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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

UNDERSTANDING SUPERVISEE'S EXPERIENCES IN
CLINICAL SUPERVISION FROM AN
ATTACHMENT PERSPECTIVE

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

Kyle Matthew Lucas

College of Education and Behavioral Sciences
Department of Applied Psychology and Counselor Education
Counselor Education and Supervision

May 2018

This Dissertation by: Kyle Matthew Lucas

Entitled: *Understanding Supervisee's Experiences in Clinical Supervision from an Attachment Perspective*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in College of Education and Behavioral Sciences in School of Applied Psychology and Counselor Education, Program of Counselor Education and Supervision.

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ABSTRACT

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This research study examines the experiences of counselors in training and how they engage with their supervisors through an attachment lens throughout their first practicum course. These experiences are shared through a narrative methodology. Six participants completed the study and shared their experiences through two semi-structured interviews and a photo elicitation journal writing project. The participants were located in the Rocky Mountain region of the United States. The data was analyzed through the use of open and axial coding and the constant comparative method to create narrative categories. Two member checks were conducted with the participants of the study and an auditor was utilized to increase trustworthiness and reduce researcher bias. Eight narrative categories emