs can include supervisors providing little to no negative feedback to supervisees, utilizing supervision time irresponsibly, prioritizing their supervisees over clients, or being put in the position of having to betray and irreparably damage their SR if a supervisor judges their supervisee to be a poor fit for the profession. Therefore, more personal SRs can place supervisors in undeniably challenging positions and create the potential for undesirable consequences, and even harm, to supervisees and/or clients. The extent to which supervisees, in particular, are vulnerable to harm is discussed within the next section.

Harmful Supervisory Relationships

Harmful SRs can compromise the development and well-being of supervisees and is therefore clearly harmful to the integrity of psychology as a profession (Cartwright, 2020; Hendricks & Cartwright,

2018). In the present section, I explore (a) the systems and mechanisms that place supervisees in a particularly vulnerable position for harm and (b) the consequences of harmful or inadequate supervision. I begin by delving deeper into the frequency and ease of supervisee harm due to institutional structures, socialization, and counsellor trainee self-doubt. Next, I describe how the power differential and evaluative element within SRs can contribute to this potential for supervisee harm, posing particular concerns regarding supervisees' consent and boundary crossings. Lastly, I present an overview of some of the damaging short- and long-term outcomes of harmful supervision on supervisees.

Frequency and Ease of Harm

The frequency of harm to counselling trainees within SRs is relatively common (Cartwright, 2020). Data from prior research in this area suggests that between 20% to 40% of SRs are harmful (Bang & Goodyear, 2014; Ellis et al., 2014; Ellis et al., 2015; Hendricks & Cartwright, 2018). That is, when supervisory practices are known to result in or have resulted in the supervisee being psychologically or physically harmed (Ellis et al., 2014). While it is commonly assumed that harmful supervision is primarily attributable to supervisor incompetence or malice, Ammirati and Kaslow (2017) argue instead that "all current and future clinical supervisors … are capable of engaging in harmful supervisory practices" even with sufficient competency and good intentions (p. 116). Harmful supervisory practices are often found to be covert, easy to overlook, and the blame is usually internalized by the supervisee (Ellis, 2017). For example, infrequent outlining of a supervisee's strengths to instead focus primarily on areas of growth or not creating enough space for the supervisees to voice their concerns or views. Because of this, when supervisees experience harmful or inadequate supervision, they often experience feelings of self-doubt which get in the way of recognizing harmful practices or attempts to address these practices (McNamara et al., 2017).

Due to the limited research and safeguards in place, poor and harmful supervision "remains largely unrecognized, unacknowledged and not well understood" (Ellis, 2017, p. 4). Graduate training programs for psychologists typically do not provide adequate mechanisms for detecting harmful supervision nor provide adequate support for reporting or navigating such situations (Ammirati & Kaslow, 2017). Furthermore, trainees are socialized within society and training programs to respect, trust, and depend on the experience and expertise of their supervisors rather than question them (McNamara et al., 2017). While the socialization of trusting established professionals is not inherently negative, it can influence supervisees to question their own perceptions and competencies rather than (unintentional or not) the harmful supervisory practices. Consequently, this socialization is suggested to contribute to supervisees' tendencies to (a) self-blame when feeling unsupported or unheard as well as (b) turn inwards rather than outwards towards their supervisor, other professionals overseeing the program, or fellow peers. In support of this, many of the harmful supervision narratives published in Ellis (2017) described feelings of helplessness and isolation (e.g., narratives 1, 8, & 9).

Power Differential

The inherent power differential of supervisor-supervisee relationships can place supervisees in a difficult position regarding their consent to boundary crossings (Kozlowski et al., 2014). Since "the person with greater power often is able to remain less consciously aware of [their authority] than is the person with less power" (Bernard & Goodyear, 2009, p. 185), supervisors are often less aware of the effects of the power they hold over supervisees as an evaluator and gatekeeper. Making matters worse, supervisors often do not realize when a boundary crossing has had a positive or a negative effect (Cartwright, 2020). As a result of this power differential, supervisees may feel pressured or coerced into consenting to boundary crossings initiated by a supervisor out of fear of potential consequences from not consenting. As such, there is a question of whether there can be true consent by supervisees for

boundary crossings in SRs (Kozlowski et al., 2014). Furthermore, boundary crossings involving personal and sensitive disclosures by the supervisees place them into an even more vulnerable position for exploitation, harm, and betrayal (Cartwright, 2020). Additionally, occupying multiple or dual relationships as a result of boundary crossings, such as social and professional relationships, further complicates a supervisee's reporting process and the supervisor's gatekeeping role. For example, as shown in narrative 11 in Ellis (2017), a supervisee's personal disclosures can be used by a supervisor as leverage or evidence of incompetence to disregard a supervisee's reports.

Negative Outcomes for Supervisees

In the short-term, negative consequences of poor supervisory experiences commonly include detrimental effects on the supervisory alliance as well as the supervisee's mental health, willingness to disclose, confidence, and views of the profession (Ellis et al., 2017; Ramos-Sanchez et al., 2002; Mehr et al., 2015). Some of the lasting ramifications commonly cited in the literature are on supervisee's self-esteem, self-efficacy, self-talk, development, and alliance with clients (Ellis et al., 2017; Mammen, 2020; McNamara et al., 2017; Ramos-Sanchez et al., 2002). Many of the narratives in Ellis (2017) also contained themes of lasting distrust, guardedness, and discomfort around individuals in positions of power or authority, causing especial difficulty in future SRs.

Even in situations where harmful supervisory practices are apparent and acknowledged by the supervisee, silence is still encouraged due to the fear of the potential professional, academic, or personal consequences of disclosing such experiences (McNamara et al., 2017). More concretely, such consequences can include judgment, blame, fear of retaliation, or negative reputations that could result in being shunned by other educators, the program, or the profession. As supervisors' evaluations are key determinants in a supervisee's continued progression within the training program and the field (College of Alberta Psychologists, 2016; Canadian Psychological Association, 2017b), these concerns are more

than warranted. Ultimately, these looming consequences can lead to supervisees feeling trapped within harmful supervision relationships (Cartwright, 2020). Some supervisees even feel forced to withstand malice treatment such as outright discrimination, intimidation, or manipulation (Cartwright, 2020).

Multiple Roles and Harmful Supervision Concluding Thoughts

Due to the above concerns over multiple roles and harmful supervision, an argument can thus be made for supervisors focusing primarily on maintaining professional over personal boundaries as to not further supervisees' vulnerability risks, unintentionally engage in negative boundary crossings, and ultimately increase the risk of harm to supervisees (Beddoe, 2017). However, while multiple roles can be complicated to navigate, they are not inherently problematic or bound to be harmful (Ammirati & Kaslow, 2017; McNamara et al., 2017). Moreover, drawing from the concerns introduced in "Multiple Roles in the Supervisory Relationship" (p. 14) of this chapter, more strict professional SRs are also not immune to negative supervision outcomes or supervisee harm. Therefore, although more professional SRs have the benefit of decreasing the risk of negative boundary crossings, supervisee consent concerns, and even supervisor bias, it is important to additionally consider the benefits of incorporating more personal aspects as well. Accordingly, I will utilize the following section to further describe the arguments in favour of incorporating more personal aspects in clinical supervision. In particular, I will illustrate how an attachment perspective of the SR can conceptualize and strengthen the supervisory alliance and bond to better fulfill the goals and duties of clinical supervision.

Supervisory Relationship from an Attachment Perspective

Due to the importance of the SR in psychologists' training and it's consequential shaping of their professional identities and competencies, these relationship have been suggested to be "the most formative relationships of our professional lives" (Riggs & Bretz, 2006, p. 558). In the last two decades, a

new literature base has accumulated evidence of the clinical SR functioning as an attachment relationship similar to the one between a parent and a child (e.g., Deal et al., 2011; Fitch et al., 2010; Fredricks, 2018; Gnilka et al., 2016; Mammen, 2020; Marmarosh et al., 2013; Robertson et al., 2018; Rogers et al., 2019; Watkins & Riggs, 2012; Wrape et al., 2017). Within this base, the use of attachment theory has been argued for the conceptualization of SRs and the development of strong supervisory bonds that enhance trainees' learning and development.

To better understand attachment theory's proposed relevance and use in clinical supervision, I begin by introducing attachment theory before moving into the literature that integrates this perspective with clinical supervision. I then describe how incorporating attachment theory, including its more personal elements, into supervision is considered to strengthen SRs and their outcomes. Following these points in favour of incorporating an attachment framework in clinical supervision, I pinpoint some of the obstacles in utilizing attachment theory to enhance positive supervision outcomes.

Attachment Theory

Attachment theory, first proposed by John Bowlby (1958), and developed more fully with Mary Ainsworth (Ainsworth & Bowlby, 1991), has become one of the most robust and extensively researched theories of human development, now offering an explanatory paradigm for understanding intimate relationships (Cassidy & Shaver, 2008; Johnson, 2019). An *attachment bond* was originally coined to describe the deep emotional bond between a child and their primary caregiver (i.e., their *attachment figure*) (Bowlby, 1958). Ideally, a child perceives their attachment figures to be available, reliable, and warm (Ainsworth & Bowlby, 1991). This perception allows their caregivers to function as a *secure base* (a wiser and more competent being to turn to for guidance) and *safe haven* (a place of comfort for soothing and calming distress) when the child is under threat or in distress. Although seemingly contradictory, the ease of dependence on a reliable secure base and safe haven promotes a child's

independence. This is because the security their attachment figure offers allows a child to feel more comfortable to explore, take risks, and focus on learning. When a child does not have this security, more resources must be allotted to being hypervigilant to potential threats since there is little or no confidence that a source exists for them to fall back on if necessary. This then results in either avoiding exploration or forcing endurance with more anxiety.

A child's early experiences of and interactions with their attachment figures are proposed to create enduring *internal working models* (IWMs) for how a child perceives themselves and others (Ainsworth, 1969; Bowlby, 1988). Because of this, IWMs are thought to significantly affect how one thinks, feels, and behaves towards oneself and the world around them (Bowlby, 1988; Mikulincer et al., 2003). These IWMs of self and others combine to create four attachment orientations: *secure*, *insecure-avoidant*, *insecure-anxious*, and *insecure-disorganized* (Ainsworth et al., 1978; Main & Solomon, 1986). A secure attachment style is made up of positive models of self and others, while insecure attachment styles are made up of negative views of self and/or others (Cassidy & Shaver, 2008). The avoidant style (also known as *avoidant-dismissive*) views others as unreliable and untrustworthy, resulting in an overreliance on the self and the avoidance of trust, reliance, or emotional intimacy with others. The anxious style (also known as *anxious-preoccupied*) views others as more capable, but unpredictable, resulting in an overreliance on others and strong fears of rejection and abandonment. The rarest of the four styles, the disorganized style (also known as *fearful-avoidant*), is a combination of both avoidant and anxious orientations, resulting in simultaneous craving and aversion to closeness and reliance on others. In contrast to the insecure styles, the secure style views others as reliable and trustworthy, and thus feels comfortable with closeness and reliance on others. Greater attachment security is also associated with more advanced levels of self-confidence, emotional regulation, social and communication skills, and lower stress levels (Cassidy & Shaver, 2008; Mikulincer & Shaver, 2007; Mikulincer et al., 2003). Consequently, securely attached individuals tend to have higher-quality

relationships, feel less threatened by stressors, and more appropriately balance dependence and independence.

These developed attachment styles and their associated IWMs of oneself, others, and the surrounding world are suggested to be relatively stable and thus, commonly carried into adulthood, wherein they similarly impact themselves and many other types of relationships (Cassidy & Shaver, 2008). This is because, although ones' attachment system is most noticeable and necessary in early life, attachment needs are considered to be fundamental and lifelong, and therefore, this system is considered to be active throughout the entire lifespan (Bowlby, 1988). In fact, individuals at any age are expected to need and benefit from some form of dependence on others, especially during threats or when feeling distressed. It is particularly during these moments that ones' attachment system becomes activated and is most impactful on ones' thoughts, emotions, and behaviours towards themselves and others.

As such, in new intimate, and especially attachment, relationships, early attachment wounds can become triggered and insecure attachment systems can resurface, especially during times of novel challenge and distress (Gilbert et al. 2011). Since clinical supervision for counsellor trainees "involves anxiety, threat, and dependence" (p. 25), it is not uncommon for trainee's early attachment systems to become activated (Fitch et al., 2010). Learning and tackling new challenges commonly causes supervisees to feel intense emotions and uncertainties due to concerns about their own inadequacies, exposing their first-time work for evaluation, discussing their own reactions to and mistakes with clients, and needing to rely on someone else for direction.

Fortunately, positive attachment experiences in future important relationships are argued to influence the development of more secure relationship-specific attachments that can gradually integrate into and shape ones' general attachment (Bowlby, 1988). Supporting this, evidence exists that insecurely attached individuals' IWMs and attachment style can be revised over time to become more

positive and secure when they meet and develop relationships with secure individuals, such as romantic partners, teachers, therapists, and supervisors (Mikulincer & Shaver, 2007; Roisman et al., 2002). This trajectory towards more positive IWMs of self and others and attachment security is referred to as *earned security* (Roisman et al., 2002) and has the potential to be created within the clinical SR (Stella & Taggart, 2020). Incorporation of attachment theory is therefore proposed to augment supervision models by explaining the complex relational processes of how a strongly bonded SR is formed and how it can enhance trainee development (Fitch et al., 2010). Within the supervisory attachment literature, substantial evidence has been given to (a) clinical supervisors acting as an attachment figure for supervisees, (b) the importance of supervisors operating as a secure base and safe haven, and (c) the importance of identifying relational and attachment patterns within the relationship to know the appropriate interventions for creating and maintaining a strong, secure supervisory alliance (Watkins & Riggs, 2012).

Supervisor as Attachment Figure

Supervisors are suggested to function as an attachment figure for supervisees similarly to how parents do for children. Both relationships aim to provide a secure base and safe haven for the learner to seek comfort and support, gain knowledge, skills, and competence, and gradually increase their independence and confidence (Fitch et al., 2010; Gnilka et al., 2016; Mammen, 2020). Based on these early relationships, it is also suggested that just as these interactions can shape and guide long-term patterns for children in their learning, interactions, and views of themselves and the world around them (Bowlby, 1988), early clinical SRs can similarly influence long-term patterns in how supervisees learn, interact, and view their clients as well as themselves as clinicians throughout their careers (Fitch et al., 2010; Mammen, 2020). Since trainees hold a lower position of power and lack experience in the profession, they are more malleable to the influences of their supervisor and more vulnerable to lasting

impacts from their supervision experiences (Mammen, 2020; Rogers et al., 2019). Much like how attachment theory proposes an infant's parental experiences to form the basis of their own IWMs (Bowlby, 1988), a trainee's supervision experiences are suggested to become internalized, creating an inner voice that is then used as a model for guiding their current and future clinical work (Mammen, 2020; Watkins & Riggs, 2012). This includes their clinical decision-making, critical thinking, response to feedback, remediation of mistakes, and the way they relate to themselves and their clients.

Supervisor as Secure Base and Safe Haven

Within supervision, supervisors should ideally serve as a safe haven and secure base for their supervisees. They provide a safe haven by providing reassurance, support, and empathy in times of need or uncertainty. They then also provide a secure base by helping to guide decision making, problem solving, and gradual independent functioning (Fitch, 2010; Pistole & Fitch, 2008; Watkins & Riggs, 2012). This type of support and interactions has also been supported in supervision literature outside of the attachment framework to help make supervisees feel comfortable making mistakes, disclosing difficult information, taking risks, and the ability to ask for help when necessary (Barnett & Molzon, 2014; Callahan & Watkins, 2018; Falender & Shafranske, 2017; Guttman, 2020; Kacmar et al., 2012). Effective facilitation of secure base and safe haven needs has also been found to increase the supervisee's ability to receive corrective feedback constructively, increase self-awareness, and parallel this safe space gained with their supervisor to clients (Fitch, 2010; Rogers et al., 2019). Therefore, meeting the supervisee's secure base and safe haven needs enables the exploration and development of a secure professional sense of self and feelings of self-efficacy for the supervisee, just as it does within the development of a secure personal sense of self and independence for a young child (Bowlby, 1988).

Identifying Attachment Patterns

Since an individual's attachment style illuminates their existing IWMs (Mikulincer et al., 2003), this provides insight into the core beliefs and behavioural tendencies that could interfere with the SR and the training process. For example, during times of threat, individuals with an avoidant leaning tend to behave in ways designed to maximize interpersonal and intrapersonal distance, while those with an anxious leaning tend to behave in ways designed to maximize interpersonal closeness (Mikulincer et al., 2003). In professional settings, attachment insecurity was found to translate into lower levels of authenticity, honesty, and effective workplace collaboration (Castro et al., 2013; Gillath et al., 2010; Richards & Schat, 2011). For instance, avoidantly attached individuals have been shown to suppress negative emotions, not seek support when necessary, and not form relationships with colleagues (Richard & Schat, 2011). Anxiously attached individuals, on the other hand, have been shown to overestimate the effectiveness of others' communication skills, hypothesized by the authors to be due to this style's positive views of others and preoccupation with avoiding conflict (Castro et al., 2013). Supporting Castro et al. (2013) claims, insecure-anxious styles are shown in romantic relationships to be characterized by more hypervigilance, tend to view conflict as more threatening, and report higher concerns with regaining closeness during conflict (Pistole & Arricale, 2003). The suggested preoccupation with avoiding conflict in professional settings as well may then impede insecure-anxious individuals' ability to identify and address communication concerns, such as asking further questions if feeling unclear or adding in their own input. Therefore, if insecure attachment tendencies go unaddressed in clinical supervision, these tendencies can result in trainees becoming either overly self-reliant or other-dependent, causing challenges for development as a competent and independent future psychologist (Bennett & Saks, 2006).

Some research investigations have found supervisee attachment style to significantly influence the quality of the SR and supervisee development (e.g., Bennett et al., 2008; Foster et al., 2007; Rogers et al., 2019). For example, Foster et al. (2007) found that a supervisee's attachment style in close

relationships typically aligned with their attachment style in supervision as well as their level of reported professional development. More specifically, supervisees with an insecure attachment tended to report (a) the same attachment style with their supervisor and (b) lower professional development than supervisees with a secure attachment style. Pistole and Fitch (2008) found avoidant supervisees to frequently use deactivating strategies, such as emotional numbing, distancing from their supervisor, and minimizing levels of importance. Anxious supervisees, on the other hand, were found to use hyperactivating strategies, such as frequently seeking closeness, approval, and support from their supervisor, and exaggerating levels of importance. Moreover, Rogers et al. (2018) found that higher anxious attachment insecurity in supervisees was associated with more frequent engagement in cognitive distortions in supervision, in particular *mind reading* (assuming someone is thinking negatively about you without sufficient evidence) and *mental filtering* (solely focusing on the negative information). These higher tendencies towards more frequent distorted thinking patterns were predictive of supervisees' difficulty receiving and constructively utilizing corrective feedback from their supervisors.

Other investigations, however, have shown little to no correlations between supervisees' personal attachment styles and the strength of the supervisory alliance (e.g., Deal et al., 2011; Riggs & Bretz, 2006; White & Queener, 2003). More consistently predictive of SR quality and competency outcomes is the supervisor's attachment style, supervisees' perception of their supervisor's attachment style, and the supervisor's ability to establish positive attachments (e.g., Dickson et al., 2011; Gnilka et al., 2016; Riggs & Bretz, 2006; White & Queener, 2003). Some researchers and scholars (e.g., Bennett & Saks, 2006; Bennett, 2008; Fitch et al., 2010; Riggs & Bretz, 2006; Robertson et al. 2019) thus posit that supervisors that have or display signs of attachment insecurity may act or respond in similarly dismissing or anxious ways. For example, ignoring or minimizing trainees' bids for guidance and support, becoming overcontrolling or directive, having unpredictable behaviours and expectations, or becoming too

personally intrusive. These behaviours from someone in a higher position of power not only carries a further capacity to damage and interfere with supervisee learning, trust, and security, but has also been linked to abusive supervision (Robertson et al., 2019).

Supervisors that do possess or display more attachment security are thus theorized to have higher relationship satisfaction and outcomes with their supervisees because of an increased ability to function as a secure base and safe haven (Bennett & Saks, 2006; Fitch et al., 2010; Riggs & Bretz, 2006; Robertson et al. 2019). This ability seems to (a) deactivate supervisees' insecure attachment system and associated distress, (b) enhance attachment security in supervision, (c) free-up more mental and emotional capacities for exploration and learning, and (d) positively adjusts supervisees' core IWMs. Supporting this assertion, a pretest-posttest intervention study by Deal et al. (2011) found that supervisors trained in identifying and understanding attachment dynamics and its implications for supervision resulted in significantly higher supervisory alliance and trainee competency scores than supervisory dyads where supervisors did not receive this training (large intervention effect size of 0.99).

Attending to and addressing the attachment styles of both supervisors and supervisees is therefore suggested for avoiding common maladaptive attachment and interaction patterns, initiating a strong secure attachment bond, and increasing the chance of creating a strong working alliance and positive supervision outcomes (Rogers et al., 2019; Watkins and Riggs, 2012). Identifying a supervisee's attachment style can help facilitate supervisor sensitivity and responsiveness to a supervisee's particular needs and difficulties (Gnilka et al., 2016; Watkins & Riggs, 2012). Moreover, as supervisors seem to set much of the tone of supervision (Mammen, 2020; Riggs & Bretz, 2006), supervisors' identification of their own insecure attachment style or behaviours can help predict or shed awareness on potential problematic interactions and the appropriate steps to counteract them.

Incorporating Attachment Theory in Supervision

SRs are expected to initiate the development of adaptive or maladaptive strategies for learning, growth, and practice that can positively or negatively influence trainees' personal and professional development. As well, by extension, influence trainees' current and future effectiveness as a psychologist. Furthermore, attending to attachment processes can be beneficial for increasing supervisors' understanding of relational concerns that may impede the learning process. Attending to attachment needs is thus consistent with the behavioural expectations mentioned in the CPA's *Ethical Guidelines for Supervision in Psychology* (2017b) to "identify and address conflict" in the SR (p. 8) and "striv[e] to achieve the highest quality of learning" (p. 9; see also Canadian Psychological Association, 2017a, IV.4-IV.10). Attending to attachment concerns has also been suggested to strengthen supervisors' gatekeeping role by providing a deeper understanding of the extent of a trainee's relational difficulties (Watkins & Riggs, 2012; see also Canadian Psychological Association, 2017a, IV.13). Furthermore, supervisors addressing a trainee's attachment concerns and relational difficulties to strengthen a secure supervisory alliance can serve as a model for how trainees can strengthen their therapeutic relationships with clients.

However, signs of a supervisees' attachment and the appropriate supervisor responses to foster security can be subtle and dynamic (Fitch et al., 2010). Furthermore, most resources for fostering attachment security in relationships are sculpted primarily towards parent, romantic, or even therapeutic relationships. Therefore, interventions tend to be focused towards building a deep level of emotional bond that is arguably inappropriate and problematic (see "Multiple Roles in the Supervisory Relationship" [p. 14] and "Harmful Supervisory Relationships" [p. 20]). This creates significant complexity and uncertainty for supervisors who desire to create secure conditions for their supervisees using attachment theory knowledge. While the current literature has provided evidence of insecure attachments occurring in supervision and that vague or broad attachment strategies have helped foster better relationship security (e.g., identifying attachment patterns, acting as a secure base and safe

haven, etc.), a better understanding is still required regarding how insecure supervisee attachments unfold in clinical supervision and how attachment strategies actually occur to successfully create conditions for security (McKibben & Webber, 2017), especially while continuing to maintain an appropriate personal-professional balance.

The Current Study

The SR is often cited as the most critical mechanism during the training process in counselling psychology (Cliffe et al., 2016; Fitch et al., 2010; Mammen, 2020; Pistole & Fitch, 2008; Rogers et al., 2019; Watkins & Riggs, 2012). Stronger clinical supervisory bonds have consistently been linked with enhanced learning and development as well as positive short- and long-term supervision outcomes in trainees (e.g., Heinrich, 2018; Marmarosh et al., 2013; Mehr et al., 2015; Wrape et al., 2017). Positive supervision outcomes - such as increased self-efficacy, self-awareness, self-care, connection to the profession, and decreased anxiety and stress - have not only been suggested to be carried on and applied long after training (Mammen, 2020), but these benefits can also decrease the risk of professional burnout and impairment (Rupert et al., 2015; Hiebler-Ragger et al., 2021). In addition, the quality of the supervisory alliance has been positively associated with the quality of therapeutic alliances clients perceive with the counsellor trainees (Patton & Kivlighan, 1997). Therefore, given that therapeutic alliance strength has consistently been positively correlated with positive client outcomes (e.g., Bernecker et al., 2014; Horvath et al., 2011), forming a strong supervisory alliance and bond is consistent with the duties and goals of clinical supervision to protect the public and promote client welfare. Given the positive correlation between supervisory alliance and positive supervision outcomes for trainees, forming a strong supervisory alliance is also consistent with the duties and goals supervisors have to their supervsiees' training.

The application of attachment theory in clinical supervision has been suggested to explain the development of strongly bonded SRs to increase the chances of attaining strong alliances as well as the positive outcomes linked to them (Watson & Riggs, 2012). One of the suggestions given to supervisors within the attachment literature is to attend to the attachment patterns displayed by both themselves and their supervisees (e.g., Rogers et al., 2019; Watkins & Riggs, 2012). This is suggested since insecure (as opposed to secure) supervisory attachments have been demonstrated to negatively impact the SR, training process, and positive supervision outcomes. Therefore, it is also recommended for supervisors to deactivate insecure attachment processes that may become activated in supervision to avoid its interference with the SR and trainees' development (Fitch et al., 2010; McKibben & Webber, 2017). Deactivating insecure attachment processes, however, involves addressing the underlying attachment concerns, which often includes more personal, rather than professional, interactions and conversations which can cross professional boundaries, take time away from other training activities, and create more emotionally intimate relationships. This then presents an extra layer of complexity and ethical difficulty to an already challenging personal-professional balance as supervisors must ensure the time, activities, interactions, and depth dedicated to this endeavor does not risk (a) harming the supervisee or (b) undermining their other supervisory obligations as a trainer, evaluator, protector of clients, and gatekeeper to the profession.

Supervisors are expected to avoid potentially harmful dual roles, such as taking on a counsellor or friend role to their supervisees (Canadian Psychological Association, 2017b; College of Alberta Psychologists, 2019). That said, they are also still expected to work through conflict, concerns, and distressing emotions that arise within the SR that interfere with the training process (Canadian Psychological Association, 2017b; College of Alberta Psychologists, 2019). Further complicating this dilemma, practice and ethical guidelines are largely ambiguous to account for the uniqueness of each SR, individual needs, and the sometimes incongruent and conflicting roles supervisors hold. Therefore,

other than not engaging in sexual relationships or misconduct, there are no universal steps or rules to help guide the process of balancing personal and professional boundaries.

Previous clinical supervision literature on standards and expectations has investigated and/or written on balancing personal and professional roles in terms of conflicting roles and duties, harmful or inadequate supervision, and boundary crossings (e.g., Barnett & Molzon, 2014; Cartwright, 2020; Kozlowski et al., 2014), but not in the context of navigating insecure attachment concerns. Previous clinical supervision literature on attachment theory has examined the consequences of insecure versus secure attachments (e.g., Bennett, 2008; Deal et al., 2011; Rogers et al., 2019), but I have not yet found any investigations on how clinical supervisors have balanced personal and professional roles when an ISA needs to be addressed or has been successfully overcome. Furthermore, much of the ethical and attachment research within clinical supervision seems to be largely quantitative in nature. As highlighted in McKibben and Webber (2017), due to the subtle and complex nature of identifying as well as responding appropriately and accurately to supervisees' attachment cues, more in-depth research is still needed on how ISA unfolds within and affects supervision. Qualitative accounts of supervisors addressing an ISA within supervision can provide a more illuminating window into navigating such predicaments in practice (as opposed to being merely theoretical) and can hopefully provide supervisors with tools that may be useful in future occurrences of this phenomenon.

The purpose of this study is to therefore develop a better understanding of how clinical supervisors' address a supervisee's ISA while balancing the appropriate personal and professional boundaries expected by ethical and practice guidelines. To this end, I will be using an Interpretative Phenomenological Analysis (IPA) aimed at investigating the lived experiences of clinical supervisors balancing personal and professional dimensions with supervisees that have later developed a stronger and more secure supervisory bond after disclosing or displaying an ISA earlier on in supervision. From this investigation I plan to answer the following question and sub-question:

1. How do clinical supervisors make sense of their experience navigating and remedying ISA in their supervisees?
    a. Within this context, how do clinical supervisors make sense of how they balance personal and professional dimensions of the SR?

Conclusions

Through this study, a better understanding will be gained regarding the lived experiences of clinical supervisors identifying and addressing ISA concerns in counsellor trainees, the unique challenges this brings, and how they continue to manage personal and professional boundaries during this process. Gaining a deeper understanding of how some cases of ISA have been successfully identified and addressed can provide a sense or a guide for other SRs faced with similar concerns. The qualitative nature of this study will further allow for any tools provided to be embedded within in-practice examples that will likely serve as an easier application for those attempting to incorporate them within their own practice. Addressing such insecure bonds in clinical supervision may allow for more securely bonded SRs that more effectively achieve the goals of clinical supervision, including (a) the enhancement of counsellor training learning and development, (b) protecting and enhancing trainees' clients' welfare, and (c) creating more effective therapists that will better serve and protect the public and the profession's reputation once training has been completed (Canadian Psychological Association, 2017b). Lastly, this study can present future supervisors and supervisees with a normalizing lens for experiencing and navigating similar concerns.

Chapter 3: Methodology

Design

Interpretative Phenomenological Analysis (IPA) was employed as its purpose closely aligns with the purpose of the current study: To acquire a deeper understanding of the personal experiences and meanings derived from a shared experience by a small group of similar individuals (Smith, 1996). Consistent with IPA's philosophy, this study operates under a social-constructivist perspective which asserts that meaning is subjectively and individually derived (Creswell & Poth, 2018). This design has also been suggested to provide the richest qualitative data (Alase, 2017; Noon, 2018; Thomas, 2006). First, it emphasizes the quality of the data obtained from interviews, rather than the quantity of participants. Second, its focus on narrative interviewing techniques promotes openness to the unique individual accounts and meanings that may be shared across participants, rather than being influenced or guided by research objectives (Alase, 2017; Noon, 2018; Thomas, 2006).

Philosophical Worldview

The social-constructivist worldview inherent to IPA describes people as naturally seeking to understand their reality by developing subjective meanings of their experiences (Creswell & Poth, 2018). This entails that the nature of reality (*ontology*) is constructed through our lived experiences and interactions with others. Since no two people have experienced the exact same life, this allows people to have different perspectival realities from one another. How that reality is known (*epistemology*) is believed to be co-constructed between the researcher and the participants, based on both parties' individual experiences throughout their lives. Therefore, it is understood that researchers play an active role in better understanding a phenomenon, while also appreciating the diversity and complexity of each individual participant's experience and meaning-making of that same phenomenon (Smith et al., 2022).

Theoretical Underpinnings

IPA was originally developed by a health psychologist, Jonathon Smith (1996), who combined features of phenomenology, hermeneutics, and idiography into one research method (Smith & Shinebourne, 2012). In essence, *phenomenology* is the philosophical study of people's lived experiences, *hermeneutics* is the study and science of interpretation, and *idiography* is the study of the particular. IPA first starts with phenomenology, first developed by Edmund Husserl (1859-1970), whose core aim is to identify and then describe the essential universal features of a lived experience (a phenomenon) that make it unique from other lived experiences (Creswell & Poth, 2018). In order to do this, this form of phenomenological research (commonly referred to as *descriptive phenomenology*) expects researchers to "bracket" their own biases and preconceptions to instead allow the phenomenon to speak for itself, by focusing on how the participants talk about and perceive the experience. Phenomenological research is the most widely used qualitative design in counsellor education, as phenomenological research questions closely align with common counselling questions (Hays et al., 2016).

IPA then goes beyond this more traditional descriptive phenomenological approach by incorporating hermeneutics. A hermeneutical philosophical approach elevates the understanding of people's reality by recognizing that how they interpret the world is also based on their own unique prior knowledge, understanding, and experiences (Smith et al., 2009). Based on this philosophy, Heidegger (1889–1976) introduced the *interpretative phenomenological* approach, asserting that part of understanding others' lived experiences involves the *interpretation* of what is being described (Smith et al., 2009). This is because we cannot truly understand the essence or the meaning of an individual's lived experience without living that exact experience as that individual. IPA researchers additionally recognize that their own unique background also shapes their interpretations of others' experiences. Therefore, rather than "bracketing," IPA involves a *double hermeneutic,* in which the final interpretation is considered to be co-constructed between the researcher and the participant (Smith et al., 2009).

There are two elements to the double hermeneutic in IPA (Smith et al., 2009). The first element is the dual role of the researcher as both (1) a human being, like the participant, but also (2) a human with different lived experiences than the participant. This means that the researcher only has access to a participant's experience through the reports the participant provides and the researcher's own experientially-informed lens. The second element of the double hermeneutic is the combining of two interpretative perspectives: (1) a hermeneutics of "empathy" and (2) a hermeneutics of "questioning." In other words, finding a middle ground between attempting to stand in their participant's shoes and use their own unique perspective to look from a different angle. Because of this, it is important for IPA researchers to inform their readers about their own lenses and biases that their interpretations of participants' accounts will be filtered through.

Finally, with IPA the researcher takes an idiographic approach, rather than a nomothetic approach that is more typically seen in most research, including psychological research (Smith & Shinebourne, 2012). *Nomothetic* approaches focus on a group or population level of analysis (Smith et al., 2009). In contrast, IPA instead draws from idiography by focusing on the particular in two ways. First, employing a deep level of analysis to extract unique *details* in individual cases. Second, focusing on the experience of a *particular* phenomenon from the perspective of a *particular* group of people within a *particular* context. Only then, after locating the particulars and obtaining a detailed and rich description of them, do IPA researchers cautiously develop general claims based on the emerging patterns, careful to retain the nuance and the detail. Originally, IPA was created for working with single cases, but has become increasingly more common in small sample size research (Smith & Shinebourne, 2012). This means that while immediate claims from ideographic research can only be applied to the participants studied, *theoretical generalizability* can still be employed. That is, when the reader or audience can assess findings in relation to their own existing knowledge and experiences.

Altogether, IPA involves a thorough interpretive analysis of a single or small number of cases focused on understanding the essence and meaning of a particular lived experience, first individually and then collectively (Smith & Shinebourne, 2012). By doing this, IPA researchers can analyze and present findings on where the participant pool converges and diverges. This commitment to the particular within IPA allows researchers to uncover unique details of experiences that would otherwise typically be overlooked (Smith et al., 2009). Illuminating these details can enhance our level of insight and understanding of complex phenomena, challenge or support existing assumptions or theories, and/or inform future research (Smith et al., 2009).

Methods

Sampling

As discussed, IPA typically involves a detailed case-by-case analysis of a small sample size, which is both "elaborate" and "time-consuming" (Smith & Shinebourne, 2012, p. 75). For a Masters-level IPA study, Smith et al. (2009) recommend a "default" sample size of three (p. 52). Although IPA can be conducted with as little as one participant (Alase, 2017; Smith et al., 2009), more participants provide a higher chance of data saturation and informational redundancy (Guest et al., 2006). However, too many participants can risk creating data oversaturation and make it difficult to do a more extensive search to extract rich, thick data (Guest et al., 2006; Smith et al., 2009). Focusing on fewer participants additionally ensures adherence to the IPA philosophy of quality over quantity by running a more in-depth analysis of fewer participants (Alase, 2017; Langdridge, 2007; Smith et al., 2009). In consideration of IPA recommendations, the time constraints of this research project, and the desire to adhere to IPA's philosophy, a sample size of three participants was recruited.

Recruitment

Following the IPA philosophy and guidelines, *purposive sampling* was employed by specifically selecting a small homogenous sample (Alase, 2017). Despite the interest various individuals expressed regarding the current study's research, participant recruitment was found to be challenging as few individuals reached out as participants. This was likely due to a variety of factors, which may include (a) a small participant pool (see "Participants" section for inclusion criteria), (b) the typically busy schedule of clinical supervisors in general, and (c) the ongoing pandemic. The ongoing pandemic has not only introduced a multitude of significant stress and change in peoples' lives worldwide (Kontoangelos et al., 2020; Rajkumar et al., 2020), of which psychologists are not exempt, but it has also further increased both the workload and severity of cases psychologists are encountering (Moreno et al., 2020; Zhou et al., 2020). Due to these difficulties, recruitment took place over the course of approximately five months (end of October 2021 until mid-March 2022). During this time, purposive sampling was conducted through (a) advertisements posted on professional websites and social media groups, (b) mass emails sent out to practicing psychologists and supervisors, (c) various consultations with psychologists, and (d) one posting on a practicing psychologist's LinkedIn page (see Appendix A for recruitment poster). Overall, eight mass emails were sent out to practicing psychologists through eight different individuals and sources. This included a clinical supervisor at the University of Alberta's counselling clinic, a member of the Psychological Association of Alberta (PAA), and the president of the Canadian Counselling Psychotherapy Association's (CCPA) Counsellor Educators and Supervisors Chapter. The recruitment poster was posted or shared at least once on 16 professional websites and social media groups directed specifically towards practicing psychologists or clinical supervisors, including the "Edmonton Psychologists" Facebook group, the "Clinical Supervision Research Collaborative" Facebook group, and the Supervision Communities of Practice page on the PAA website. Finally, throughout this time period, five separate professional psychologists (excluding the supervising researcher on this project, who is also a registered psychologist) were consulted for insight into further possible recruitment strategies.

Various individuals throughout this time expressed interest in the study, however, not as participants, but rather as readers once the research was completed; two of them expressing a lack of felt experience or expertise in the area to participate themselves. Of the five individuals that contacted the primary researcher interested in participating, four of them felt they fit the inclusion criteria and were then sent the pre-screening questions (see Appendix B for the pre-screening questions). All four of these individuals met the inclusion criteria, but only three were able to offer the time to complete an interview.

Participants

Participants consisted of individuals with at least a master's degree in counselling psychology, practicing within Alberta, with experience clinically supervising trainees who have expressed or displayed signs of an insecure supervisory attachment (ISA). Individuals that match these criteria were screened to have at least a basic understanding of attachment theory and formal training in clinical supervision (see Appendix B for the pre-screening questions). For this present study, formal training was defined as the completion of any certifications, workshops, courses, or supervision dedicated specifically to supervising psychologist trainees. These criteria were included since individuals with formal supervision training may have more awareness of appropriate personal and professional boundary balancing within clinical supervision. In addition, individuals with a basic understanding of attachment theory, including the different attachment styles and how to identify them, will likely be more able to identify signs in supervisees and speak to their experience of navigating and overcoming such concerns in more depth. Finally, participants were screened to ensure they satisfied the following criteria within the last five years. First, they have experience supervising at least one supervisee they strongly suspect or were directly told had an ISA that influenced training and/or the supervision process/dynamic. Second, they reported themselves as having successfully eased at least one supervisee's ISA into a more

secure bond throughout supervision. The time period of having had these experiences within the last five years was chosen to increase the chances of more accurate and detailed memory recall in both the experiences of navigating and overcoming ISA within supervision. Given the small sample size, these selection criteria were added to increase the likelihood of selecting participants that will provide the richest possible data. Since different helping professions and Canadian provinces have varying ethical standards and guidelines, this study was originally specifically seeking individuals practicing in Alberta with a degree in counselling psychology. However, due to the difficulties in finding enough participants that match all these outlined selection criteria, the search parameters were eventually expanded to include those practicing in Psychology or Social Work, as well as in different Canadian provinces and the United States. That said, even with the expanded inclusion criteria, all participants ended up being registered psychologists practicing within Alberta.

Procedures

Participation in this study consisted of an online survey, an online video interview, and the potential of a follow-up interview. Individuals that met all the inclusion criteria were then sent the information letter and consent form for the study (see Appendix C for the information letter and consent form). If they were still interested, a time for the interview was scheduled. After scheduling the interview, participants were sent a link to the survey on *Google Forms* to complete before the scheduled interview. To ensure confidentiality, they were each given a unique and randomly generated pseudonym to use for the online survey instead of their name. Interviews were also online, conducted and recorded over the video chat platform *Zoom*. Recordings were then transcribed, coded, and analyzed.

Measures

A five-minute online survey was utilized to gather demographic and other relevant information concerning the characteristics of the study's sample, such as the number of years spent as a clinical supervisor, type and amount of formal supervision training completed, the supervision model they practice from, and more (see Appendix D for the full survey; see Table 1 for the most relevant participant demographic information). In-depth, one-on-one, semi-structured interviews were utilized to gather information on participants' experience of supervising trainees with ISAs. Interview questions covered the following areas: (a) how ISA(s) presented in supervision, (b) how the SR and training was influenced, (c) how the ISA was addressed, (d) how they experienced and maintained an appropriate personal-professional balance, and finally, (e) how strengthened attachment security was demonstrated (see Appendix E for the interview questions). Each interview was between 86 to 89 minutes in length, not including the consent and debriefing process. Two of the interviews were completed all at one time, while one interview was completed at two separate times, two days apart. The preset interview questions were open-ended and presented in a conversational manner without any particular order, except for a general starter and closing question. Specific prompts for each question were prepared ahead of time to provide more information to any participants who required additional clarity. Member checking was additionally completed by asking additional non-preset questions to further clarify participants' responses or gather more detailed information. This interview format was selected to increase participants' level of comfort, establish rapport, and build trust, which has been suggested to be vital in the gathering of truthful, detailed responses necessary for IPA (Alase, 2017). To further ensure the quality of this measure, the interview protocol was (a) reviewed by a fellow counsellor trainee, (b) reviewed by the research supervisor, and (c) pilot tested with the same counsellor trainee prior to data collection. Based on participant responses and feedback, the protocol additionally continued to be updated during data collection.

Data Collection

Following Smith and Shinebourne's (2012) interview protocol, data was collected via interviews conducted virtually over *Zoom*, a video call application. After the first interview, the quality of the data was then reviewed and adjusted. Specifically, some questions were re-worded to be clearer and more concise, and additional sub-questions were added to the interview protocol to close potential information gaps in subsequent interviews (Alase, 2017). For example, clarifying how supervisors concluded or suspected an ISA if they had not mentioned this in response to the pre-set questions outlined in the protocol. Interviews were conducted online due to them taking place during the ongoing Covid-19 pandemic and the resulting social distancing and face mask mandates. Conducting interviews online thus allowed for participant and researcher safety as well as participants' full faces and facial expressions to be captured during the interviews and later added to their transcripts. Online interviews additionally helped reduce travel time and other potential preparation and scheduling inconveniences. The virtual, rather than physical, presence of the interviewer was further considered to potentially improve participants' level of comfort during the interview. Interviews were video-recorded through the Zoom application and saved to a password-protected folder on the primary researcher's encrypted and password-protected laptop to protect confidentiality.

All data collected from participants was utilized in this study's coding and analysis, with one exception. In one participant's interview, they described particularly severe challenges with two supervisees they suspected to have an ISA, but also a personality disorder (PD). Since PDs are outside the scope of the current research question, this data was not included in the analysis and is therefore not reflected in the findings.

Data Analysis

Following the protocol described in Smith et al. (2009[1]), IPA was employed to apply an analytic focus on how supervisors make sense of their experiences encountering and successfully addressing ISA in their supervisees, while balancing the personal and professional dimensions of the clinical SR. To guide this inductive and iterative process, the six data analysis stages for IPA described and outlined by Smith et al. (2009) were employed. The second edition of Smith et al.'s (2022) IPA textbook was later released as the analysis of the second participant began. As such, the updates from the second edition's data analysis protocol were then applied to the individual analysis of participants two and three as well as the group analysis of all three participants. All data analysis stages remained the same from Smith et al.'s 2009 to 2022 protocol. The only updates were (a) the detail in which some stages were described and (b) some terminology alterations, both of which will be reflected in the write-up of the present thesis.

Analysis Process

In the first stage - *Reading and Re-reading* - a participant's interview was transcribed verbatim and read through in its entirety multiple times to gain information on the overall interview structure and ensure "the participant becomes the focus of analysis" (Smith et al., 2009, p. 82). The second stage - *Exploratory Noting* - involved the initial, open exploratory notes that included first descriptive, then linguistic, and finally, conceptual comments about the data. *Descriptive comments* focused on the content and explicit meanings of the data. For example, comments that described and/or summarized "key words, phrases or explanations" given by the participant (Smith et al., 2022, p.83). *Linguistic comments* focused on noting and analysing linguistic elements that can help identify and deepen the understanding of participants' experiences. This includes the (a) specific language utilized, such as

[1] Please note that the present study initially followed the protocol described within the first edition of Smith et al.'s textbook on IPA published in 2009, as their second edition came out in March 2022 after data analysis had already begun.

emotion words or metaphors and (b) other linguistic features outside of word choice, such as pauses, emphasis, repetition, tone of voice, laughter, and more. *Conceptual comments* moved away from explicit content and meanings, focusing more on interpretation and reflection in order to open up "a range of provisional meanings" (Smith et al., 2009, p. 89). These comments often involved asking questions about the meaning of different codes which lead to working at a more abstract level to find various "tentative answers" (Smith et al., 2022, p.83). Conceptual annotating took the most time as it involved analysing and interpreting what a word, phrase, or sentence means to (a) the participant and (b) myself as the researcher, often with trial and error, to continuously redefine initial ideas.

Within the third stage - *Constructing Experiential Statements* - I began reshaping these initial notes into concise phrases to represent emerging themes of a participant's experience at a slightly higher level of abstraction, speaking to the "psychological essence" of different pieces or chunks of the interview (Smith et al., 2009, p. 92). As the main task of constructing themes is to "simultaneously reduce the volume of detail … whilst maintaining complexity" (p. 91), based on the information emerging, experiential statements were eventually colour-coded according to (1) stage and, when applicable, (2) type of insecurity (*stages* being: (1) ISA signs and effects, (2) addressing ISA, (3) balancing personal and professional relationship dimensions, and (4) signs and effects of more security developing; *insecurity type* being: (a) avoidant ISA, (b) anxious ISA, (c) disorganized ISA, or (d) all ISA types). This was done to help organize and provide additional context to themes once they were physically separated from the interview and initial exploratory notes.

Stage four - *Searching for Connections Across Experiential Statements* - entailed identifying connections between experiential statements, grouping similar ones that fit together, and then clustering similar groupings. To do this, many strategies suggested from Smith et al. (2009) were attempted with the first participant. The most successful strategy that was later continued with other participants' analysis was first, typing up all the colour-coded experiential statements in chronological

order. Then, after pasting this list onto a separate page, continuously moving the order of experiential statements around to find connections between them.

Stage five - *Naming the Personal Experiential Themes and Consolidating and Organizing Them in a Table* - was originally part of the fourth stage in Smith et al. (2009), but was given its own stage in Smith et al. (2022). This process entailed first providing (a) a descriptive label for each grouping (*sub-theme*) and (b) a descriptive label for each cluster of groupings (*personal experiential themes* [PETs]). Second, creating a table to structure PETs and sub-themes in a way that best summarizes the pattern and levels of a participant's experience. PETs represented the highest level of organization, as they describe the main overarching pattern that developed. Sub-themes represent the second level of organization, as they refer to the individual features of each PET. Procedures described within stages one through five were conducted with the first transcript before conducting the subsequent interviews. Although this was primarily due to challenges with recruitment, coding and analyzing the first transcript informed and shaped the analysis plan, allowing enough information to be gathered within subsequent interviews for theoretical saturation (Guest et al., 2006).

Stage six - *Continuing the Individual Analysis of Other Cases* - involved starting stages one through five over again with the next participant's transcript. Once a table of themes was constructed for all three participants, stage seven - *Looking for Patterns Across Cases* - involved comparing each participant's table of themes to one another to create an overall table of themes for the study as a whole (*group experiential themes* [GETs]) that could demonstrate similarities and unique differences. More concretely, the main goals of stage seven were to identify (1) how participants' experiences converge and (2) individual participants' unique demonstrations of their "shared qualities" (Smith et al., 2022, p. 101). I began this group analysis by placing each participant's table of themes side by side and first looking for and making note of broad-level similarities and differences. From this, I created a rough organizational structure for overlapping and distinct PETs and sub-themes. I then conducted a deeper

comparative analysis by adding each participant's PETs, sub-themes, codes, and corresponding quotes into this table to determine whether PETs and sub-themes truly fit into the category I initially assigned them to or not. To ensure participants' individual codes or quotes were not confused with one another, participants were put into three distinct colour-coded columns beside each other during their comparison.

Throughout the process of deeper comparative analysis, I additionally continued consulting and re-reading the corresponding notes, memos, and transcripts for each participant's individual analysis. This included re-reading transcript passages with different interpretative lenses based on what I noticed for other participants. For instance, when I noticed a connection between two participants, but not the third participant, I double-checked the other participant's codes (i.e., experiential statements) and transcript again to examine if something had been previously overlooked. In instances in which something was missed, I then added additional codes. For example, both the second and third participants had a PET relating to positive emotions when signs of secure attachment began emerging, while the first participant only had a single code. However, when I went back through the transcript, I noticed some linguistic and conceptual comments I had made for participants two and three, but not for participant one, which I then therefore added.

While conducting the deeper analysis between participants, I noticed that many PETs and sub-themes did not seamlessly overlap at a group level due to many participants' codes being attached to quotes that contained overlapping features for multiple categories. This led to a series of trial and errors in either (a) picking the groupings certain codes fit best within, (b) creating a new group sub-theme that tied connections between similar individual participant codes coming from seemingly different personal sub-themes across participants, or (c) creating new and alternative group clusters (i.e., GETs) altogether. From these methods, I completed the comparative analysis process described above twice to create two different organizations of GETs, each not seeming quite right. As such, I continued attempting this

comparative analysis from alternative angles. This included (1) re-reading each participant's transcript in its entirety, while memoing thoughts and ideas for group comparison, (2) creating a new document of every participant code (in three separate colour-coded columns based on the participant they belonged to) and attaching their corresponding quotes that support each code (no longer including individual participant's PETs and sub-themes labels and organizational structures), (3) searching for connections across experimental themes (i.e, codes) between participants, (4) providing labels for these groupings (group sub-themes), and finally (5) labeling GETs for clusters of similar groupings between and within participants.

Methodological Integrity

A variety of strategies were employed throughout the conduction of this study to ensure methodological integrity. One strategy was the continued documentation (research memoing) during all research stages, but especially within the data coding and analysis process. This included thoughts, observations, and reflections noticed throughout conducting, transcribing, and analysing interviews. This reflective process is considered to be particularly important in helping researchers put themselves and their biases aside as much as is possible to focus on the immediate task at hand, but still have these notes saved for later analysis stages when they become more relevant (Smith et al., 2009). In addition, how and why PETs, GETs, and associated sub-themes were reached were documented as well as the specific quotes and locations of that text within transcripts that could support each theme. This ensured that all themes continued to remain grounded in the participant's accounts of the experience.

Consultation from the research supervisor was additionally sought at various stages of the analysis process to receive feedback that helped to inform work development. For instance, when beginning the coding process with the first transcript, the first couple of pages and corresponding codes were collaboratively looked over and discussed. Moreover, after completing the analysis of the first transcript, discussion and feedback were given regarding the PETs and sub-themes reached.

Furthermore, consultation was sought when difficulties arose during the group analysis process as well as once a table of GETs and group sub-themes were reached.

Smith et al. (2009) additionally state the importance of presenting an audit trail of one's analysis process and decisions to provide transparency, and thus, demonstrate quality and credibility of a study's results. Therefore, a detailed step-by-step description of how data analysis was conducted on a broad level as well as the decisions and intricacies involved within each stage is thoroughly described in the "analysis process" sub-section above. Furthermore, to provide an exemplar of how decisions were ultimately reached in the group analysis phase, Appendix F is an attachment of the first sub-theme for the first GET. This attachment illustrates the group analysis process described above, namely (a) its organization and (b) how raw individual quotes and codes were clustered together between and within participants to determine the labels given for group sub-themes and how it contributes to the overarching GET.

In the next chapter, five GETs and 15 sub-themes found among participants are presented, described, and supported by participants' quotes taken from the interviews. As evidenced in Appendix F, all three participants do not have an equal number of codes and quotes in each of the sub-themes. Therefore, some participants contribute to some sub-themes more than others and vice versa. The amount of emphasis and contribution of different participants is reflected in how each sub-theme is written up within the next chapter. In cases where a participant only has one to three codes under a sub-theme, their experience is considered to represent that particular sub-theme only "partly." Further transparency is provided in Ta2ble 2 which presents an overview of all GETs, the associated sub-themes, and which participant each sub-theme is represented by, either partly or more significantly. To increase the readability of participants' quotes, some distracting elements, such as stutters or filler words (e.g., uh, um, etc.) have been removed. Furthermore, if needed, additions that provide more context or better flow for the sentence a quote is embedded within are provided in square brackets within the

quotations. Besides these small adjustments, no other alterations have been made to participants' quotes.

Chapter 4: Findings

Description of Participants

All three participants within this study were registered psychologists practicing within Alberta. Two of the participants completed a master's degree and one additionally completed a doctoral degree. They varied in age at 33, 41, and 47. One participant identified as Caucasian, another as Black-Caribbean decent, and another did not disclose this information. Each participant received training in clinical supervision, including within the last five years, either through workshops, coursework, coaching, long-term supervision of their supervision, and/or completion of a PhD dissertation on the topic of clinical supervision. All participants noted utilizing attachment theory in their clinical supervision with supervisees either "sometimes" or "frequently." Out of the response options (a) 0, (b) 1, (c) 2, and (d) 3+, all participants reported having three or more supervisees that either disclosed or displayed consistent patterns of an ISA that affected training and/or the supervision dynamic in the last five years. Out of the same response options, two participants considered themselves to successfully ease three or more of these ISAs in the last five years, while one participant considered themselves to successfully ease at least two. Table 1 provides more professional and supervisory information about the participants.

Table 1. Participant demographic information

Participant pseudonym	Gender	Years working as a registered psychologist	Years as a clinical supervisor	Number of supervisees supervised	Primary therapeutic orientation	Primary supervision model
Aubrey	F	8	3	20	ACT	Developmental
Bell	F	6	10	22	Hakomi	Hakomi
John	F	20	16	30+	Experiential Attachment	EFT

			Focused

Note. F = female; ACT = Acceptance and Commitment Therapy; Hakomi = a mindful-somatic psychotherapy; EFT = Emotion Focused Therapy.

Overview of Group Experiential Themes

The comparative group analysis resulted in five group experiential themes (GETs): (1) *Increased Demands on Supervisors*, (2) *Supervisors' Intentional Attunement for Guiding Action*, (3) *Supervisors' Encouragement of Vulnerability (Becoming a Safe Haven)*, (4) *Supervisors' Activation of Exploration (Becoming a Secure Base)*, and (5) *The Supervisory Relationship Gaining Equilibrium*. Table 2 presents the GETs, their sub-themes, and which participants these sub-themes are represented by. Supervisors mentioned that some signs of insecure attachment occur in most, if not all, supervisees. As such, interviews focused on the fewer cases in which the insecurity presented as higher than is typical and created impediments within the SR and training process. Therefore, for the presentation of these findings, supervisors' descriptions of their experiences with insecure attachments in SRs will be referring to the more acute cases that created more challenges to supervision than what is typical. All supervisors stated that in their experience, approximately 20-30% of supervisees they have supervised demonstrated insecure attachments that presented challenges within the supervisory context. The order in which the GETs are presented was determined based on the typical timeline of events. That said, the second, third, and fourth GETs describe strategies supervisors employed that were often utilized in conjunction with one another. As such, the order in which these three themes are presented is also partly determined by the emphasis supervisors placed on each theme in interviews. The order of the sub-themes within the GETs were primarily influenced by the frequency and emphasis supervisors conveyed. That said, the timeline order was also considered in cases where multiple sub-themes within a GET displayed a similar level of emphasis and frequency.

Table 2. Group experiential themes and sub-themes

(1) Increased Demands on Supervisors			
Sub-themes	**Aubrey**	**Bell**	**John**
1. Supervisees' Pulling Towards or Pushing Away	X	X	X
2. Cautious Interactions	X	~	X
3. Weighted Sense of Responsibility	X	~	X
(2) Supervisors' Intentional Attunement for Guiding Action			
4. Self-Awareness and Continuous Inner Attunement	X	X	X
5. Professional Attunement	X	X	X
6. Supervisee Attunement	X	X	~
(3) Supervisors' Encouragement of Vulnerability (Becoming a Safe Haven)			
7. Actively Creating Space	X	X	X
8. Compassionately Responding to Vulnerability	X	X	X
9. Normalizing Humanness	X	X	X
(4) Supervisors' Activation of Exploration (Becoming a Secure Base)			
10. Maintaining Predictability Through Consistency	X	X	~
11. In This Together While Passing Responsibility	X	X	~
12. Building Supervisees' Self-Attunement	X	X	X
(5) The Supervisory Relationship Gaining Equilibrium			
13. Dependable Independence	X	X	X
14. At Ease Together	X	X	X

15. Feelings of Fulfillment	~	X	~

Note. X = sub-theme represented by a supervisor; ~ = part of sub-theme represented by a supervisor.

The first GET, *Increased Demands on Supervisors*, refers to supervisors' recognition and observations of an ISA within their supervisees, due to the additional demands supervisors' experienced within these SRs. This more demanding nature of insecurely attached SRs was particularly prevalent within the beginning and middle stages of supervision. The second GET, *Supervisors' Intentional Attunement for Guiding Action*, was the most central theme emphasized by supervisors. This GET describes the various areas supervisors were continuously attuned to for guiding their decisions and actions. This included their own self-regulation in addition to their identification and addressing of ISA, including the corresponding imbalances within the relationship, such as those on the personal-professional spectrum. The intentional attunement within this GET is what influenced most of the supervisors' actions discussed in the third and fourth GETs.

The importance of a supervisees' vulnerability and exploration was thoroughly emphasized in all supervisor interviews. As such, the third GET, *Supervisors' Encouragement of Vulnerability*, describes how supervisors created safety with supervisees that gradually coaxed and reinforced supervisees' appropriate vulnerability and dependence in supervision. In other words, this GET demonstrates how supervisors eventually began to function as a *safe haven* in times of distress. That is, an attachment figure supervisees felt safe enough with to depend on and turn to for comfort when needed. The fourth GET, *Supervisors' Activation of Exploration*, describes how supervisors created security with supervisees that gradually coaxed their appropriate exploration and independence outside of their supervision. In other words, how supervisors eventually began to function as a *secure base* from which to explore. That is, an attachment figure that supervisees trust to anchor and guide their learning and growth when needed. While some actions presented in either the third or fourth GET may have partly contributed to

both GETs (increased vulnerability and exploration), the sub-themes presented under each are actions which emerged as more influential to the development of one dimension over the other.

The fifth and final GET, *The Supervisory Relationship Gaining Equilibrium*, relates to the middle-to-later stages of supervision when supervisors experienced a more secure attachment develop within these SRs. This fifth GET speaks to supervisors' experiences of the shift in supervisees, the shift within the relationship, and the emotional change within themselves.

Group Experiential Theme 1: Increased Demands on Supervisors

Sub-Theme 1: Supervisees' Pulling Towards or Pushing Away

Supervisors strongly spoke of recognizing a more acute insecure attachment when supervisees demonstrated a zealous pattern of pulling towards or pushing away from other professionals, clients, and especially, their supervisors. In other words, supervisees typically became stuck or over-fixated on either (a) getting personally close to and over-relying on others (and therefore under-relying on themselves) (manifestations of an anxious-preoccupied attachment style), or (b) distancing themselves and under-relying on others (and therefore over-relying on themselves) (manifestations of an avoidant-dismissive attachment style). As a result, supervisors described various instances of consistently either being pulled towards over-involvement or pushed away towards under-involvement. Regardless of the direction, however, this meant sitting on the farther ends of the personal-professional and independence-dependence spectrums than was desirable. This theme was especially emphasized by Aubrey who described this dichotomy as: "If you're walking a dog I see the secure attachment style walk[ing] beside you, the anxious-preoccupied is pulling you and the avoidant is sitting behind you being dragged." (Aubrey)

The supervisees *pulling towards* were often seen as presenting with low confidence and trust in themselves and their abilities. This low self-confidence was exemplified both directly, such as poorly

scoring their clinical performance in evaluations, and indirectly, such as the frequency and manner in which they sought out external support and reassurance from others. Supervisors recited instances of supervisees appearing to rarely feel comfortable with their decisions or actions until they were reassured by others. During their quests for reassurance, Aubrey further recognized the tendency for these supervisees to provide too much detail: "'[speaking as a supervisee] Here's exactly what I said, here's the entire script of the session word-for-word. Did I do good?'" Moreover, Aubrey and Bell noticed that this seeking behaviour commonly preceded supervisees' attempts to think through or problem-solve situations, even those they had encountered previously or that were straightforward and low-stakes.

> "They're constantly, you know, checking in about, 'Am I doing this correctly? Did I make a mistake here? What do you think about, um, you know, this situation?' And there's often a fear that they're going to get into trouble. Or not appear competent." (Bell)

> "They do tend to text more and have sometimes … stupider questions [deep sigh] because it, again, is coming from like, 'Oh did they do the right thing' or like, 'hey –' once someone just texted me who clearly fits the style of like, 'This new situation happened what do I do?' and I have to bite my tongue and not say, 'The same situation happened a month ago and you handled it fine, like, just do it.'" (Aubrey)

Supervisors additionally perceived these supervisees to (a) be particularly concerned about their supervisors' and clients' perceptions of them and (b) show more pursuance towards the personal, over the professional, side of these relationships. Within the SR, all supervisors noted more behaviours that developed more friendship-level, rather than professional-level, aspects of their supervisory and therapeutic relationships. For instance, John and Aubrey noted supervisees tendencies to, if left unmanaged, (a) utilize significant amounts of time in meetings on personal topics (e.g., talking through personal concerns or asking more probing questions into the supervisor's personal life), (b) contact

supervisors more, during off hours, or for professionally irrelevant purposes (e.g., sending a humourous meme), and (c) seek reassurance of the supervisors' personal opinion and approval of them:

> "They want a lot of *feedback*, but not necessarily *helpful* feedback, but they want to know like, 'How do you perceive me? Am I doing good? Is this a good job?' versus the feedback of like 'What can I do better?' or 'How can I improve my skills?'" (Aubrey)

Within their therapeutic relationships with clients, supervisees were recognized to have more difficulty establishing and maintaining professional boundaries. For example, "[not] doing their consent forms because they don't want to upset the client" or "the inability [to set boundaries] if a client is emailing the therapist really long emails and pouring out things that should be talked about in therapy." (Bell) Furthermore, supervisors noticed these individuals' pulling towards desires or behaviours to become particularly activated after receiving constructive feedback:

> "If they get hard feedback from the client they kind of spiral and they may get very, like, kind of worried about the alliance, um, beat themselves up a bit and then they over - almost over *compensate*. So, they'll want to give the client anything, like, 'I can see them for longer, I could see them weekly, I can be there more often. Should I call them? Should I check in with them more often?' They'll be really ramped up about how to … get that relationship back, like, they don't want it to *leave*." (Aubrey)

On the other side of the spectrum, *pushing away* represents the supervisees supervisors described as overly independent and personally closed off. A repeated observation of this over-independence was supervisees exhibiting confidence that came off as "cocky," "dismissive," or inflexible. For example, all three supervisors mentioned instances of supervisees either pushing back or ignoring feedback, directives, or suggestions given by supervisors or support staff.

> "Saying that 'I'll set a price for this.' [laughs] You know, telling your boss that 'I'll set a- this is what we'll charge for this.' Deciding that we will bring on- like different projects or its sort of just this telling versus asking." (John)

> "This one person fought me on not changing the score. This was a midterm eval and it became a really big argument of like no, they believe they're a 5, they don't agree with my rationale for putting them at 3 [on a scale of 1 to 5]." (Aubrey)

The level of independence and aloofness supervisors observed across interactions additionally suggested a high amount of perceived nondisclosure, including not asking for help when necessary and withholding important and relevant information. These supervisees were rarely, if ever, found to defer to others, ask questions, or check-in with their supervisors before acting: "[They are] wanting to seem like they've got it all under control and that they can manage it etc., but clearly they're struggling. And there's a hesitancy to bring up that they're struggling." (Bell) Aubrey, in particular, emphasized feeling as though she was in the dark with these supervisees. When she directly asked for updates on their clinical work with clients, potential concerns or difficulties coming up, or their own well-being, they frequently responded with a pattern of brief responses or positive "blanket statements:" (Aubrey)

> "For me a red flag is whenever they do say like, 'Oh I have no cases' or 'Nothing is going wrong' or 'I don't have anything to talk about.' That's always like, 'Oh okay. No. We gotta explore that. Like… [head nodding as if to communicate 'let's get started'].' I've had a student just recently say that. We're only what, [talking to self] September, October [talking to interviewer] 3 months in and it's like, 'No, this is your second placement, you're 3 months in, I guarantee you there's problems or places you're struggling. Like, [chuckles] I don't think you're that good as a therapist [laughs] … *yet*!'" (Aubrey)

In another direct contrast with the personal pursuance behaviours from supervisees pulling towards, supervisees pushing away were instead described as being avoidant of the personal aspects of supervisory and therapeutic relationships. Within supervision, some of these supervisees were described to "try to share almost nothing [about themselves or their personal lives]" (John) and be less interested in knowing about supervisors personally as well: "I find when I self-disclose with them … I can often see that they tend to check out a little bit, … aren't as engaged, don't seem to benefit from it as much." (Aubrey) Within their therapeutic relationships with clients, their pulling away tendencies

manifested as behaviours or emotions that distanced them from clients. For example, being quick to blame or refer out a client that expresses undesirable feedback or whom they are feeling challenged by.

Sub-Theme 2: Cautious Interactions

All supervisors depicted interactions between them and their supervisees, either overall or at least frequently, to be approached with high amounts of caution for both parties. On the supervisees' side, supervisors described or sensed their supervisees' to be guarded or inhibited and for a longer period. Evidence for this conclusion included supervisees (a) seeming to be "overly concerned with ... being either compliant or pleasing me" (Bell), (b) "who [chuckle] just dissociate way out and disappear [shaking head]" during meetings (John), and (c) difficulties opening up on a deeper level, such as "talking about countertransference as it shows up." (Aubrey) On the supervisors' side, all supervisors either stated or alluded to a sense of being more cautious in their interactions towards supervisees as well.

John and Aubrey felt the need to be particularly cautious as they have experienced the risk of ruptures within insecurely attached SRs to be greater. Both supervisors recounted more frequent and severe rupture experiences with insecurely attached supervisees due to these supervisees' attachment wounds becoming more easily triggered. When this happens, a domino effect was recounted to unfold that further intensified: (1) the supervisee's perception of threat, (2) their behaviours described in *Sub-Theme 1*, (3) supervisors' weighted sense of responsibility described in *Sub-Theme 3*, and (4) the insecure attachment within SR. Consequently, John shared that repairing these ruptures and gaining security becomes even more difficult and unlikely. To provide more clarity as to how easily ruptures can occur, John outlined some of the circumstances in supervision that can more easily lead to ruptures in more insecure than secure SRs:

> "Consultation … just as an act is risky. So, miscommunications, difference of opinions, giving direction, offering correction, all of those things *could* be ruptures, but in more of a secure situation, they don't have to be. So, one of my things is I'm a stickler for teaching people to stay within 60 minutes. It's a 50-minute session. You have 10-minute buffer. So, for more secure

> relationships, they understand that I am and I'm clear upfront that I'm going to work with them on that. Some people, when there's more insecurity between us, it's a rupture that has not healed." (John)

Due to similar experiences of insecurely attached supervisees perceiving feedback more personally, Aubrey described being especially thoughtful and cautious in feedback or conversations that concern ethics or move more into the personal realm:

> "I have a situation where I have to give one [a supervisee] some feedback about something very personal. I'm still humming and hawing about how to do it, like, [looking back at interviewer] this person doesn't dress appropriately. So, I have a sense that that's going to be a hard conversation 'cause it's now *outside* of the professional realm *into* the personal realm. And I do think they are that avoidant-dismissive, so I'm not really sure how it's going to be received [exhale mixed with soft chuckle]." (Aubrey)

Sub-Theme 3: Weighted Sense of Responsibility

Insecurely attached supervisees were described to demonstrate a resistance towards taking personal responsibility and ownership for their emotions and actions. Each supervisor spoke of instances of supervisees either having difficulty recognizing, acknowledging, or addressing their own responsibility in their feelings of discomfort, and instead attributing and/or directing that discomfort elsewhere. For example, Bell reported some supervisees to "have increased emotionality with clients after the fact. And so, they're feeling really angry about a client or feeling really stuck and blaming the client for that." (Bell)

Similarly, John expanded on this by stating that "our system is always being activated" in this line of work and has witnessed more instances of a supervisee's emotions coming out in unproductive ways if they do not have the proper insight into understanding, monitoring, and addressing the insecurities within their attachment system. This in combination with these supervisees tendencies to either depend too heavily or too lightly on their supervisors, appeared to contribute to more challenging, but more crucial efforts to have supervisees recognize their blind spots as well as establish

more appropriate balances on the personal-professional and independence-dependence spectrums. As a result, supervisors had more concerns to address and manage to ensure the fulfillment of their ethical and supervisory duties. As a result, the distribution of responsibilities can feel more lopsided towards the supervisors.

Aubrey, for example, expressed needing to more heavily monitor supervisees with avoidant patterns in order to properly fulfill her gate-keeping duties. This is because, a consistent pattern of not providing updates unless directly asked, rarely asking their own questions, and a demonstrated reluctance to share vulnerabilities in ones' clinical work, presents a high risk for (a) the non-disclosure of ethical concerns and (b) skill or competence deficits to go unnoticed and thus, unaddressed.

> "I actually get *more* worried with that insecure attachment style [avoidant-dismissive] because I find *that* attachment style requires me to do more check-ins with how they're doing with *clients* and check-ins with how they are engaging with other professionals in those multidisciplinary clinics. … And I find it challenging because I'll often notice that in the beginning, there might be a lot of hesitation from that insecure attachment style to *take* suggestions … from me as a supervisor, and so I really do need to do a lot of check-ins around, 'Have they *incorporated* it? Was it useful?'" (Aubrey)

Another aspect of this increased sense of responsibility conveyed by John and Aubrey was how this extra responsibility could feel like a heavy weight, exhausting them at times. This was due to the additional (a) time, (b) energy, and (c) mental and emotional labour relayed in addressing and working through insecure attachment in a SR. For Aubrey, this was conveyed most by her descriptions of the added demands of addressing a supervisee's ISA, followed by extralinguistic information, such as heavy sighs and notably slower speech.

> "If it's something where it's clearly not just the situation between the supervisor and the supervisee, but it's triggered a longstanding pattern or a recent attachment wound then [acute exhale] that could take [a much longer time]. 'Cause now you're trying to heal two things without directly going into therapy around one of them." (Aubrey)

For John, this exhaustion was conveyed with similar extralinguistic information, but also stated more directly: “And then all of a sudden, it's just like, [heavy exhale with palms up and sinking into chair - suggesting catching a heavy weight] this is exhausting.” (John)

Group Experiential Theme 2: Supervisors’ Intentional Attunement for Guiding Action

Sub-Theme 4: Self-Awareness and Continuous Inner Attunement

All three supervisors prioritized their value of and commitment to maintaining a high self-awareness. Each supervisor reported significant prior personal therapeutic work on themselves and illustrated a high amount of self-understanding. This included an awareness of (a) their past wounds or triggers that may influence them, (b) what that activation feels like in their body, (c) what their default responses can be, and (d) what allows them to regain equilibrium.

For example, both Aubrey and John recognized (1) their own past or lingering leanings to insecure attachment patterns and (2) which outward manifestations of insecure attachment patterns from supervisees were most likely to activate them. For Aubrey, she disclosed previously having more of an anxious-preoccupied style that can sometimes lead her to check in too thoroughly or frequently into a supervisee’s feedback for her. In addition, she shared feeling the most challenged and cautious with supervisees presenting with avoidant-dismissive patterns, in part, due to the higher potential for triggering her own countertransference reactions:

> “*Professionally*, I’m very mindful of my reactions to both, *personally* though, I do … get annoyed with the avoidant-dismissive [looks back up, short chuckle]. I find them more work. I find they mirror maybe more people in my personal life as well, so I could see those patterns and just be like, ‘Ugh, I deal with this already so much, like, [I] don't really want to deal with this more.’” (Aubrey)

For that reason, Aubrey further added that the recognition of being personally triggered, through being in tune with her emotions and body, allows her to channel more awareness and intentionality in the

way she interacts with and shows up for individuals with avoidant-dismissive attachments:

> “If I find I'm getting triggered typically it's because it's an avoidant-dismissive attachment. Those are the ones I find a little bit harder to work with, so I'm like, “Oh! Okay!” [pointer finger shoots up towards the sky to indicate moment of insight] and then I'd be more mindful of trying to be that secure base.” (Aubrey)

In the same vein, but in contrast to Aubrey, John disclosed some lingering insecure attachment leanings most towards the avoidant-dismissive side of the spectrum: “My sort of default is a pull away. When it becomes very insecure, I just [pulls hand up and back] peace out.” John additionally shared feeling more comfortable working with avoidant, than anxious, attachment patterns due to experiences of inadvertently hurting insecure-anxious supervisees’ feelings. From this awareness, John disclosed currently not taking on supervisees displaying higher levels of anxious-preoccupied markers.

> “I actually interviewed somebody in December and it was so clear that they had a higher level of anxious attachment style and that's why I didn't hire them. Because I felt like, ‘Eventually I'll hurt your feelings.’ Which is just my sort of view on how I feel in a relationship with somebody who has more anxious markers.” (John)

Bell, on the other hand, shared a past harmful SR she experienced as a supervisee that she remains mindful of in order to “not repeat that pattern” and ensure she provides an experience for her own supervisees that she “would have wanted for [her]self.”

> “That situation [past harmful SR] informs my stance and I think that's why I gravitated towards Hakomi because it has that non-violence piece and that mindfulness piece. So, it's how I do therapy, but it is also how I do supervision. It also informs my supervision practice. And it helps me empower people in a power down position to become empowered.” (Bell)

One way Bell empowered her supervisees was by pushing them to be aware of the expectations for both supervisees and supervisors. Bell’s rationale being that she desired for supervisees to be knowledgeable of what supervisors can fairly expect from supervisees and what supervisees can fairly expect from

supervisors. Furthermore, Bell encouraged and advocated for supervisees to keep Bell and any other supervisors accountable to their (a) ethical supervisory duties and (b) any additional commitments they made. An example of this Bell provided was positively reinforcing supervisees when they followed-up with her about signing off on supervision hours if she had not completed it at the time she committed to.

Importantly, all supervisors highlighted a high amount of body mindfulness moment-to-moment to help them ensure they are continuously creating secure conditions for supervisees. This body mindfulness was described to bring their awareness to (a) how they are presenting to supervisees, (b) when they become triggered, (c) when more self-care is necessary to keep up with increased demands, and (d) if they need to address or correct a behaviour or imbalance occurring within the SR. For instance, supervisors spoke of knowing what their triggers or uncomfortable emotions feel like inside of their bodies when they are activated. Therefore, by continuously monitoring their bodies, they utilize this self-awareness to recognize when they have become triggered in supervision, and thus, take this into consideration before reacting or deciding their next steps.

> "When the body talk shows up—I call it my bag of sand—when my bag of sand shows up, that '*uhhh* [laboured, strained voice]' in myself . . . —my attachment system being activated is my co-supervisor—my co-supervisor starts saying, '*Uggh, man. Bag of sand* [laboured, strained voice].' Then I know, I'm like, 'Oh shit.'" (John)

This bodily attunement was additionally mentioned when Aubrey and John noticed when a SR started crossing too far over into the personal side. For Aubrey, instances of sharing getting too personal were often accompanied by an internal cringey feeling: "It's hard to describe, but part of it is also like a gut feeling of just, like, ooo, that's … [scrunching facial features] like, I don't need to know that much information." (Aubrey)

To ensure their own self-care and accountability, Bell and John additionally stressed the

importance of a strong support system that is incorporated in their regular routine and that they can reach out to for additional support when they are feeling particularly challenged or uncertain. This included continuing (a) regular personal therapy, (b) consultations with colleagues, (c) their own supervision, or (d) all three, to (a) further reflect on and understand challenges, (b) feel heard and taken care of by others, and/or (c) request feedback, alternative opinions, or guidance from an outside source. Reaching out for support was especially stressed when a supervisor felt personally activated or was dealing with a complex dilemma.

> "I do continue to have my own supervision. And that, I would say, is part of why I do a better job to not default into some of those negative behaviours. . . . [Also] consulting with other professionals for accountability or assurance of doing it correctly. Trying not to handle those situations on my own. So, when it starts to flare up, I go to my supervisors, I go to the other owners of our agency." (John)

Bell additionally emphasized the importance of ensuring her own self-care day-to-day through diligently scheduling time off, "making time in my day for mindfulness, gratitude, exercise, things that bring me joy," and "planning for my future, so I don't get bogged down in day-to-day, nitpicky kind of things."

Sub-Theme 5: Professional Attunement

All supervisors, Bell and Aubrey especially, spoke of their continuous intentional attunement to ensuring their actions and interactions within SRs were in alignment with their professional duties and values. These included their (a) professional role and responsibilities, (b) ethical duties as a supervisor, (c) own theoretical orientations, and (d) the corresponding values. Supervisors highlighted their use of professional attunement to guide their decisions in a variety of ways. First, recognizing their position of power and the accompanying effects and responsibilities it comes with. Second, deferring back to their professional and theoretical orientation when feeling uncertain or cautious. This includes (a) the profession's standards and ethical guidelines (b) their primary supervision model, and (c) any other

theoretical orientations or models, such as an attachment theory framework, they additionally incorporate into how they conduct supervision. Third, frequently considering the professional relevancy and level of importance in a particular (a) supervision activity (e.g., grounding exercise, psychoeducation on attachment theory, et cetera), (b) supervisee behavioural correction, or (c) personal discussion, to determine whether to pursue an issue further or draw back.

All three supervisors acknowledged their awareness of the hierarchical and evaluatory power they hold in SRs as the supervisor, the impacts it can have on supervisees, and the additional responsibilities that places on them as a result. For instance, understanding and being mindful that their actions and way of being as a supervisor role-models a lasting reference point to their supervisees about how they think and conduct themselves professionally now and in the future:

> "It's not just about this *supervisee* in front of me, right? It's not just about *them*. It's all about the clients they'll have in their lifetime, it's about people they'll supervise in their lifetime, the agencies they'll run, the organisations they'll run, the students they may teach. If I can show them a way of being a leader that is humanistic and mindful, then my hope is that they can have that as a reference point. Just like how a child has as their reference point for secure attachment: their parent. My hope is that the people that they touch in the world will be better because of my little piece. It was a little piece, but it's a foundation piece to them becoming a therapist." (Bell)

Another professional responsibility supervisors prioritized and reminded themselves of was the recognition of the intimidating nature and leverage of authority figures, especially those with gatekeeping duties, and especially to supervisees with an insecure attachment. For that reason, supervisors relayed acknowledging and accepting more responsibility for managing and guiding the balance of the personal-professional and independence-dependence dimensions in a way that is best for the development of their supervisee and the profession. This was most reported to include (a) setting and clarifying boundaries when necessary, (b) "making sure the airtime is more on their [supervisees']

end than on mine" (Aubrey), and (c) keeping supervision on track and as productive as possible to optimize supervisees' success.

In addition to recognizing and remaining accountable to their professional responsibilities as a supervisor, supervisors also navigated their responsibilities of balancing the personal and professional realms. Aubrey provided several detailed accounts of her navigation through delicate scenarios with supervisees' when their personal disclosures or discussions cross into the personally vulnerable realm. Within these accounts, she shared how she utilized professional attunement to decide when to (a) intervene or (b) continue cautiously pursuing and how. She explained that in moments when supervisees discussed their own personal concerns, she often first approached these situations by acknowledging that the discussion is going into more personal territory to bring it into their awareness and allow the supervisee to choose how to proceed:

> "'I'm noticing we're traversing a little bit into the kind of counseling aspect of supervision, is that *okay*?' . . . how far do you want to go into this?' So, it's always like a permissive style that they get to *choose* … *with* the mindfulness on my end that the anxious-preoccupied might go further than *I'm* comfortable in that bridge." (Aubrey)

If a supervisee decides to proceed, Aubrey continues, while still continuously examining whether there is professional relevancy, and if not, intervenes after "about three to five minutes" of being on the subject:

> "This one I have [referring to a particular supervisee] she'll be like, 'No I want to talk about my boyfriend, this is really helpful.' I'll spend a couple minutes on it then if it's getting *too big*—and again too big means if I can't relate back to the client or I can't relate back to countertransference or why it's important to what we're talking about—then I will say, 'You know, I think this is really important and it might be important to bring this up with your therapist.'" (Aubrey)

In situations where personal disclosures do have professional relevancy, Aubrey then steered the

discussion towards understanding the *why* rather than the *how*. For example, in instances of supervisees experiencing countertransference with a client, Aubrey worked to understand the broad cause for the countertransference to help determine how to address it, rather than the details surrounding its origin.

> "The one talking about their boyfriend, it was important to know that they [had] recently broken up due to their partner's beliefs around COVID and it was important because this supervisee was having problems with this client with similar beliefs. [However,] I don't necessarily need to know the fight, how it took place, when it went down." (Aubrey)

After understanding the professional relevancy and why a personal concern is coming up for a supervisee, Aubrey discussed addressing the concern within the bounds of what is professionally appropriate as a supervisor. To continue with the countertransference example above, this included collaboratively discussing how to lessen the countertransference reaction showing up with that client going forward, but not, for example, actively "fixing" the root cause of the countertransference: "We don't necessarily do therapy on it, but we talk a little bit about it and navigate it, like, '. . . How can you separate seeing this client as your boyfriend? What's different? How can we break that countertransference down?'" Although both Aubrey and Bell described moments when they felt tempted to help further, such as by sliding further into a therapist role, they would again reflect on their professional role and function to acknowledge and find acceptance for their limits as their supervisor, rather than their therapist.

Another method both Aubrey and Bell shared that helped them remember their professional role and responsibilities, and therefore, retain a more ideal personal-professional balance in SRs, was through requiring or highly recommending a second support for supervisees at the start of the supervision. As part of their supervision contracts, they required their provisional supervisees, and highly recommended their student supervisees, to have either ongoing personal therapy or a second supervisor. This was explained to their supervisees as a way to provide them with a safe second outlet

they can work through concerns (a) they do not have time for in their own supervision and/or (b) that are more personal or difficult to work through with someone holding a more prominent gatekeeping role over them. This stipulation ensured that supervisees had personal support elsewhere, and therefore, helped Aubrey and Bell not stray too far into the personal realms: "I *know* that because it is in their contract that they have to be attending to caring for themselves, so I can keep my role and function separate." (Bell)

Sub-Theme 6: Supervisee Attunement

Throughout the interviews, supervisors reflected on how and why insecurely attached supervisees were coming into supervision, especially when it took longer for supervisees to trust them or engaged in behavioural patterns that were triggering or frustrating. Supervisee attunement was demonstrated by supervisors through (a) empathetic perspective taking, (b) deducing a supervisee's attachment style, and/or (c) directly asking supervisees about their experience and needs (as this is an outward action, it is reflected in *Sub-Theme 7: Actively Creating Space*). Attunement to the supervisee's current experience and needs appeared to help supervisors (a) empathize with supervisees, (b) better understand how to meet supervisees where they were, (c) foster more patience and sensitivity, and (d) better discern when to soothe or push.

The most common way supervisee attunement was demonstrated by supervisors was through the supervisors engaging in empathetic perspective taking. More specifically, based on (a) the supervisor's psychology knowledge base (especially within attachment theory), and (b) a supervisee's particular behaviour(s) or interaction(s), both Aubrey and Bell pointed out and considered possible underlying causes, emotions, mindsets, fears, and/or difficulties a supervisee faced:

> "They are possibly seeking that reassurance constantly because they have likely lived through a hierarchical relationship that has been *inconsistent* in the past. Where it's either been punitive or emotionally abusive... you know, the things that lead to insecure attachment." (Bell)

Then based on these considerations, the supervisors pondered potential suitable actions to help provide supervisees with safety and security in supervision and guide development. During supervisors' perspective taking, they also tended to present facial cues associated with "concerned attention" for someone else (Eisenberg et al., 1989, p. 58). As an illustration, this was observed in Aubrey after she finished discussing when and why she begins to suspect red flags for nondisclosure with avoidant-dismissive supervisees. More specifically, this was observed when she moved on to note the potential reasoning for these supervisees' nondisclosure and visually appeared empathetic:

> "They may not feel comfortable sharing it with me, right? They might not feel like our relationship's safe enough to bring that up because they might also [looking up thinking]—you know, I feel sometimes like that over-control is a way to protect themselves. And so, if nothing is going *wrong* then they can't get evaluated poorly. If nothing is going *wrong* or there's no ethical issues, then they can't risk losing a placement. I do think it's like a [looking down] high strong protective mechanism, [swallows, looks back up then back down] but ironically causes more problems [frowning] … um, in a supervision dynamic. [looking down and thinking] …" (Aubrey)

Another method of attuning to supervisees Aubrey and John noted was deducing supervisees' specific insecure attachment styles. Aubrey reported this deduction to help her (a) understand and predict a supervisee's behaviours and (b) how best to function as a secure base and safe haven for them:

> "I incorporated, more for myself, . . . making sure I'm mindful of what is their attachment and how can I support the creation [of more security]—how can I try to be that secure base for them? And that's really helpful 'cause it also teaches me what I need to be open to dealing with." (Aubrey)

Throughout the interview, Aubrey discussed the differences in interventions she utilized for both soothing and pushing anxious-preoccupied versus avoidant-dismissive presenting supervisees. "I'm trying to get them in some sort of window of tolerance and the skills would be different for each

[attachment style].” (Aubrey) In general, based on the type and level of insecurity supervisees demonstrated, Aubrey appeared to slightly alter her balance between directness versus indirectness and gentleness versus firmness. These balances and various interventions based on the attachment style and severity will be discussed further when relevant throughout the other sub-themes.

Bell, on the other hand, specifically stated that once she has identified that a supervisee has an insecure attachment, she does not continue to “analyze” or “dig deeper” to pinpoint the particular type of insecure style. Instead, she shared the general expectations and mindfulness she employs with all insecurely attached supervisees to accomplish the same goals described above for Aubrey. That is, understanding and predicting these supervisees’ behaviours and remaining mindful of what they will likely need from her to achieve more attachment security with her in supervision.

> “I'm just more mindful that the therapists with more insecure attachment need more. That it's going to take longer for them to build trust, that I need to be just even more consistent and clear and welcoming and warm and kind and congruent. And so all of those things I will just need to be [more] mindful of.” (Bell)

Group Experiential Theme 3: Supervisors’ Encouragement of Vulnerability (Becoming a Safe Haven)

Sub-Theme 7: Actively Creating Space

The most emphasized sub-theme within the third GET from all three supervisors was an active approach in ensuring that supervisees had ample opportunities set aside to be open and vulnerable to improve supervision and their professional development. This appeared to be, at least in part, driven by the recognition of the intimidating nature of a supervisor’s power position and the potential silencing and inhibitory effects it can have on supervisees. To soften this intimidation, all supervisors frequently created opportunities for supervisees to (a) express and communicate their own needs and wants (e.g., their learning desires, growth opportunities, feedback for the supervisor, and drawing their own boundaries) as well as (b) facilitate difficult disclosures (e.g., any mistakes made, ethical concerns, and

personal concerns, such as countertransference with clients). This was largely accomplished by supervisors routinely (a) checking into supervisees' wellbeing and professional standing, (b) requesting feedback about supervision, (c) flexing around supervisees' requests, and (d) providing choice (rather than enforcing) by asking permission.

Bell demonstrated this active creation of space for supervisees through checking into supervisees' wellbeing and ethical standing with a routine check-in form she utilizes at the beginning of every supervision meeting:

> "I have a supervision form that I use and . . . it starts out with, 'How are you doing overall? How has this week been for you?' The next question is, 'Are there any ethical or boundary issues that have come up since our last supervision? Or do you foresee anything coming up before our next supervision after this?' . . . And because it's there they know I'm going to ask it because I use this same document every supervision." (Bell)

These routine check-in forms not only take away the need for supervisees to broach these topics on their own, but it repeatedly communicates Bell's prioritization of the supervisee's well-being and ethical concerns. Aubrey and John additionally demonstrated a similar routine space creation, but with particular focus on the standing of the SR and process:

> "I deliberately try to check-in around the relationship every session or second session. I *deliberately* try to ask them to give me feedback, both good feedback and also critical feedback. And then I deliberately check-in on, 'How are things going?' Like, 'How are you feeling about our alliance or relationship? Is there anything missing? Anything you want more of? Less of?' So, I do that this way and then when I'm at [name of a place] we also do anonymous supervisory alliance rating forms 2-3 times a year, so before the midterm eval, and right after, and then right before the final eval." (Aubrey)

Supervisors additionally conveyed care and interest for supervisees' voice through their responses and accommodations to supervisees' requests and feedback. For instance, Aubrey and John described demonstrating flexibility to the supervision structure and sessions by "hearing their requests,

prioritizing their needs, and helping them learn what they long to learn." (John) In other words, putting their own agenda away at times to prioritize teaching supervisees the knowledge and skills they have expressed need and interest in developing. Moreover, when supervisees did not follow through on an agreed task or recommendation, Aubrey and Bell reported first exploring their supervisee's rationale before making their own assumptions or decisions:

> "I have one [supervisee] in particular right now that I'll say, 'Maybe think about doing intervention A.' And then they'll have the session and they've done intervention B. . . . So, I try to be mindful and say, 'Well what made you choose intervention B instead? What made you think intervention A didn't fit?' So I can see if there's actually a *rationale*." (Aubrey)

Providing supervisees with choice by asking permission before moving more into the more personal realm (e.g., exploring concerns or demonstrating interventions) was another important way supervisors created space and demonstrated flexibility to supervisees. Aubrey, for instance, reported always asking permission before beginning experiential work with supervisees that appear distressed or dysregulated. Asking permission additionally provided supervisees with the opportunity to create their own boundaries in supervision.

> "If we're trying regulation skills I'll say, 'I'm noticing you seem really anxious, don't know what you're feeling, would it be helpful? Do you want to try a mindfulness exercise right now?' So, with the anxious-preoccupied I will frame it more openly that it is about them. With the avoidant-dismissive, I'll frame it more like, 'Here's something you could do with the client, but I want to have you experience it. Are you okay to run through it with me?'" (Aubrey)

The above quote further sheds some insight into the level of directness Aubrey displayed when soothing anxious-preoccupied versus avoidant-dismissive supervisees. That is, she was less direct with avoidant supervisees by framing such soothing efforts as an intention to assist with their skills with clients, rather than to assist them with their immediate dysregulation. This is likely because avoidant styles are often associated with strong desires to not expose their vulnerabilities and strong hesitations

towards depending on others. Thus, by framing an experiential grounding exercise as a way to help out their clients, it provides an opportunity for these supervisees to be soothed by Aubrey in a less threatening manner.

Another more subtle method supervisors used to create space for vulnerability was through first providing less threatening opportunities for supervisee disclosures. For instance, asking to learn some facts about supervisees' life outside of work, with low-level personally probing questions when first starting supervision. Aubrey spoke to this further by explaining that this can be especially helpful for avoidantly presenting supervisees to begin opening up since they are starting with sharing less threatening information about themselves, such as their "pets" or "hobbies."

John sums up this space creation for supervisees to be a large contributor for creating open communication and safety since the repetition of this process helps eventually calm both parties' attachment systems and build trust: "As we're calming down an attachment dyad, it's that reaching and asking and reaching and asking and reaching and asking and eventually reaching and asking and trusting."

Sub-Theme 8: Compassionately Responding to Vulnerability

In moments when supervisees were likely feeling vulnerable, even to a small degree, all supervisors emphasized being especially conscientious of how they responded. Some of these moments included when supervisees (a) disclosed a personal, supervisory, or client concern or challenge, (b) disclosed mistakes, and (c) received difficult feedback from clients or supervisors. John particularly emphasized the importance of responding with extra compassion in vulnerable moments since, as she puts it: "*Vulnerability is key to secure attachment*. So that is paramount. Vulnerability and repairing ruptures are essential." John expands on this message by stating that vulnerability essentially presents a "test" from supervisees to supervisors to determine the level of safety within the relationship. She then gave an example of when a supervisee opens up about a poor past supervision experience:

> "[When] a supervisee is saying, 'Hey, this really terrible supervision happened for me.' They are essentially saying, 'Are *you* gonna do that to me?' To ask somebody, 'Are you going to hurt me?' takes safety. Just like a child being angry at their parent is *actually*, you know, can be a sign of a *secure-ish* attachment. It's good. Parents tell me, 'Yeah, my kids get mad me.' I'm like, '*Good*! They're safe enough to get mad at you!' *Knowing that* can help somebody to hang in there." (John)

Generally, in these vulnerable moments, supervisors aimed to (a) ensure supervisees' sense of safety within the relationship, (b) encourage future disclosures, and (c) strengthen their supervisees' resilience to distress. Supervisors accomplished these goals with compassionate responding, wherein they (a) helped supervisees regulate when appearing dysregulated, (b) provided support and reassurance, and/or (c) aimed to foster a more positive mindset.

In supervisors' examples of responding to supervisees in vulnerable moments, they often took on a softer tone of voice and slowed-down their speaking pace. In addition, Aubrey especially spoke of building supervisees' own regulation skills by running supervisees, particularly anxiously attached supervisees, through experiential exercises meant to calm and regulate their distress system:

> "I need to do a lot of *regulation* skills with them in session. So, I might do a lot of, not just talk about how to do grounding or body-based work, but actually run them through it and help them use that as a way to, kind of, calm their system so that they can enter into supervision a little bit *more relaxed* than so wound up [chuckles]. And that tends to actually help quite a bit." (Aubrey)

Repeated strategies supervisors mentioned that conveyed support and reassurance were (a) validating, (b) normalizing (described in *Sub-Theme 8*), and (c) reinforcing their continued commitment. For example, "validating [supervisees] as they begin to explore how to have boundaries and communication with me." (John) Illustrating this, John recalled an instance in which one of her supervisees delivered a concern in a more brazen and accusatory fashion: "[speaking from the point of view of the supervisee] 'I think you lied to me. I think you were lying to me saying that I was as good as I am. I think you had your own agenda.'" From this, John positively highlighted that this supervisee

"valued me enough to *boldly tell me*" their concern and emphasized that as long as there is honesty and vulnerability, building a strong secure SR together is promising. Bell additionally presented an instance of this support and reassurance in moments when supervisees have made a mistake:

> "For me, this looks like... even if they make a *grave error* with a client . . . still affirming that [listing points] one: they came to me and told me about it. And two: that I will work with them so this doesn't happen again. So, this becomes a learning experience for them and highlighting that this can be a growth opportunity." (Bell)

Importantly, Aubrey cautioned against providing too much validation with anxiously attached supervisees that could thwart more independence from developing later. She, therefore, utilized more of a selective validation technique that she paired with a push for strengthening their future resilience:

> "They [anxious-preoccupied supervisees] really want a lot of *validation* and reassurance in the beginning of supervision. And so, I'm *mindful* of giving that, but not to the point of satiating the attachment need, 'cause I don't want to reinforce that too much, so I really try to take more of a … 'here's one piece of validation I'm going to give you and then here's the growth or the feedback.' So, they get *one little nugget*, but I'm not going to like pepper them with them and not be a cheerleader for them. Especially if I have a sense that they have that type of insecure attachment style… because I really want them to start to build that internal competence versus *relying* on that external piece." (Aubrey)

Finally, at the end of their vulnerability response examples, both Aubrey and Bell displayed more direct attempts to foster a more positive mindset in supervisees. In fact, it seems to be one of the growth opportunities Aubrey mentioned that she pairs with the validation "nugget[s]." For example, after validating a supervisees' felt experience when they received difficult feedback from a client, helping them foster more positive views of feedback:

> "Looking at, 'feedback's a good thing. Just because they [a client] said they didn't like something about the way you did an intervention or the way therapy is going doesn't mean you're a bad therapist.' So really challenging that kind of global negative core belief that they sometimes

have an injury with." (Aubrey)

Other methods Aubrey and Bell employed to induce a more positive outlook also typically included a growth mindset. For instance: (a) framing mistakes as learning opportunities (as shown at the bottom of the last quote by Bell earlier in this sub-theme), (b) praising the effort supervisees exhibited, and (c) emphasizing and celebrating small gains, especially in particularly challenging areas.

Sub-Theme 9: Normalizing Humanness

Repeatedly throughout the supervision process, all three supervisors normalized human experiences for supervisees and illuminated their own humanness. In other words, supervisors reinforced the message that counsellors, even counselling supervisors, are still human beings and, therefore, still permeable to life's challenges. Supervisors often normalized and related to supervisees' difficulties in (a) the supervision and training process, (b) challenges with clients, and (c) the steeper learning curve of particular skills. In addition, they made themselves more relatable to supervisees by offering their own anecdotes of humanness, either past or present.

As mentioned in the previous sub-theme (*Sub-Theme 8: Compassionately Responding to Vulnerability*), normalizing was one of the methods supervisors utilized when responding compassionately to a supervisee's vulnerability. For instance, using self-disclosure to normalize imposter syndrome:

> "If they're talking about impostor syndrome, that's often one that I bring up and share as something everybody goes through and what that looks like and how to know what was helpful for me to navigate it, what other provisionals have shared, [and] what's working for them to navigate it." (Aubrey)

However, supervisors went beyond only normalizing in supervisees' vulnerable moments. John, for instance, brought attention to her humanness regularly so that her supervisees, especially those that tend to be intimidated by or hold authority figures on a "pedestal," could have a more realistic and

adaptive view of her:

> "I think it's just sometimes we seem superhuman. And that's triggering. If somebody thinks I'm superhuman or somebody thinks [that I think] I'm superhuman, either one, it's triggering for them. I don't think that and it's relevant to tell people I don't think that." (John)

Some of the ways John recalled showing her humanness with supervisees was by disclosing mistakes she has made or sharing short anecdotes of imperfections that can come up in her life, such as her children "scratch[ing] up my kitchen table." Similarly, Aubrey utilized humanizing self-disclosures to help inspire more vulnerability from supervisees:

> "Sometimes I'll use *self-disclosure* as a way to try to create an okay space to explore more vulnerability—and I'll do that with both insecure attachment styles—to normalize it, but to also show that this can be an okay place to talk about hard things … and talk about the deeper issues, especially talking about countertransference as it shows up [because that] can be really difficult with both insecure attachment styles." (Aubrey)

Aubrey spoke of using both past self-disclosures about particular hardships and present self-disclosures using immediacy to open the door to particular conversations a supervisee may have difficulty sharing in first. As such, she noted self-disclosing more with avoidant supervisees due to their tendency towards more nondisclosure.

Both Aubrey and John also explicitly discussed being cautious and thoughtful in their self-disclosures to help maintain an appropriate personal-professional balance. Both supervisors shared the same three criteria for what they determined was an appropriate, but still, humanizing self-disclosure. That is, disclosures that are: (1) on topics the supervisor has already processed, (2) limited in length, and (3) therapeutically relevant to the topic at hand.

Group Experiential Theme 4: Supervisors' Activation of Exploration (Becoming a Secure Base)

Sub-Theme 10: Maintaining Predictability Through Consistency

All supervisors emphasized the importance of predictability in supervision. As such, they aimed to provide a predictable environment and interactions by demonstrating consistency in supervision. This included (a) maintaining the same supervision structure session-to-session, (b) demonstrating congruency between their words and actions, and (c) being persistent in their requests and gentle pushes for supervisee growth.

Bell, for instance, created a predictable structure to supervision by starting and closing sessions with the same check-in and check-out form that both her and her supervisees have copies of. Accordingly, Bell noted that supervisees thus know how meetings will be conducted and what questions they are going to be asked because it is the same every time. She asserted that this predictability creates security and helps supervisees know what to expect and better prepare for meetings.

Congruency between supervisors' words and actions was largely articulated through supervisors role-modeling what they taught to and expected from their supervisees. For example, between Aubrey and Bell, they emphasized the importance of modeling (a) professionalism by being prepared, on time, and present, (b) appropriate self-care, such as by taking time off, (c) how to navigate difficult or uncomfortable situations, such as creating and maintaining appropriate boundaries, and (d) their own follow-through on commitments. Aubrey added that group supervision can be helpful for creating more modeling opportunities as supervisees can witness additional instances of Aubrey navigating delicate conversations with other supervisees:

> "That's why one of the reasons I love giving feedback in group therapy sessions is that they can see it role-modeled, and they can learn how to start giving feedback to clients, right? Or how to navigate *odd* questions with their clients. Or how to navigate, you know, maybe [a] client doesn't want to go into an intervention, but how can you still *kinda* get them to do it." (Aubrey)

Finally, Aubrey and Bell delineated a consistent, while still gentle, persistence in supervisees' follow-through of (a) action plans, (b) established boundaries, and (c) pushes for growth when

concerning behaviours become stagnant. The principal method both supervisors noted for this was routinely following up. Bell, for example, ensured the maintenance of the creation and follow-through of actions plans through her supervision check-in and check-out document:

> "If they said last supervision that they were really exhausted and they had too many clients on their caseload and problem solved about that in the supervision. It's an opportunity for me to follow up on that, and they know I'm going to follow up on that because at the end of that supervision document it says, 'What are actions for the next supervision?'" (Bell)

If action plans are not executed, boundaries are continued to be pushed (either with clients, themselves, or the supervisors), or supervisees express resistance, both supervisors used it as an opportunity to modify their approach or discuss what barriers were getting in the way. That said, while supervisors expressed some flexibility—such as by (a) temporarily moving attention to a flagged barrier first, (b) modifying an action plan, or (c) providing more time—they did not allow an important concern or requested action to be "drop[ped]" (Aubrey) entirely. For instance, supervisors outlined methods such as digging deeper into positive blanket statements, restating a boundary with more specifics, or stating revisiting intentions and circling back later:

> "Depending on how strong avoidant-dismissive they are, if it's always permissive we might never get anywhere. And so sometimes I'll say, 'Would it be okay if I try this? Would you be comfortable?' And they say 'No,' [I] say, 'Okay. I'm going to ask you again next time.' And I don't just let it drop." (Aubrey)

Bell noted that although this is typically sufficient persistence for the majority of ISA supervisees, she has had a few supervisees still continue ethically concerning behavioural patterns. In these rare instances, Bell reported outlining one final rectification plan, followed by an explanation of the next steps for disciplinary action if changes still do not follow:

> "I can ask them what feels like it's getting in the way. 'Is it something systemic? Is it something you can shift within you? Do you need more support?' And, you know, we can give that a try.

> And then let them know that the next time we have this conversation that it will be disciplinary and there's a process laid out about disciplinary action." (Bell)

Sub-Theme 11: In This Together While Passing Responsibility

Supervisors repeatedly described communications and actions demonstrating that they will work as a team with supervisees when mistakes, concerns, or ruptures occur—even those that are on the more personal end of the spectrum—but in a way that still encourages supervisees' own exploration and independence. While this is similar to *Sub-Theme 8: Compassionately Responding to Vulnerability*, the eighth sub-theme is what sets the foundation for the current sub-theme. *Sub-Theme 8* relates to supervisors soothing supervisees when supervisees are feeling vulnerable or distressed during moments such as concerns, mistakes, or ruptures, by compassionately responding and building up their distress tolerance. In contrast, the current sub-theme relates to ultimately empowering supervisees' self-efficacy, by more thoroughly working to overcome these challenges together. This was explained to build up supervisees' abilities and confidence to work more independently later on. For instance, in an example relating to helping supervisees who encounter an ethical dilemma, Bell stated:

> "Coming up with future solutions to ethical dilemmas *with* them so they can apply that ethical decision making independently of me in the future. . . . The goal, like for a parent, is for that child to be able to grow up more secure and be able to have a strong self-confidence and be able to make clear appropriate decisions. And so that is my goal as well." (Bell)

In the beginning stages, supervisors took on more responsibilities for managing and nudging supervisees in the right direction, but as supervision progressed, they gradually empowered supervisees to increase their contributions, while supervisors decreased theirs. This was initially demonstrated by collaboratively problem-solving and creating action plans, but both parties carrying out those actions separately before coming back together to re-discuss. During the collaboration process, especially earlier in the relationship when supervisees are stuck or unaware of a misstep, supervisors first checked-in with the supervisee's understanding and thoughts. For example, in the instance where a supervisee

allowed topics that should be addressed in therapy to be discussed over long emails back and forth with a client, Bell facilitated the following discussion:

> "'Are you able to see that this was an error? Is there anything you would do differently now that you recognise that it was an error? Let's put our heads together to talk about what kind of support you need so it doesn't happen again.'" (Bell)

Then, if the supervisee lacked insight into (a) the misstep or (b) how to address or repair the misstep, supervisors presented their process and reasoning for how and why they are recommending or directing certain actions from their supervisees. In the case of the example in the quote from Bell above, this involved explaining the "ethical imperatives" and "rationales" for establishing and maintaining proper professional boundaries with clients:

> "Pointing out that a part of the therapist's role and function is to manage the [therapeutic] relationship. It's our role and function to manage the boundaries in the relationship. We have to set the boundaries. And when those boundaries are broken, it's us that has facilitated that and talking about the risks of that. The risks of harm to the client and the risk of harm to the therapist in their professional capacity." (Bell)

Supervisors checking-in and then thoroughly explaining their thoughts and rationales was explained to help ensure high transparency and understanding of what supervisees' expectations and responsibilities were and why. Aubrey and Bell additionally ensured clarity of what their expectations mean behaviourally for any tasks assigned to supervisees or themselves by becoming granularly specific. For example, breaking down goals into small concrete task "chunks" (Aubrey), clearly outlining shared and separate steps in tasks, agreeing on timelines, and checking into the supervisee's understanding for assurance of a shared understanding.

While the supervision progresses and supervisees are pushed towards more independence, supervisors described slowly getting the supervisee to take the lead in problem-solving and action planning, while they continue to take steps back. One stage of this was "asking them more reflective

questions such as, "'Well what do you think? How do you think you're being perceived? What do you think your client needs?' versus jumping straight into problem solving." (Aubrey) Another later stage was then asking supervisees to do this problem-solving and action planning before supervision sessions or consultations, in order for supervisees to present what they have come up with rather than doing it during their meetings.

In circumstances where a personal, but still professionally relevant, concern starts taking away too much time from other supervision tasks, Aubrey reported further increasing the passing of more responsibility to the supervisee, but while still conveying her care and availability. For example, temporarily tabling the repair of a rupture created by triggering a supervisee's attachment wound after dedicating a few sessions to working through it:

> "I'll typically do 2 to 3 sessions and I'll say, 'I'm going to have you hold talking about this for 2-3 sessions. I really want you to work on it, we're going to check-in in 2-3 sessions to see if this is still coming up.' And that gives them responsibility to own their own attachment issues and deal with that wound. But still validates that it is a concern, I know it's there, and we're not going to bring it up every single time, but we'll check in on it. And so, that will be contracted between the two of us so that they're on the same page." (Aubrey)

Aubrey further elaborated that this temporary tabling of an attachment concern, "gives permission for them [the supervisee] to do the work, but also permission to get back on track of what is our goal in the supervisory relationship versus just always dealing with the attachment styles." (Aubrey)

Sub-Theme 12: Building Supervisees' Self-Attunement

All supervisors shared actively working to cultivate and deepen supervisees' understanding of and attunement to themselves. This primarily focused on teaching supervisees to (a) bring their attention inward towards how they are feeling emotionally and physically and (b) increase their knowledge and application of attachment theory. The expressed goal of this self-attunement was to allow supervisees to better identify and understand the cause of their emotions and allow that

knowledge to help guide their next actions.

Supervisors stressed utilizing experiential body mindfulness and reflection with supervisees for them to check-in with themselves in order to connect their mind (e.g., thoughts, memories, beliefs) and their bodies (e.g., physical sensations, emotions, actions) to provide insight into the situations supervisees bring into session: “If the junior therapist says that they had difficulty with a client's situation, I ask them to check out what their body is telling them about that.” (Bell) Overtime, practicing and building this inner awareness was understood by supervisors to allow supervisees to better listen and trust themselves, ultimately also improving their ability to work more independently later on.

In addition to body mindfulness, Aubrey and John aimed to strengthen supervisees’ knowledge of attachment theory both for client work, but also for prompting personal reflections about a supervisee’s own attachment style. Aubrey stated that simply presenting her interpretation of a supervisee’s attachment and how it may be affecting their supervisory or therapeutic relationships is not likely to be effective. Instead, she encouraged independent psychoeducation of attachment theory to guide supervisees towards their own insights.

> “I will also often encourage them to go read about attachment [chuckles]. I’ll guise it in that countertransference that’s popping up with the client and say, ‘Oh I'm curious, have you done attachment work? Have you read about it? What do you know about it?’ And I'll send them a couple articles in the hopes that there might be some insight that maybe their own attachment style is being triggered [laughs]. And then we’ll debrief that and explore that a little bit.” (Aubrey)

Another important point Aubrey shared in the quote above is that she debriefs the attachment readings with the supervisees afterwards. In these debriefs, if the supervisees have not made the connections to how this knowledge practically relates to their situation, she helps guide them towards it with reflective questions such as, “‘Well if this is their attachment, what is yours? Like, what are you responding with?’” John additionally directly articulated combining this attachment knowledge and bodily awareness to

help supervisees foster a bodily awareness of their attachment system: “I want to cultivate an awareness in my supervisees of their body talk, like how their sense of their attachment system being activated will show up.” That is, what their attachment system feels like inside their body when triggered, and thus, how to recognize when this occurs in the future within client or supervision sessions.

Group Experiential Theme 5: The Supervisory Relationship Gaining Equilibrium

Sub-Theme 13: Dependable Independence

Supervisors described a large part of their realizations of more secure attachment features developing when supervisees gained a more dependable independence in their work and general functioning. That is, not only that supervisees were able to work more independently, but supervisors felt a stronger assurance and trust in supervisees’ self-sufficiency. This was because supervisees began demonstrating their dependability through taking more responsibility for themselves and their expectations as a supervisee without needing to be managed as much by supervisors. This was demonstrated by supervisees (a) softening their pulls towards or pushes away from others, (b) increased awareness of and trust within themselves, and (c) professional growth and creation of their own inner supervisor.

As mentioned during the earlier stages of supervision, supervisors experienced supervisees’ pulling towards and pushing away patterns to place them on more extreme ends of the independence-dependence spectrum(s). However, as supervision progressed, supervisees’ pulls towards or away gradually decreased in intensity, bringing them closer to the middle of the spectrum.

> “I think secure is like shared powers, ‘I can do my thing and I trust you can do your thing.’ I feel like avoidant is, ‘I have all the power! I don't want to give you any power!’ And anxious is, ‘I'm going to give you *all the power,* so I can't mess up and so that you won't hurt me because I messed up.’ So, it's like they slowly come – well they may not get here [hands almost touching in

> the middle], but they slowly come a little bit more [hands slowly coming from outward to inward] to centre into a little bit more reciprocal and supervision is less work on me." (Aubrey)

Supervisees presenting with insecure-anxious features were observed to "*gain control*" (Aubrey) by (a) checking in less with others before making decisions they were qualified for, (b) emotionally regulating themselves before and/or during supervision, and (c) seeming to rely less on the external validation from others. To illustrate this appearance of less reliance on others' validation, Aubrey recalled more anxiously attached supervisees to respond to positive feedback from the mid-term evaluation with sentiments such as, "'Oh you think I did this good?! Really?! Oh, I didn't think that!' And at the final eval, they'll be like, 'Oh that's nice.'" In addition, insecure-anxious supervisees were also described to be more accepting of constructive feedback since they no longer took it as a personal indictment, but a necessary professional opportunity:

> "They're more not taking it personally, like, feedback isn't necessarily about, "Oh I'm doing bad or I'm a bad person' but it's more like, 'Oh, to be a good psychologist—like this is just about the profession, this is just skills I need to know.' Especially if it's like feedback around ethics or our standards of practice. If, for example, they don't get consent from a minor or from the parents and they missed that it's not like, 'Oh my God, I fucked up! Oh my God I'm so bad! I'm just atrocious!' It's like, 'No, okay, I need this for the profession, she's telling me this because it's ethically-related, it's not about me, I just need to go get it next time and here's what I need to do.'" (Aubrey)

Supervisees presenting with insecure-avoidant features, on the other hand, were observed to "*let go of control*" (Aubrey) by (a) also responding more receptively to feedback, such as demonstrating more acceptance towards their evaluation scores, (b) giving more details when asked questions, and especially, (c) more readily asking for help on their own.

> "At the beginning of the relationship, they would keep that stuckness to themself for as long as possible and then what I see is a shift towards . . . they're more willing to bring up a client that they're feeling stuck with." (Bell)

In addition to these behavioural patterns softening, supervisees additionally demonstrated more self-understanding and trust within themselves. John and Aubrey noticed more self-reflection and self-awareness from supervisees regarding when, how (i.e., their triggers), and why (i.e., contribution(s) to) their attachment system becomes activated. For instance, John stated that supervisees demonstrate "having an awareness of when their attachment system is activated with *me*, within the professional context, or *with clients*" either afterwards upon reflection or in the moment. Moreover, anxiously presenting supervisees were also mentioned by Aubrey and John to demonstrate more awareness and self-management on the personal-professional spectrum, such as by acknowledging and stating when they need to work through a trigger outside of supervision. Furthermore, all supervisors noticed supervisees to have a more accurate and balanced awareness into their strengths and opportunities that translated into an enhanced sense of "confidence and self-esteem:" (John)

> "They'll talk about themselves more confidently on both spectrums and with the avoidant-dismissive it's not *false confidence*, like their confidence will be more, 'Oh I'm struggling with this, but I'm doing this to be good." And anxious will be like, "Ah, I'm doing this really well." So, it's a different way to talk about self-confidence, but both of them get there." (Aubrey)

Lastly, "the professional growth [in supervisees] is obvious" (John) through the accumulated knowledge and skills they demonstrate when initiating, executing, and following through on tasks they previously had difficulty in. For example, "taking better care of themselves [by] making space for rest and relaxation." (Bell) In addition, working through challenges on their own in the same way they were taught to in supervision. For instance, "enact[ing] the decision-making models that we've talked about before" (Bell) on their own when faced with new ethical dilemmas. Alternatively, when they start to feel "stuck" (Bell), taking themselves through the same process Bell would have: "[speaking as the supervisee] 'Okay, what could I be doing differently? What am I feeling in my body? Do I need some consultation regarding this?'" (Bell)

Sub-Theme 14: At Ease Together

The current sub-theme is tied to the previous sub-theme (*Sub-Theme 13*). As mentioned within the previous sub-theme, part of supervisees gaining dependable independence was their softening in the pulling towards and away from others they displayed earlier on in the relationship. This included their reactivity and more drastic pulls towards the farther ends of the personal-professional and independence-dependence spectrums. As was described above, these behaviours and interactions began to soften and supervisees and the SR came closer to the center of these spectrums for more appropriate balance. The behaviours observed above that were evidence of a more dependable independence are what also contributed to supervisors' felt sense of ease on their side and their supervisees' side.

On the supervisee's side, supervisors noticed them to take on more and greater risks with time, including taking on more challenges (e.g., undergoing new trainings) and being less inhibited by softening their protective behaviours and replacing them with more authenticity and vulnerability. For example, supervisors noticed supervisees to either acknowledge or talk through the core of their distress when triggered and within appropriate limits. Supervisors interpreted these changes to be from supervisees' view of them and their intentions shifting from more negative to more positive based on their interactions and actions described in GETs 3 and 4:

> "They're more willing to ask for support because they know that they're not going to get shamed and blamed. That asking for support is part of my role and function and supporting them, teaching them, helping them learn, helping them become stronger therapists is part of my role and function, and that our relationship as a supervisor/supervisee is a safe place to ask for help." (Bell)

This more positive view was also described by John to withstand future ruptures or missteps on her side: "In this more security, it's like even when I let them down, because I will, there's still a positive view, like, the human error is acceptable [speaking from point of view of supervisee]."

As a result of this noticeable softening in supervisees' views and behaviours, the supervisors all conveyed a sense of ease on their side as well. This included the relationship feeling less demanding and interactions requiring less caution and management:

> "Supervision is less work on me. So, I can also tell that when sessions are a bit smoother, there's less sense of having to be as highly reflective on my end, and I'm not doing as much teeth pulling with some of them." (Aubrey)

Sub-Theme 15: Feelings of Fulfillment

Witnessing the increased security and strength developing within more initially insecure SRs and the improvements in supervisees personally and professionally as a result was experienced by supervisors as gratifying and, ultimately, fulfilling. During supervisors' observations of or reflections on a supervisee's security development, supervisors both conveyed and directly spoke of feelings of accomplishment and pride in both themselves and their supervisee. These feelings were demonstrated both when supervisors reflected on growth nearing or at the end of supervision or when noticing small gains throughout the process.

Aubrey, for example, conveyed this sense of accomplishment when she excitedly spoke of moments supervisees exhibited even small shifts that pointed to more attachment security with her: "I always find it a little [satisfying]—when they actually start to share that towards the end, because it's like, 'Ah! I've created a little bit of a secure relationship with them in supervision!'" Similarly, Bell conveyed this observable pride when she recalled her experience of watching her supervisees gain more confidence in themselves and their competence as a therapist: "It's just wonderful to watch them [looks back up] leaning into that, their role and function and having more confidence in that. Yeah, that fills my heart with joy [chuckles] [Smiling big throughout]."

John explained these rewarding emotions to come from feeling that she helped supervisees "accomplish their goals," "feel success," and especially, develop a more authentic relationship that

created continued reciprocal “authentic admiration and appreciation” of one another. Bell added to this explanation when describing her experience reflecting on these SRs at the end of their supervision together:

> “It feels really good. It feels like, I mean, I look at my role as a supervisor ... um, I guess it would be called post-traumatic growth from my very poor experience of being supervised as a provisional psychologist. Just that there's a *relief*, a *confidence*, a *joy* in that someone is moving forward in a *healthy way*. That they're becoming a professional that is ethical and that their experience of supervision is non-violent and kind and what I would have wanted for myself [smiling]. That they are having that experience. So, it feels like giving *back* to the world in a really good way. And I invite the people I supervise to consider doing supervision when they are able to, just so they can pass on a healthy, non-violent, caring way, but *clear* way of supervision. Yeah, so it feels good. [nodding and smiling]” (Bell)

In summary, the findings that emerged from clinical supervisors in this study have been summarized into five GETs and 15 sub-themes to illuminate the experiences of navigating and addressing ISA in SRs. The following chapter will now shift focus towards discussing how these findings relate to (a) previous relevant literature and (b) the main research question posed earlier in this thesis.

Chapter 5: Discussion

This chapter will be composed of four sections. First, a brief summary of this study's themes and how each relates to the existing literature. Next, I outline and discuss the limitations of the current study. Following this, suggestions for future research directions are presented. Finally, I highlight the implications and conclusions of these findings for clinical supervision practice.

Summary of Themes

The data from the current study resulted in the emergence of five overarching themes and 15 sub-themes that reflected supervisors' experiences of identifying and successfully addressing insecure supervisory attachment (ISA) in clinical supervisory relationships (SRs). All five group experiential themes (GETs) were endorsed by all three participants, while each sub-theme was endorsed by at least two out of the three participants. GETs are primarily in chronological order, with the order of the middle GETs (two, three, and four) additionally influenced by the level of importance supervisors conveyed through emphasis or repetition. While supervisors expressed observing low to moderate signs of ISA in most, if not all, supervisees, interviews focused on the ISA cases (20-30%) in which the insecurity (a) was higher than is typical and (b) created acute difficulties in the SR and training process.

Increased Demands on Supervisors

This first GET refers to the beginning-to-middle, stages of supervision when supervisors identified signs of an ISA that was interfering with the SR and the training process based on the added challenges they experienced within these SRs. This included (a) supervisees pulling towards or pushing away from others (*Sub-Theme 1*), (b) cautious interactions between supervisors and supervisees (*Sub-Theme 2*), and (c) a weighted sense of responsibility for supervisors (*Sub-Theme 3*). Overall, the findings of this first GET align with the existing literature on the presentations of insecure attachment styles in

and out of clinical supervisory relationships (e.g., Cassidy & Shaver, 2008; Pistole & Fitch, 2008). Furthermore, the present study's findings on supervisors' feelings of caution in their interactions and weighted sense of responsibility extend this literature by describing more of the internal challenges that supervisors face in insecurely attached SRs.

The pulling towards/pushing away and cautious interaction patterns ISA supervisees displayed align with the existing literature on the internal working models (IWMs) and behavioural manifestations displayed by individuals with anxious and avoidant attachment styles. Supervisors from this study found the supervisees demonstrating a pattern of "pulling towards" behaviours to be overly dependent on others and appeared to prioritize the personal bond and perceptions of their clients, supervisors, or colleagues. This closely resonates with the IWM and outward presentations from anxiously attached individuals described in the attachment literature. That is, individuals with an anxious attachment style typically view others more positively than themselves, and thus under-rely on themselves, highly crave closeness to others, and can feel cautious in their interactions with others for fear of being rejected or abandoned (e.g., Cassidy & Shaver, 2008).

In stark contrast, supervisees demonstrating a pattern of "pushing away" behaviours were observed by supervisors from this study to be overly independent and to avoid most, if not all, personal components, even those supervisors considered to be important for supervisory and therapeutic relationships. For example, receiving or providing constructive feedback or sharing relevant personal anecdotes when building rapport or trust. This closely resonates with the IWM and outward presentations from avoidantly attached individuals described in the attachment literature. That is, individuals with an avoidant attachment style typically view others more negatively than themselves, and thus over-rely on themselves, avoid feelings of closeness to others, and appear guarded and aloof in their interactions with others (e.g., Cassidy & Shaver, 2008).

Findings from the first and second sub-themes additionally reflect previous literature on how insecure attachments behaviourally manifest in professional contexts. For example, supervisees or employees with an avoidant attachment style not seeking support when necessary, having difficulty working collaboratively, and personally distancing themselves from supervisors or colleagues (Pistole & Fitch, 2008; Richard & Schat, 2011). Meanwhile, individuals with an anxious attachment style demonstrating conflict avoidance that can interfere with their interpersonal communication assessments and skills (Castro et al., 2013) and the frequent pursuit of support and reassurance from others (Pistole & Fitch, 2008). Supervisors from this study further observed these patterns in anxious supervisees by their difficulties creating and maintaining appropriate boundaries with clients and some appearing overly appeasing and/or personal in their conversations with supervisors. However, while Rogers et al. (2018) found only the insecure-anxious attachment in supervisees to be linked to cognitive distortions that created more difficulty receiving and applying corrective feedback, supervisors from the current study unanimously observed this difficulty with supervisees demonstrating either ISA pattern. While insecure-anxious supervisees were reported to appear the most visibly distressed through their uncertainty and "pulling towards" behaviours increasing, insecure-avoidant supervisees' were found to silently ignore the feedback and/or pushback to others' requests of them.

The second element of the increased demands on supervisors was the cautious interactions from both supervisors and their supervisees. For supervisees, supervisors sensed all types of ISA supervisees to be more guarded and inhibited in their interactions with supervisors. This aligns with one of the basic premises of attachment theory. That is, an insecure attachment entails a lack of felt safety or security with an individual one is supposed to rely on (Bowlby, 1969). Therefore, interacting with that individual with more trepidation and caution to protect oneself would be expected. For supervisors, high caution in their interactions with supervisees was conveyed as a result of these supervisees' increased attachment triggers, pronounced reactivity, and difficulties in making reparations after

ruptures. This was especially evident in conversations or situations that commonly trigger attachment wounds, such as providing professional feedback or uncomfortable conversations touching on personally vulnerable topics. Considering the increased (a) sense of threat, (b) emotional dysregulation, and (c) interpersonal dysfunction associated with insecure attachments (Mikulincer et al., 2003), supervisors' caution in their interactions is understandable.

Supervisors' Intentional Attunement for Guiding Action

This most central theme of the study highlights the three areas supervisors were continually attuned to for determining when and how to intentionally regulate and manage (a) themselves and (b) the ISA, in order to function as a professionally appropriate, but still safe and secure attachment figure. This included continuous intentional attunement to (1) their own self-awareness and inner experiences (*Sub-Theme 4*), (2) the profession (*Sub-Theme 5*), and finally, (3) the needs of the particular supervisee in front of them (*Sub-Theme 6*). The centrality of this theme was conveyed by supervisors repeatedly speaking of and emphasizing their routine engagement in the attunement to and reflection in one or more of these areas. This was especially shown when an SR became more demanding and the next appropriate actions felt unclear. Findings from this theme reflected and provided in-practice examples of key expectations and recommendations for supervisors from attachment and supervision literature for how their decisions and actions (described in GETs 3 and 4) ought to be guided (e.g., Barnett & Molzon, 2014; Fitch et al., 2010). Attunement to all three areas is essential for balancing personal responses, professional responsibilities and values, and the unique needs of a supervisee, when determining the right course of action within a particular context. Furthermore, these strong reflective practices coincide with key characteristics of expert supervisors (e.g., Grant et al., 2012; Kemer et al., 2017).

The term “attunement” has many layers and therefore, can be understood in different ways. For instance, in the context of attachment theory, it overlaps with caregiver characteristics, such as a caregiver’s *sensitivity* to the infant’s “signals and communications” (Ainsworth et al., 2015, p. 140). This includes the accurate, appropriate, and timely interpretations and responses to their infant’s communications. Moreover, attunement additionally overlaps with *mindfulness*, which has been defined as “paying attention in a particular way: on purpose, in the present-moment, and nonjudmentally” (Kabat-Zinn, 1994, p. 4). Within attunement, this concept can be applied both intrapersonally, through attending to ones’ own inner experiences, and interpersonally, through attending to others’ experiences (Lamagna, 2011). As such, within therapy, attunement has been used to describe an individual’s ability to connect to, stay present with, understand, successfully convey, and adaptively respond to the moment-to-moment inner experiences of themselves and/or others (Lamagna, 2011; Talia et al., 2020). For the current study, the term “attunement” is used to describe supervisors’ process of monitoring and engaging in sensitivity, mindfulness, and reflectivity towards themselves, the profession, and their supervisees to determine the best course of action they then carried out in GETs 3 and 4.

Of the three attunement areas mentioned, all three supervisors in the current study most highlighted the importance of gaining and maintaining a high self-awareness and inner attunement. Their immense dedication to these reflective practices reinforces and exemplifies important expectations recommended in both attachment literature and professional ethical guidelines. For instance, aligning with the recommendations within the attachment literature, supervisors demonstrated an awareness of their own triggers, attachment tendencies, and how they may interact with the attachment style of supervisees (e.g., Fitch et al., 2010; Rogers et al., 2019; Watkins and Riggs, 2012). Following the ethical guidelines for supervisors related to *Principle II: Responsible Caring*, supervisors from this study additionally emphasized their strong attention and dedication towards maintaining their own well-being and professional competence. For example, engaging in appropriate

reflection and self-care to avoid burn-out as well as personal reactions that could negatively influence (a) supervisees, (b) the SR, and (c) what they are directly or indirectly modeling (e.g., Barnett & Molzon, 2014; Rupert et al., 2015; Hiebler-Ragger et al., 2021). Supervisors illustrated this alignment by sharing their understanding of the personal challenges and triggers they face in supervision and how their bodies, emotions, and actions can be consequently impacted. Supervisors additionally utilized this self-knowledge to monitor and gauge their inner experiences to quickly detect potential concerns and act appropriately. For instance, whether the supervisor ought to (a) engage in more self-soothing practices, (b) reach out for support, second opinions, or guidance, and/or (c) ensure they continue to present and act appropriately towards supervisees. This strong prioritization of self-awareness and monitoring from supervisors in this study, especially regarding their own personal opinions and countertransference reactions, was additionally found as a key characteristic in studies on expert supervisors (e.g., Grant et al., 2012; Kemer et al., 2017).

Supervisors' next most emphasized area of attunement was to their profession in general and their own individual professional values. This included attuning to and acting congruently with supervisors' professional roles and ethical duties as well as their own unique theoretical orientation(s) and associated values. Supervisors' reflective practices surrounding these areas are an important expectation of clinical supervisors. It reflects adherence to CPA's ethical guidelines for *Principle II: Responsible Caring*. Most specifically, "[k]eep[ing] up to date with the standards, guidelines, codes, laws, and regulations that are specific to the work undertaken or to the workplace, and which support supervisor-supervisee learning" (Canadian Psychological Association, 2017b, p. 7). Supervisors' continuous consideration and deference back to assess which next actions are in alignment with their professional responsibilities and/or theoretical orientation(s) and associated values demonstrate how seriously these supervisors take their professional responsibilities. Supervisors further demonstrated their professional attunement in their decisions and actions in their considerations of professional

relevancy and importance before moving forwards in an activity, discussion, or correction with supervisees. Furthermore, supervisors' in this study described a mindfulness of the power imbalance in the SR, it's potential impacts on supervisees, and how this influenced their interactions and practices as a supervisor. This mindfulness aligns with the assertions from the College of Alberta Psychologists (2016), the Canadian Psychological Association (2017a; 2017b), and a competency-based framework (Falender & Shafranske, 2017), that supervisors need to be aware of the position of power they hold in supervision and the influence their actions can have on supervisees. However, some scholars have identified a lower awareness and mindfulness regarding the effects of the power differential in SRs to be a common pitfall that can weaken the bond and lead to potentially harmful interactions (e.g., Cartwright, 2020; Duff & Shahin, 2010).

Findings regarding supervisors' attunement to supervisees for enhancing their understanding and responses to ISA reinforce and extend the recommendations from attachment supervision scholars. For example, supervisors' deduction of a supervisee's attachment style to inform their choice of strategies to allow them to best operate as a secure and safe attachment figure (e.g., Gnilka et al., 2016; Watkins & Riggs, 2012). Moreover, supervisors' attunement to supervisees' particular needs and developmental level echoes findings on master supervisors' management of difficulties in SRs. For instance, Kemer et al. (2017) highlight expert supervisors' *Assessment of Supervisees' Needs and Developmental Level in Supervision,* by "exploring supervisees' expressions of their needs as well as their own [supervisors'] conceptualizations" to help determine their intervention choices (p. 248). Similarly, Grant et al. (2012) emphasized expert supervisors' *Attune*[ment] *to Supervisee Needs*, wherein "[s]upervisors were attuned to the developmental and relational needs of the supervisee and were intentional in matching their approach to the supervisee's needs" when faced with difficulties (p. 532).

Supervisors' Encouragement of Vulnerability (Becoming a Safe Haven)

This theme describes how supervisors successfully created feelings of safety with supervisees over the course of supervision that gradually encouraged supervisees to become more open and vulnerable, especially in times of distress. Supervisors primarily encouraged supervisee's vulnerability through (a) actively creating space for supervisees to be open and vulnerable without pushing (*Sub-Theme 7),* (b) compassionately responding to supervisee's vulnerability (*Sub-Theme 8*), and (c) normalizing humanness by relating and being relatable to supervisees (*Sub-Theme 9*). Overall, this theme closely aligns with and extends the suggestions from the attachment supervision literature regarding how supervisors can function as a safe haven for supervisees (Fitch et al., 2010; Pistole & Fitch, 2008; Watkins & Riggs, 2012).

According to clinical supervision attachment literature, supervisors function as a safe haven by comforting and soothing supervisees, which will help to deactivate a supervisee's perceptions of threat (e.g., Fitch et al., 2010; Pistole & Fitch, 2008; Watkins & Riggs, 2012). Taken together, supervisors' actions and methods in the current theme largely encompassed how supervisors comforted and soothed supervisees. This in turn helped build perceptions of supervisors' trustworthiness, encouraged supervisees' vulnerability, and developed more appropriate levels of personal aspects and dependence in the SR (i.e., how they began to function as an appropriate, while still effective, safe haven). Furthermore, many of these methods are considered to help build positive emotional bonds between trainees and their supervisors (e.g., Gunn & Pistole, 2012; Singh-Pillay & Cartwright, 2018). A positive emotional bond is an important element of a strong supervisory alliance (Bordin, 1983), and a strong supervisory alliance has been repeatedly strongly associated with more trainee self-disclosure (e.g., Hutman & Ellis, 2020; Guttman, 2020; Mehr et al., 2015). In fact, Hutman and Ellis (2020) found lower quality in the supervisory alliance to be the largest predictor of supervisee non-disclosure.

The current theme additionally illustrates practices by supervisors that appear to help overcome some of the negative impacts identified to emerge from the inherent power imbalance (especially those

magnified for individuals with an insecure attachment style) that can get in the way of safety and thus, vulnerability (e.g., Cartwright, 2020; Kreider, 2014; Mehr et al., 2015). These strategies are illustrated within all three sub-themes. For instance, in the seventh sub-theme, supervisors take more responsibility for giving supervisees space and opportunities for difficult discussions or disclosures. In the eighth sub-theme, supervisors' conscientious response to difficult disclosures or other vulnerable moments. In the ninth sub-theme, supervisors' normalization of supervisee difficulties by (a) relating to and validating supervisees' experiences and (b) being relatable to supervisees by disclosing their own similar and relevant experiences. Through these methods, supervisors likely reduced their intimidation and eased supervisees' potential perceptions of threat, thus creating more room for safety and vulnerability. The following paragraphs will discuss each sub-theme's particular contributions in more detail.

Fitch et al. (2010) warn supervisors that when the focus is more directed towards the supervisor's needs, "even due to a lack of resources (e.g., time)," sensitivity and responsiveness to supervisees is likely to be more detached, and lead to more negative attachment-related experiences for the supervisee (p. 27). Within the present study, supervisors' active creation of space for supervisees (*Sub-Theme 7*) by routinely inquiring into supervisees' challenges and input, from my perspective, likely helped communicate to supervisees a high level of focus and care on the supervisees' needs, but also their wants and views. Furthermore, although supervisors routinely created this space, they did not push supervisees to take it before they were ready. Aside from this intention being directly stated by two supervisors, this more patient and permissive stance was demonstrated in a variety of methods. To provide a few examples, supervisors' (a) careful formulation of questions and check-ins, (b) frequently asking permission, and (c) reminding supervisees of their own boundary rights in the SR. These methods can additionally help address concerns some researchers have mentioned regarding whether true

consent can be attained by supervisees without them feeling pressured by the supervisor's power and evaluative role over them (e.g., Kozlowski et al., 2014).

In the following sub-theme (*Sub-Theme 8*), many of the actions and intentions supervisors described in their compassionate responses correspond with the descriptions from supervisees captured in an element of strongly bonded SRs from Heinrich's (2018) study. That is, within the study's core theme of *Intimacy*, supervisees described their supervisor to handle their vulnerability "responsibly" (p. 86). More concretely, supervisees from Heinrich's (2018) study noted that their supervisor "approached their vulnerable disclosures with curiosity, compassion, empathy, and support" and with "a lack of criticism, punishment, or defensiveness" (p. 86). This closely aligns with supervisors' descriptions of their high conscientiousness when responding to supervisees' displays of vulnerability, including their (a) communication of understanding, (b) help to calmly regulate them, and (c) offer of support and reassurance. Lastly, Fitch et al. (2010) note that too much closeness and guidance, especially when paired with poor or inconsistent sensitivity to supervisee cues, can promote a maladaptive dependence in the supervisee. One of the supervisors from the current study echoed a similar sentiment by emphasizing the importance of not crossing too far into the personal realm and over-validating supervisees with high attachment anxiety. Instead, this supervisor spoke of creating a more ideal balance through being more selective in her validations and by packaging pieces of validation with pieces of feedback and/or hope instillations. From this, supervisees were considered to still be offered comfort and reassurance, but their independence was less at risk of being stifled.

Findings represented in supervisors' normalizing humanness (*Sub-Theme 9*) additionally correlate with the advice frequently given to supervisors to normalize, validate, and self-disclose in ways that are beneficial to the supervisee's confidence and development (e.g., Gunn & Pistole, 2012; Guttman, 2020; Mehr et al., 2015). That said, there is some debate in the literature regarding whether supervisor self-disclosure does more harm than good (Ladany & Walker, 2003). However, while it is clear

that not all supervisor self-disclosures are beneficial to supervisees, many scholars consider certain self-disclosures to significantly strengthen the supervisory alliance and the supervisee's felt sense of security, as they can help soften supervisees' defenses and create a space for openness and vulnerability to feel less threatening (e.g., Gunn & Pistole, 2012; Guttman, 2020). Moreover, Singh-Pillay and Cartwright (2021) found that supervisees felt more reluctant to self-disclose themselves if they viewed their supervisor to be less forth-coming in their self-disclosures to supervisees. Two supervisors from this study helped to distinguish an appropriate personal-professional balance in this area by only engaging in their own personal sharing that is: (1) on topics the supervisor has already processed, (2) short enough to keep the session focus on the supervisee, and (3) therapeutically relevant to the topic or task at hand. These criteria additionally overlap with Ladany and Walker's (2003) criteria for effective supervisor disclosure: congruency with (a) therapeutic relevance and (b) the supervisee's needs.

Supervisors' Activation of Exploration (Becoming a Secure Base)

This theme incorporates supervisors' descriptions of gradually creating feelings of security that helped to activate supervisees' learning and exploration. Supervisees' exploration was primarily activated through three methods. First, supervisors maintained predictability by demonstrating consistency in various domains (*Sub-Theme 10*). Second, supervisors worked as a team while gradually passing more responsibility to the supervisee (*Sub-Theme 11*). Third, supervisors helped supervisees build their own self-understanding and inner attunement (*Sub-Theme 12*). Overall, this theme closely aligns with and extends the suggestions from the attachment supervision literature regarding how supervisors can function as a secure base for supervisees (Fitch et al., 2010; Pistole & Fitch, 2008; Watkins & Riggs, 2012).

According to clinical supervision attachment literature, supervisors function as a safe base during a supervisee's exploration by providing guidance when necessary to progress their learning (Fitch

et al., 2010; Pistole & Fitch, 2008; Watkins & Riggs, 2012). This current theme encompasses how supervisors successfully empowered and pushed supervisees to grow their professional skills and competencies. This in turn helped build perceptions of supervisors' reliability, activated supervisees' own exploration, and develop more appropriate levels of professionalism and independence in the SR. The interventions supervisors described within this theme, therefore, demonstrate how supervisors began to function as an appropriate, while still effective, secure base. The particular methods and strategies supervisors in the study employed provide more guidance on how to function as an effective secure base for supervisees, including those with an ISA.

Predictability is considered to be an important element of creating trust as it creates reliable stability that allows individuals to know what to expect in an environment and/or relationship (Venet, 2019). Therefore, creating a predictable environment and relationship through consistency in session structure, expectations, boundaries, and interactions is an essential element when practicing from a general trauma-informed lens in therapy or supervision (Knight, 2018). Supervisors from the current study created predictability through their clarity and consistency in session structures and interactions. Supervisors' consistency was demonstrated in their (a) maintenance of the same supervision structure session-to-session, (b) congruence between their words and actions, and (c) flexibility, but persistence and clarity in their expectations and requests for supervisees.

Further, the strategies supervisors employed in collaboration with supervisees to gradually (a) reduce supervisors' involvement and (b) increase the supervisee's independent functioning largely emulate the principles of collaboration, choice, and empowerment emphasized in trauma-informed supervision (Knight, 2018). To expand on these elements more, since survivors of trauma typically experience feelings of powerlessness, a trauma-informed practice incorporates these elements to give supervisees a sense of control and power. Specific strategies include, working with supervisees or clients in a collaborative manner, ensuring they have an influential role and voice, providing choices rather than

strict directives, and empowering their confidence in their decisions and abilities. Supervisors from the current study demonstrated these principles in a variety of ways. For example, asking for supervisees' thoughts and insights before presenting their own. As well, presenting their process for arriving at their decisions and recommendations to help supervisees thoroughly understand and reproduce the same process on their own in future similar situations. Furthermore, supervisors' high transparency and granular clarity in their expectations and tasks for supervisees coincide with recommendations from competency-based supervision. Specifically, supervisors ensuring high levels of clarity in their communication with supervisees (Falender & Shafranske, 2017). This is recommended since higher clarity from supervisors in their expectations is associated with reduced tension and anxiety in the SR, especially relating to supervisees' distress stemming from the power imbalance (Bang & Goodyear, 2014).

Importantly, as emphasized in the clinical supervision literature (Bernard & Goodyear, 2014; Duff & Shahin, 2010; Watkins, 2021), supervisors prioritized addressing and working through ruptures with supervisees when they came up. In a recent detailed framework by Watkins (2021) for repairing supervision ruptures, the discussion and processing of a rupture was urged to be spoken about in as much detail and for as long as is necessary for a potential repair to be reached. However, in instances when a rupture is based around a longstanding ISA trigger that appeared to be taking over supervision, one supervisor in the current study reported temporarily passing the responsibility to the supervisee, but while still acknowledging their continued availability to the supervisee and the importance of the matter. More specifically, after two to three sessions of attempting to work on a rupture or relevant ISA wound together in supervision, the supervisor reported acknowledging the importance of the concern but requesting the supervisee to temporarily table the concern for a few meetings. This was further clarified to afford the supervisee some time to work on the issue independently and allow supervision to move on to different supervision activities in the meantime.

Finally, supervisors' work in helping supervisees cultivate and enhance their understanding and attunement towards themselves most closely overlaps with Fitch et al.'s (2010) recommendations for supervisors to function as a secure base for supervisees. This includes providing guidance by helping supervisees learn to connect theory to clinical practice. For example, better understanding their own attachment style and emotions in relation to clients and their work. This is an intention that all supervisors in the current study endorsed. All supervisors reported utilizing experiential body mindfulness exercises, reflection questions, and/or psychoeducation in attachment theory to help enhance supervisees' awareness of themselves and their inner experiences. Supervisors explained this to help supervisees better understand their triggers, behavioural tendencies, how to regulate themselves, and how to utilize this knowledge to inform their next steps.

The Supervisory Relationship Gaining Equilibrium

This final theme speaks to the middle-to-later stages of supervision when supervisors experienced more security in the SR to develop. Broadly speaking, this theme encompasses supervisors' experiences of the emotional and behavioural shifts (a) in supervisees, (b) within the SR, and (c) within themselves, which gradually led to these SRs feeling more balanced. This included (a) supervisees' demonstrations of more dependable independence (*Sub-Theme 13*), (b) more felt ease between supervisors and supervisees in interactions (*Sub-Theme 14*), and (c) feelings of fulfillment for the supervisors (*Sub-Theme 15*). Overall, the findings of more attachment security developing in SRs initially marked by an ISA, support the evidence for the development of *earned security* (i.e., insecurely attached individuals later developing more attachment security) (Mikulincer & Shaver, 2007; Roisman et al., 2002), and the potential for earned security to occur in clinical SRs (Stella & Taggart, 2020).

Supervisees' demonstrated more dependable independence by showing a more confident, appropriate, and reliable form of self-sufficiency in both their work and general functioning. Resulting

from this, supervisors sensed more ease from both the supervisees and themselves in interactions. Supervisees gaining more dependable independence and ease with their supervisor as the SR and training process progressed is a basic expectation and hope for clinical supervision (Barnett, & Molzon, 2014; Callahan & Watkins, 2018). However, these outcomes are also closely associated with products of a secure attachment. This is because learning to genuinely let go of long-term or instinctive strategies developed to protect oneself is difficult and requires a level of trust and felt security with the individual they are relying on (Mikulincer & Shaver, 2007). Therefore, a certain level of attachment security needs to be integrated into someone's IWM for them to feel safe and protected enough to not activate their protective strategies and instead positively view and rely on *both* themselves and others.

Many of the rewarding emotions described in the 15th sub-theme, *Feelings of Fulfillment*, speak of outcomes that overlap with the core theme found in Heinrich's (2018) study, *Intimacy*, described by all participants. That is, from the perspective of the supervisees, strongly bonded SRs were differentiated through "feelings of care, closeness, understanding, and valuing" (p. 80). Supervisors from the current study similarly spoke of a reciprocal experience of openness, appreciation, and gratitude. Other fulfilling emotions supervisors described that encompassed a sense of accomplishment, joy, and inner fulfillment from seeing their supervisees' growth can additionally relate to findings from research in positive psychology. That is, prosocial engagement (i.e., positively impacting or being impacted by others) is widely associated with increased well-being, enduring life satisfaction, and a greater felt sense of meaning in one's life (e.g., Aknin et al., 2011; Van Tongeren et al., 2016). Prosocial engagement not only provides benefits to the engager of the prosocial behaviour but to the receiver as well, which can enhance social bonding and "[fuel] a mutually reinforcing positive feedback cycle" (Aknin et al., 2011, p. 230). Although there are many theories and contributions to this effect, underlying it all is that at our core, humans are inherently ultrasocial beings. As such, feeling connected to others, especially through investing in or being invested in by others, in both personal and professional life, is a basic human

necessity that can help create a sense of fulfillment and joy in one's life (Aknin et al., 2011; Thomas et al., 2013; Van Tongeren et al., 2016). Strong supervisory alliances have the potential to contribute to this sense of fulfillment for both supervisors and supervisees.

Limitations

The current study employed IPA methodology and thus, presents some of the typical limitations associated with qualitative research. These limitations include (a) limited generalizability, (b) limited repeatability, and (c) the potential for researcher bias (Creswell & Poth, 2018). For instance, while three participants is the recommended sample size for a Masters-level IPA study (Smith et al., 2009), it cannot fully capture all of the possible experiences supervisors have relating to the current study's research question and sub-question. In addition, although samples in IPA research are expected to be largely homogenous in order to capture the essence of a particular experience for a particular group of people (Smith et al., 2009), this does not allow for much diversity to be captured. The present study does offer the perspectives of supervisors from different cultural backgrounds practicing from different supervision models and therapeutic orientations, however, there are still many backgrounds and orientations that are not represented. Furthermore, all participants in the current study share the same gender identity and practiced within Alberta at the time of the interview. Supervisors from groups or backgrounds not represented in this study could offer unique perspectives. For example, all participants in this study identified as female and previous studies have reported gender differences in a supervisor's attitude and likelihood of incorporating more personal elements in their interactions and training of supervisees (Kozlowiski, 2008). Specifically, male supervisors have been found to be more willing to self-disclose and engage in professional boundary crossings than female supervisors (Heru et al., 2006). Finally, although the recommendations outlined in Smith et al.'s (2009) protocol for grounding the data based on the participants' experiences were thoroughly followed, IPA research does include the researcher's own lens

in the interpretation process (Smith et al., 2009). As such, the codes I created, and my analysis of those codes will likely result in different findings than what another researcher may have gleaned.

While IPA can sometimes include follow-up interviews to help fill in the data gaps within experiences and between participants, follow-up interviews were not conducted in the present study. This lack of multiple interviews may therefore be considered a potential limitation. However, the information gathered from the first round of interviews thoroughly overlapped between participants and proved to be rich enough to properly answer the current research question in an in-depth manner. A significant amount of time and research was additionally delegated to the creation, pilot, and review of the interview protocol to ensure its thoroughness prior to data collection. Moreover, if participants provided information that was not directly covered within the interview protocol, related sub-questions were added to future protocols in case the next participant(s) did not as thoroughly cover the same information of interest in their initial responses. Therefore, while there will always be more curiosities and questions one can ask about in any topic, part of good qualitative research requires balancing when satisfactory data saturation and informational redundancy have been achieved for the research purpose, without risking over-saturation that can create difficulties in conducting a thorough and extensive investigation of the data (Guest et al., 2006; Smith et al., 2009). With this in mind, rather than conducting follow-up interviews with participants, additional time was dedicated to the further analysis of the first round of interviews to ensure a deep understanding of the rich and thorough data already collected.

Another limitation to consider is that since attachment theory and clinical supervision literature is so vast and extensive, it is not possible to read and retain all research and literature articles in these two respective areas. Therefore, not all of the existing research findings and theories within attachment theory and clinical supervision literature can be represented within the current study. That said, the literature review and discussion sections were developed over a long period of time, with a significant

amount of dedication and focus being delegated to combing through the most relevant articles to make their representation as comprehensive as possible. These sections have also been read and approved by the research supervisor on this project who has experience in and knowledge of clinical supervision practice and research.

Finally, the findings from this study only reflect the perspective of the supervisors, not their supervisees. The supervisors' perspective was sought in the present study since supervisors were considered to likely speak more to how an ISA was addressed in an SR while personal and professional roles were still appropriately balanced due to their supervision training and role in the relationship. However, this does mean that while the supervisors perceived the supervisees they spoke of to develop more attachment security in the SR, this was not confirmed by the supervisees themselves. Readers should therefore consider this lack of confirmation from supervisees when interpreting the findings from this study.

Future Directions

Although insecure attachment patterns do not automatically constitute as signs of a personality disorder, acute insecure attachment patterns are prevalent in individuals diagnosed with a personality disorder (PD) (Luyten, 2021). It is therefore unsurprising that in one of the interviews, a participant included their experiences with supervisees that displayed especially pronounced signs of an ISA, but additionally displayed behaviours the participant reported to match the profile of some PDs. This finding presents the possibility that (a) PD symptoms may be mistaken as purely an insecure attachment and (b) signs of an insecure attachment may be mistaken for purely a PD. While a further investigation into these possibilities was out of the scope of this study's particular research question, this may be an area clinical supervisors and/or future researchers may contemplate for future practice and research.

As the present study only includes the supervisors' perspective, it could be helpful in future research to include perspectives of supervisees or supervision dyads. Either of these research designs could help shed further light on the emergence of attachment security in supervisees and the success of particular strategies employed by supervisors. Further, another researcher with experience and training as a clinical supervisor may identify additional findings that are less readily apparent through the lens of a supervisee. In addition, as mentioned in the limitations section, participants from different group identities, theoretical orientations, and geographical areas of practice outside of Alberta may offer unique insights. As such, this study could additionally be repeated with a larger and/or more identity-diverse group of supervisors to explore the role of diversity in addressing ISA in clinical supervision. For example, examining the role of gender differences between supervisors and their supervisees on a supervisors' approach to addressing ISA may be a worthwhile endeavor. More generally, exploring the experiences of supervisors that do not utilize an attachment perspective, but have overcome challenging relational dynamics with supervisees that eventually led to a strong supervisory alliance, could also be useful. Finally, future quantitative studies can additionally be utilized to test the associations between the methods supervisors from the current study described and their and/or their supervisee's perception of its effectiveness in promoting attachment security. Utilizing a quantitative research design would help reduce the influence of researcher bias on the findings and help improve its generalizability to other SRs.

Implications and Conclusions

To my knowledge, this was the first study to investigate the experiences of clinical supervisors maintaining ethically sound personal and professional roles while successfully creating more attachment security in ISA SRs. Furthermore, recruiting supervisors who felt able to participate in this study, despite the extensive and lengthy participant recruitment process, presented a significant challenge to this

research. Although there are likely many factors for this challenge, this challenge in conjunction with the various supervisors who instead reached out to express interest in reading the present study's findings further suggest a need for the current research. The results of this study provide a deeper understanding of supervisors' experiences (a) identifying and navigating ISAs in SRs, (b) addressing ISA within the SR, (c) developing more attachment security, and (d) appropriately managing the personal-professional bounds of a clinical SR. In this study, supervisors utilized attachment-based perspectives and approaches to help deactivate attachment insecurity and strengthen attachment security. This, in turn, led to their reports of SRs with stronger bonds and positive personal and professional development in supervisees, previously impeded by an ISA. These findings offer some implications for practicing clinical supervisors.

More deeply understanding supervisors' experience of identifying and navigating ISAs in clinical SRs helps reinforce and further illuminate how an insecure attachment in supervisees can present and be experienced in clinical supervision. These experiences were reflected within the first GET: *Increased Demands on Supervisors*. Overall, this theme, especially the first sub-theme (*Supervisees' Pulling Towards or Pushing Away*), (a) aligns with previous research describing insecure attachments (e.g., Cassidy & Shaver, 2008) and (b) provides descriptive illustrations of ISA presentations that can aid other supervisors in better identifying when an ISA is occurring within their own SRs. Moreover, reports on particular areas prone to enhance these patterns in supervisees, such as taking and applying feedback constructively, can also prepare supervisors for areas that will require more sensitivity and what potential responses may ensue. Findings from the second (*Cautious Interactions*) and third (*Weighted Sense of Responsibility*) sub-themes additionally acknowledge the extra challenges and taxing nature that navigating ISAs can have on supervisors. For instance, due to experiences of ISA supervisees' acute (a) difficulty taking personal accountability and (b) imbalances within the independent-dependent and personal-professional realms, supervisors reported needing to be particularly on top of monitoring and

managing supervisees' blind spots and imbalances to fulfill their own ethical duties. That is, protect the supervisee's immediate clients, support the supervisee's necessary development to eventually function independently, and safeguard the future of the profession (College of Alberta Psychologists, 2016, p. 2-3). These elements of experience for attachment figures are often not considered or fully captured in the attachment literature, as the focus typically resides on the experience and barriers for the "depender," rather than the attachment figure. The identification and description of these elements can provide a normalizing lens for other supervisors' also experiencing a sense of caution or flickers of losses in their patience, energy, or hope when engaged in more challenging supervisory dynamics. In addition, these increased demands and impacts on supervisors highlight the importance of supervisors remaining mindful of their own self-care and social support to avoid burnout when navigating an ISA.

The most emphasized theme from supervisors in this study for successfully addressing ISA with appropriate personal-professional bounds was their regular, balanced attunement and reflection to themselves, their professional role, and their supervisee. This theme was especially reported in moments of challenge or uncertainty. The centrality of this theme for supervisors from this study and its overlap with (a) many recommendations from attachment (e.g., Fitch et al., 2010) and supervision literature and guidelines (e.g., Barnett & Molzon, 2014) as well as (b) key characteristics found in "master" supervisors (e.g., Kemer et al., 2017), speaks to how important high self-awareness, attunement, and careful reflection is in influential SRs. In particular, when supervisors are feeling stuck or uncertain, these findings suggest beginning by first attuning to these three mentioned areas to help guide next steps. Moreover, along with their own reflection and strong support system to rely on in particular moments of stress, most supervisors suggested regular consultation, supervision, and/or therapy to be an important part of ensuring their self-awareness, regulation, and self-care. Therefore, supervisors maintaining multiple routine avenues from both themselves and others that contribute to their own self-awareness, regulation, and well-being is likely to create more capacity for successfully

meeting the higher demands that can come along with addressing ISAs. Furthermore, relying on more than oneself, especially other professionals in the same field, can help identify blind spots and ensure one is fulfilling their ethical duties as a supervisor. Lastly, many of the elements supervisors reported to attune to within themselves, the profession, and the supervisee, can serve as helpful reminders for other practicing supervisors to be as thorough in their considerations when reflecting, as is possible and realistic.

The reports and findings from this study additionally reinforce the importance and demonstrate practices for balancing both personal-professional and independent-dependent realms in SRs influenced by an attachment-based lens. Findings from the third GET expanded on recommendations derived from attachment theory for supervisors acting as a safe haven. That is, to offer comfort and soothing not only during times of distress, but also when more vulnerability or dependence is needed. Findings from the fourth GET further expanded on recommendations derived from attachment theory for supervisors serving as a secure base. Specifically, serving as a secure base not only when supervisees' exploration is activated on their own, but by inspiring and empowering their exploration and independence when progress is stilled as well. The methods and strategies supervisors utilized for either or both attachment figure functions additionally reflect many of the imperatives and recommendations outlined within the literature on established best practices for clinical supervisors (e.g., Barnett & Molzon, 2014; Duff & Shahin, 2010; Grant et al., 2012). As such, although successful clinical supervision is possible without employing an attachment-based lens, it does reflect many established best practices and can be considered to provide a helpful framework for (a) when, (b) how, and (c) how much, to utilize these best practices depending on the patterns of difficulties a supervisee is displaying. For instance, knowing which actions and which small nuances in the approach for an action can better ease into realms that may be more difficult for one insecure attachment style over another. Fortunately, the in-depth accounts from this study have conveniently provided more context and detail of when, how, and why

certain strategies were utilized. For example, if a supervisee is particularly resistant of more personal or dependent elements in the SR (presentations of an avoidant style), focusing one's rationales for involvement or assistance to be for the supervisees' client(s), rather than the supervisee themselves. As previously mentioned, taking this shift in approach was considered to still allow more balance into the SR with supervisees presenting with attachment avoidance, but with less risk of further triggering the threat system activation that can accompany closeness or reliance on others. Altogether, this added depth will hopefully assist other supervisors in the application or incorporation of these best practices in their own supervisory practice.

Finally, the findings from the fifth GET reflect and further demonstrate what earned security looks like in an SR and the benefits more attachment security brings to supervisees' competence and skills (e.g., Watkins & Riggs, 2012). This understanding and the in-practice examples can additionally help reassure practicing supervisors when they are on a positive trajectory and what that progress can present as. Furthermore, the positive and fulfilling emotions expressed by supervisors within this theme, coupled with positive psychology research, reinforce that investing in the people one is leading can help create more meaning and happiness for both themselves and those they lead (Aknin et al., 2011; Thomas et al., 2013; Van Tongeren et al., 2016).

Overall, supervisor and supervisee training in attachment theory may help enhance the success of creating positive, secure bonds in clinical supervision that facilitate positive supervision outcomes, especially in situations when insecure attachment patterns are occurring. The quality of the SR is widely agreed to be crucial for effective supervision (e.g., Goodyear, 2014; Watkins & Milne, 2014), and problematic supervisory dynamics, including ISAs, negatively impact the SWA (e.g., Watkins & Riggs, 2012). Therefore, even if training in an attachment-specific perspective is not desired, training in an alternative well-established relational model that can assist in the understanding and management of problematic relational dynamics occurring in SRs is recommended. As the current study focuses on an

attachment-based lens, however, the summary for the conclusions and implications from this study are discussed from this perspective.

For supervisees, understanding attachment theory in relation to their SR may help them better understand supervision dynamics that may be contributing to or triggering their own insecure attachment patterns and what they may need from their supervisors and themselves to calm and deactivate these instincts. For supervisors, employing an attachment-based lens can provide an avenue for case conceptualization to make sense of supervisee interaction patterns and possible intervention strategies, many of which are already considered to be ideal supervision practices. Findings from the current study can help contribute to the creation of such training. With this in mind, since the present study investigated the overall experience of clinical supervisors successfully and appropriately addressing ISA, the perspective of supervisees and the level of success for particular strategies are not captured. As such, these findings cannot confirm the success of individual methods for building more attachment security. Therefore, this study additionally provides a starting point for future research to more deeply investigate the success of particular less-established methods, gain the perspectives of supervisees, and understand the role of diversity.

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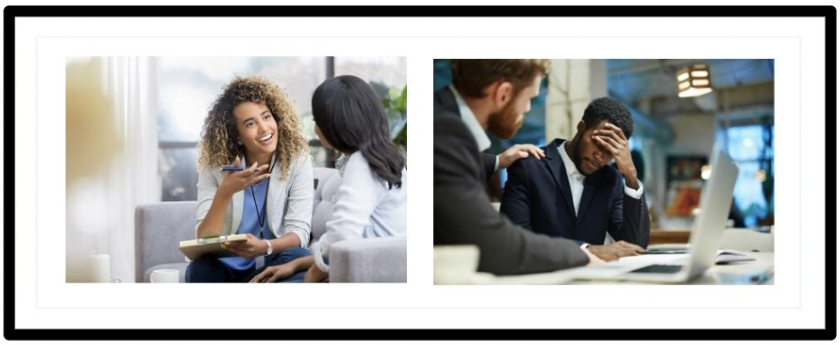
Appendices

Appendix A: Recruitment Poster

Study on Clinical Supervisory Relationships



Psychologists or Counsellors with Clinical Supervision Experience Needed

A new study at The University of Alberta is expanding on the research of attachment theory in clinical supervision for developing the most beneficial clinical supervisory relationships during the training process. This study will be looking into clinical supervisors' experience of navigating insecure attachment in their counsellor trainees. The purpose of this study is to develop a better understanding of how clinical supervisors' balance personal and professional boundaries while addressing and overcoming insecurities counsellor trainees may have within this supervisory relationship.

This study is looking to interview psychologists or counsellors with experience supervising counsellor trainees' clinical work that have disclosed or consistently displayed signs of an insecure attachment in supervision. Interviews will take approximately 60-90 minutes and will be conducted online over *Zoom*.

If you are interested in participating or would like more information regarding the study, please contact Elena Volk at bevolk@ualberta.ca

Appendix B: Screening Questions

Please respond by either ticking the correct response box or typing in the space provided.

1. In your own opinion, do you have at least a basic understanding of attachment theory?

   ☐ Yes

   ☐ No

2. In your own words, how would you briefly describe the premise of attachment theory?

3. In your own opinion, do you have at least a basic understanding of secure, insecure-anxious/ambivalent, and insecure-avoidant/dismissive attachment styles?

   ☐ Yes

   ☐ No

4. If so, how would you briefly describe each attachment style?

   a. Secure

   b. Insecure-anxious/ambivalent

c. Insecure-avoidant/dismissive

5. Have you had any formal training in clinical supervision? (e.g., courses, certificates, workshops, diplomas, etc. related to clinical supervision)

☐ Yes

☐ No

6. If so, please briefly list the type of formal clinical supervision training you have received and how long ago (in years) it was received?

7. Within the last 5 years, how many counsellor trainees would you say you have supervised that have either disclosed or displayed consistent patterns of an insecure supervisory attachment that, at some point, affected the training or dynamic of supervision?

☐ 0

☐ 1

☐ 2

☐ 3+

8. Within the last 5 years, from your own perspective, how many times did you feel you were able to eventually ease one of your supervisee's insecure supervisory attachment into a more secure bond throughout your supervision together?

   ☐ 0

   ☐ 1

   ☐ 2

   ☐ 3+

9. This study may include conducting a follow-up interview a few weeks or months after the first one. Would you be willing to do this?

   ☐ Yes

   ☐ No

Appendix C: Information Letter and Consent Form

Information Letter and Consent Form

Project Title: Insecure Attachment in Clinical Supervisory Relationships: Balancing Personal with Professional

Researcher:
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Background:

- You are invited to be in a research study to share your experiences of clinically supervising counsellor trainees who have disclosed or displayed patterns of an insecure supervisory attachment at some point within supervision.
- Results of this study will be used in support of my thesis for the MEd Counselling Psychology program. Research findings may also be published in an academic journal or presented in conferences.
- Before you make a decision, the researcher will go over this form with you. You are encouraged to ask questions if you feel anything needs to be made clearer. You will be given a copy of this form for your records

Purpose:

- The purpose of this study is to develop a better understanding of how supervisors' experience and address a counsellor trainee's insecure supervisory attachment within a clinical supervisory relationship. As well, how supervisors balance personal and professional dimensions within this context.

Procedures:

- Participation in this study consists of an online survey, an online video interview, and the potential of a follow-up interview. The survey is expected to take 5 minutes while the interview is expected to take 60-90 minutes.
- After scheduling a time for an interview, you will be sent a link to the survey on *Google Forms* to complete some time before the scheduled interview. To ensure your confidentiality, you will be given a unique pseudonym to use for the online survey instead of your name.
- The survey will consist of demographic questions so we can describe characteristics of the sample as well as basic knowledge of attachment theory.

- Interviews will also be online, conducted and recorded over video chat on *Zoom*. During the interview, you will be asked about your experiences of insecure supervisory attachment within clinical supervisory relationships.
- Interviews will be video and audio recorded to ensure accuracy, and these recordings will be deleted as soon as they have been transcribed. If you do not wish to be recorded, you may decline to participate.
- As there is the potential for a follow-up interview, you will be asked permission at the end of the first interview to contact you again for a second interview. You are free to decline.

Potential Risks:

- There are no anticipated risks to you by participating in this study. If we learn anything during the research that may affect your willingness to continue being in the study, we will tell you right away. That said, talking about personal experiences might be distressing for some individuals. Please feel free to discuss any distress with the researcher at any time. You may stop the interview at any time, and the person interviewing you can give you the name and telephone number of crisis or counselling services, if requested.

Potential Benefits:

- You may find the interview to be enjoyable and rewarding as you reflect on your experiences of working and addressing insecure supervisory attachment in supervisees.
- By participating in this research, you may also benefit others by helping people to better understand what it is like to navigate and address insecure supervisory attachment from supervisees in clinical supervision while balancing the personal and professional dimensions of this complex relationship. This research is ultimately aimed towards strengthening security and trust in clinical supervisory relationships to create strong, positive supervisory alliances most beneficial to the learning and development of counsellor trainees and the welfare of the clients they see.

Confidentiality/Anonymity:

- While the interviews will be recorded, the video and audio files will be erased once they have been transcribed. The transcribed interviews will NOT contain your name and any identifying information from the interview will be removed. Consent forms, survey responses, and typed interviews will be kept in a password-protected folder on an encrypted and password-protected computer that only the researchers will have access to.
- All information will be destroyed after 5 years.
- This research will be used in support of my thesis and may be published in supervision journals or presented at conferences. All data from you will be combined with others, with no identifying material reported. Any quotes from you will not contain anything that could identify you.

- The only exception to confidentiality is a legal obligation to report evidence of child abuse or neglect or imminent lethal risk of harm to yourself or someone else.
- If you are recruited to the study via snowball sampling (i.e., word of mouth), the participant who contacts you to tell you about the study will know you have been referred to the study, though **not** whether you choose to participate. If you refer someone to the study, the potential participant may know that you have participated in the study.
- As there is a shared professional identity with the primary researcher, there is a possibility of a future dual-role. For example, running into each other at professional conferences or workshops. If this occurs, the primary researcher will follow the lead of the participant for any potential future interaction outside of the study.

Right to Withdraw:

- You are under no obligation to participate in this study. Your participation is voluntary, and you can answer only the questions you are comfortable with.
- If you agree to be in the study, you can change your mind and withdraw at any time without penalty. If you withdraw, we can delete any or all of your data if you would like. You can withdraw your full data up until 2 months after the final interview.

Further Information:

- If you have further questions about this study, please contact the primary researcher, Elena Volk, or Dr. Hudson Breen at the contact information above. The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. The REB number is Pro00112106. If you have questions about your rights or how research should be conducted, call 780-492-0459 or email reoffice@ualberta.ca. This office is independent of the researchers.

Consent Statement:

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form. I will receive a copy of this consent form after I sign it.

_____ _____

Participant's Name (printed) and Signature Date

_____ _____

Name (printed) and Signature of Person Obtaining Consent Date

Documenting oral consent statement for research participants:

1. Ask the participant to state his or her name for the recording. Ask the participant to confirm that he/she has read and understood the consent form.

2. Ask the participant if he/she has any questions about the information in the consent form. These questions should be addressed before the interview begins.

3. Ask the participant if he/she is willing to participate under the conditions described in the consent form (and note responses to the check box choices on the form, if applicable).

"I read and explained this Consent Form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it."

Name of Participant Researcher's Signature Date

Appendix D: Demographic Survey

Demographic Questionnaire

Please respond to the following questions by ticking the appropriate box or writing a brief response in the space provided.

1. What is your age?

_____

2. What is your gender identification?

_____

3. What is your ethnicity?

_____

4. What is your highest level of education?

    - Bachelor's degree
    - Graduate level diploma/certificate
    - Masters degree
    - PhD degree
    - Postgraduate diploma/certificate
    - Other; Please Specify: _____

5. How many years have you been practicing as a psychologist/counsellor?

_____

6. Within your therapeutic practice, what is your primary theoretical orientation?

_____

7. How many years have you been a clinical supervisor for?

_____

8. Please briefly describe the type and amount of training you have received for clinically supervising counsellor trainees.

_____

_____

_____

9. What is the primary supervision model you follow?

_____

10. Do you utilize attachment theory in your clinical supervision work?

    - Frequently
    - Sometimes
    - Rarely
    - Never

Appendix E: Interview Questions

Clinical Supervisory Relationships Study: Interview Questions

1. As a clinical supervisor, what has your general experience of working with and remedying insecure supervisory attachment in counsellor trainees been like so far?

2. How have you experienced an insecure supervisory attachment develop within a supervisee?

3. What was it like for you to supervise counsellor trainee(s) with an insecure supervisory attachment?

4. How have you addressed a supervisee's attachment insecurity within the supervisory relationship?

5. How have you experienced supervisees' development of a more secure supervisory attachment?

6. How would you describe your own attachment style within clinical supervisory relationships as the supervisor?

7. How did you experience the personal and professional balance with these supervisees over the course of supervision?

8. Anything else you would like to add?

Appendix F: Sub-theme 1 of GET 1

Legend: S = supervisor; T = trainee; C = client; A = participant 1 (Aubrey); B = participant 2 (Bell); J = participant 3 (John); Ax = insecure-anxious style; Av = insecure-avoidant style; W/ = with.

Text colour-coded legend: Red text = ISA signs and effects; Orange text = addressing ISA; Blue Text = balancing personal and professional relationship dimensions; Green text = signs and effects of more security developing; Yellow text = avoidant ISA specific; Pink text = anxious ISA specific; Black text = quotes or added descriptions.

Note. All quotes in this table are in their most raw form. Stutters, repetitions, etc. were taken out when presented within the write-up of the findings section to improve readability.

(GET 1) Increased Demands on Supervisors

→ Additional demands placed on supervisors due to some added difficulties that can come from supervising a supervisee with an ISA. This is particularly prevalent at the beginning and sometimes middle stages of supervision.

a) Supervisees Pulling Towards or Pushing Away

(Independence-dependence and personal-professional imbalances)

→ Supervisors often spoke of noticing signs of more insecure attachment when Ts demonstrated a pattern of pulling towards or pushing away from them as their supervisor and sometimes other colleagues/professionals and/or their Cs. For example, interactions that are meant to either pull supervisors towards over-involvement or push them away for under-involvement. In both scenarios, the independence-dependence balance is largely skewed as Ts are either overly reliant or under-reliant on themselves or their supervisor, making professional growth/development at risk for being more limited.

Ts pulling towards was described as: Over-relying on others, under-relying on themselves, and sometimes reaching for more of a personal, rather than professional, connection with others. For example, Both A and B spoke of some Ts (with A clarifying/classifying these individuals as Ax Ts) often feeling/presenting with low confidence in themselves/their abilities due to frequently seeking out external support and high amounts of reassurance from others before problem-solving themselves or feeling comfortable about their own decisions (B's 5.121, 5.143 quotes + A's 4.90 quote). A further added that these Ts tend to be most focused on and worried about the relationship they have with others, including their TWAs & their SR (e.g., A's 4.68, 15.463, 4.81, 4.96, 13.367 quotes). The external validation often sought seems to be about others' personal opinions of them rather than their professional standing/success with Cs. A also describes them becoming overly fixated on constructive feedback & overcompensating by scaling up the amount they are pulling towards others. B further described difficulties w/ some Ts in creating & maintaining professional boundaries with clients (e.g., 9.303 quote). A also mentions being over-detailed in summaries, over-sharing/more time on personal life, asking more personal questions, etc. (e.g., quote 6.158; J's 22.748 quote).

Ts pushing away was described as: under-relying on others, over-relying on themselves, and distancing themselves from others either by pushing them away or being aloof. For example, having difficulty asking for help, desiring to stay firming planted on the professional side (resistance to more personal elements like opening up or self-disclosing) (e.g., B's 12.383, A's under-detailed quotes, J's

22.748), portraying a high sense of confidence as if to signal they do not need others' help (e.g., B's 3.59), ignoring/disregarding feedback (e.g., B's 3.67, J's 6.178), coming across so confident it feels "cocky" (from A: 5.106) or disrespectful (J's 4.104 quote).

Aubrey	Bell	John
Over-reliance or Under-reliance on Self & S: **Overly Dependent or Overly Independent:** ● AX = overly dependent: ○ AX = Reliance on external validation/frequent Feedback - "I would say at the beginning there's a lot of like, clingingness to supervision, a lot of like, the supervisee wanting a lot of *feedback*, but not necessarily *helpful* feedback, but they want to know like, "How do you perceive me? Am I doing good? Is this a good job?" versus the feedback of like, "What can I do better?" or "How can I improve my skills?" They really want a lot of *validation* and reassurance in the beginning of supervision." - 4.68 ○ AX = Over Reliance on S before Decision Making/require excessive reassurance - "they do tend to text more and have sometimes … stupider questions [deep sigh] because it, again, is coming from like, "oh do they do the right thing" or like, "hey –" once someone just texted me who clearly fits the style of like, "this new situation happened what do I do?" and I have to bite my tongue and not say, "the same situation happened a month ago and you handled it fine, like, just do it."" - 16.471 ○ AX = frequently seeks external support from others - "I find that those kind of anxious-preoccupied … tend to also need a lot of support from administrative staff, from other supervisors, from other students - like they seek that out." - 4.90 ● AV = overly independent: ○ Presenting a front of High Confidence/Competency - "Come off a bit more cocky … to begin with and seem to have a sense of "know-it-all" - they don't necessarily ask a lot of questions. [I: mmm.] And I actually get more worried with that insecure attachment style … um, because I find	**Over-reliance or Under-reliance on Self:** **Overly Dependent or Overly Independent:** ● Over-dependence or independence (Ts) (extremes of independence vs. dependence) - Difficulty asking 4 help → "not wanting to seem- wanting to seem like they've got it all under control and that they can manage it etc., but clearly they're struggling. And there's a hesitancy to bring up that they're struggling." - 3.59 - Difficulty asking 4 help → "at the beginning of the relationship, they would keep that stuckness to themself for as long as possible" - 12.383 ○ *Check-in more: - Need more reassurance (Ts) - "There is more checking in with Insecure trainees. Annd, umm, so they sometimes they're constantly seeking reassurance, even on the small decisions" - 5.121 - More fear of negative evaluation or punishment? (Ts) - "they're constantly, you know, checking in about, "Am I doing this correctly?" uh, "Did I make a mistake here?", "What do you think about, um, you know, this situation?" And there's often a fear that they're going to get into trouble. Or not appear competent." - 5.143	**Overly Dependent or Overly Independent:** → Pushing Away: Demonstrating over-confidence in self – - Attempting to exert control (T) (EX - attempting to teach rather than learn & telling rather than asking) - "telling me, like, sa-saying that "I-I'll set a price for this." [laughs] You know, telling your boss that "I'll set a- this is what we'll charge for this." [I: Ohh.] Deciding that we will … um..., d-do- bring on- like different projects orrr its sort of just this, um, telling versus asking." - 4.104

that attachment style requires me to do more check-ins [I: right.] with how they're doing with clients and check-ins with how they are engaging with other professionals in those multidisciplinary clinics. … And I find it challenging because I'll often notice that in the beginning, there might be a lot of hesitation from that insecure attachment style to take suggestions … from me as a supervisor, and so I really do need to do a lot of check-ins around, "Have they incorporated it? Was it useful? If--"" - 5.106

Under-detail vs. Over-detail:

- Key AX feature = over-detailed responses (too much information – can miss the key points) - "they'll *over* detail. [chuckle] [I: laughs] … "Here's exactly what I said, here's the entire script of the session word-for-word. Did I do good?"" - 6.158
- Key AV feature = under-detailed responses (with blanket statements & withholding information)
  - AV = Brief responses (to personal questions like pets) - "I find if they want to talk about their pets that seems to be a safe way to navigate and get a sense also as to where their attachment style is. Like if I see if they have a pet and they would say, "Oh yeah it's a dog." Okay, well maybe insecure attachment. But if they talk a little bit about it is great." - 20.625
  - In the dark w/ AV (staff) (A) - "they wouldn't even bring it into supervision, like I would find out about it from the other staff and have to navigate that" - 3.45 (about problems w/ other professionals)
  - In the dark/Uncertainty w/ Avs (C's standing) (A) (repeated - e.g., 5.106 quote above)
  - AV = nondisclosure concerns (A) + Withholding imp info - "I find that attachment style tends to just want that control and not want to show any areas of deficits or challenges … right [I: mhm], so they don't always bring that up" - 6.141
    - "I don't trust the self-sufficiency as much, 'cause it's more like, "Okay, they actually might *hide* this, or not think it's an issue, or not bring it up at all." And so

that's where I need to monitor those concerns a bit more heavily." - 17.520 ● AV = positive blanket statements = red flag - ""So what cases have you brought up today?" and they'll say, "Oh nothing, everything's going great!" and they'll kind of give these blanket statements and that is always kind of a red flag to me about the attachment style, that's kind of how they always enter into it." - 6.135 - "for me a red flag is whenever they do say like, "Oh I have no cases" or "nothing is going wrong" or you know "I don't have anything to talk about." That's always like, "Oh okay. No. We gotta explore that. Like… [head nodding as if to communicate "let's get started"] you just like—" I've had a student just recently say that. We're only what, [talking to self] September, October [talking to interviewer] 3 months in and it's like, "No, this is your second placement, you're three months in, I guarantee you there's problems or places you're struggling. Like, [chuckles] I don't think you're that good as a therapist [laughs] [I: laughs] … *yet*!"" - 17.522 **Over-Confidence/Under-Confidence in Self:** ● AX = lower midterm self-evaluations than from A - "they tend to rate themselves poorly typically" - 25.815 ○ "I find the anxious ones will *downplay* their scores, so I often have to encourage them to get *higher*." - 25.791 ● AV = higher midterm self-evaluations than from A "it became a really big argument of like no, they believe they're 5, they don't agree with my rationale for putting them at 3." - 25.794		
PULLING AWAY/PUSHING BACK: **PushBack Against Supervisor & Other Professionals:** ● AV = Pushback against other professionals + Problematic Interactions w/	**PULLING AWAY/PUSHING BACK:** **PushBack Against Supervisor/Feedback:** ○ Difficulties w/ S feedback	**PULLING AWAY/PUSHING BACK:** **PushBack** Against Supervisor & Other

Other Professionals + Dismissive of colleagues - “but when it came to relating to other *adults*, in the professional context, there was a lot of dismissiveness and a lot of, um, kind of taking things a little bit too personally, negative reactions, so … for example really struggled with feedback around administrative tasks and getting things done on time, if it didn't come from me. If it came from like, another supervisor that they maybe didn't have a good connection with or didn't know or if it came from our administrative staff then there was a lot of *pushback* against that.” - 3.39

- Pushback Against Supervisor/S’s Feedback
  - AV = pushback against supervisor requests → asking AV Ts to bring in video reviews to watch in supervision when they are not consulting very much - “those ones will also be like, “Oh I *forgot*” or “my clients won’t say that they're consenting to video recordings” - I really have to push and be like, “No we need these, like here's the script, here's what you say to clients, like, you have to get these for me.”” - 6.144
  - AV = S evaluation pushback - “this one person fought me on not changing the score. This was a midterm eval and it became a really big argument of like no, they believe they’re a 5, they don't agree with my rationale for putting them at 3.” - 25.793
  - AV = Slower feedback incorporation X2 + ignoring/disregarding feedback - “I'll often notice that in the beginning, there might be a lot of hesitation from that insecure attachment style to take suggestions … from me as a supervisor, and so I really do need to do a lot of check-ins around, “have they incorporated it? Was it useful? If-” I have one in particular right now that I'll say “do it - you know - maybe think about doing intervention A”, and then they'll have the session and they’ve done intervention B. And then after that, the next session they might do intervention A.” - 5.111

(Ts) (defensive & less willing to listen to B’s suggestions) - “therapists with a more secure attachment, would look more, um, collaborative, um, welcoming of feedback versus defensive. [I: Ohh okay.] Um, there wouldn't be as much hesitation to ask for support. Um, there would be a willingness to listen to suggestions.” - 3.67

Professionals:

+ Power Struggles:

- → Asking J what she is doing for them *(Questioning what they’re getting out of supervision?)* (T) - “different levels of "what are you doing for me?" When a supervisee starts saying to me, "What are you doing for me?" I-I-I- to me afterwards, like, I've been running [name of psychology clinic] for [high number] years, it’s like the kiss of death. Someone's who's like "what are you doing for me?" It's like, [raises eye brows, shrugs shoulders, and holds hands up with open palms, shaking head] "Nothing? I guess I'm doing nothin'." [chuckles] But I know that at this point I'm like, I hear some version of "You're not really doing anything for me."” - 3.53
- → Unkindness towards support staff (T) - “my front desk is very important, they're an extension of who I am and, um… I expect people to be kind to them. [I: Mm.] So, when I hear-I hear there's an unkindness towards the-our support staff is probably the first sign.” - 4.83
- → Testing boundaries w/ humour (T) – “Just testing boundaries. Irrigating humour. [smiles] You know, like- ju- Again, sarcasm can just be like an idiosyncrasy, but sometimes then it starts-you start to notice there's-there's an *erosion* that's starting to happen. There's these-these things are moving towards something.” – 4.85
- → Ignoring directives/non-compliance (T) - “they'd stop listening to me. And they actually- I

Reactive to Clients: • Acute reactions to C feedback: AV = Quick to Refer- "Whereas, the avoidant will be like, "Well fine. I'll refer you, I'll transfer you out." And it's like a one-shot deal, it's not like, "I'm gonna try to change my interventions or change my style and let's see if we can make this work", it's more just like, "Oh we're clearly not a good fit, I'll refer you to another therapist."" - 13.373	**Reactive to Clients:** ○ Higher reactivity & frustration w/ Cs (Ts) - "having increased emotionality with clients after the fact. And so they're feeling really angry about a client or feeling really stuck, um, and blaming the client for that." - 3.57	would say, I- "*you need* to do these things for me. Monthly, I want an email update." And I-I asked three times and they wouldn't do it, they *refused to* do it. [I: Ahh.] So just blatant ignoring." - 6.178
PUSHING/PULLING TOWARDS: **Personal vs Professional Pursuance:** **+ Boundary Difficulties:** • AX = rumination (over therapeutic alliances) X2 + high focus on alliance work in supervision - "there can be a lot of worry about doing well in therapy, like if their client is benefiting, if their client likes them, and having to navigate those conversations a lot more than maybe focusing on interventions or therapeutic orientations, more on focusing on the alliance work, because that's what they perceive as very troubling." - 4.96 ○ AX = + Push Towards Personal w/ Cs - "the ones who are more anxious, if they get hard feedback from the client they kind of spiral and they may get very, like, kind of worried about the alliance, um, beat themselves up a bit and then they over - almost over *compensate*. So, they'll want to give the client anything, like, "I can see them for longer, I could see them weekly, I can be there more often. Should I call them? Should I check in with them more often?" like, they'll be really ramped up about how to … get that relationship *back*, like they don't want it to *leave*. " - 13.367 • BOUNDARY DIFFICULTIES: Acute reactions to C feedback: AX = overcompensates + AX = overly flexible (boundary	**PUSHING/PULLING TOWARDS:** **Boundary Difficulties:** (Cs + Self) • PATTERN of Boundary difficulties w/ Cs (Ts) + *Problems setting & maintaining boundaries w/ Cs (Ts) (consistently comes back to this as an EX of IA sign) - "The pattern of behaviour with clients. First, it was the not doing the consent forms, then it was not being able to- allowing for months and months and months to go by of allowing a client to, um, ramble on these long emails that were quite triggering for the client. And you've left the client dysregulated. " - 9.303 - "They.. um… aren't doing their consent forms because they don't want to upset the client" – 9.294 - "then that behaviour transfers to something else, like answering emails in the middle of the night from a client or the inability if a client is emailing, um, the therapist really long emails and pouring out things, um, things that should be talked about in therapy." – 9.296 • Difficulties w/ self-care (Ts) –	**PUSHING/PULLING TOWARDS:** **Personal vs Professional Pursuance: + Boundary Difficulties:** ➔ Difficulty w/ boundaries/push boundaries too much (T) - "I have some- I have, like, colleagues that we have very secure, as secure as possible relationship with I'd say, and we push each other's boundaries a little bit, but then we come back [brings hand to self]. [I: Mm.] Insecurity is this... [vertical hand gesturing that gradually goes closer and closer towards camera] I-I-I don't know where I end and [starts resting head on closed fist] where you begin ... Until I've crossed the line and now ... Now we've ruptured. [unrests head on fist]" - 4.96 ➔ More IA SR = 0-90% personal sharing (Ax overuse time on themselves & Av try to

difficulties) ○ AX = Rumination (general) - "they're so worried … about relationships doing well, how they're integrating into a place, how their clients perceive them, how other professionals perceive them," - 4.81 ● AV = more professional pursuance - "the avoidant-dismissive, I find want nothing to - like don't care about knowing me personally. Like they don't want to know - sorry Audrey [was about to say own name] whoop, don't need to use my name [talking to self] - they don't want to know the personal at all versus … they'll deal with the professional because they have to as a [chuckle] as a gatekeeping mechanism. So, I find when I self-disclose with them … I can often see that they tend to check out a little bit, … aren't as engaged, don't seem to benefit from it as much" - 16.477 ● AX = More personal pursuance X2 - "the anxious ones tend to cross the boundary more where they … they'll tend to text me off hours more, they'll sometimes ask more personal questions than the avoidant-dismissive and so, I have a sense that they lean a little bit more towards seeking that personal attachment or that personal - like not just me validating them from me as supervisor, but, like, they want validation from me as [Aubrey]." - 15.463 ○ AX = desires *personal* validation	"difficulty with self-care is usually how it shows up." – 3.46	share next to nothing) - "More insecure, it can be zero. Or it could be, uh, u-up to 90 percent, I think. [I: Mm.] Depending anxious- more anxious styles will sh- overuse the time on themselves and more avoidant or complex safety sensitive will- might try to share almost nothing." - 22.748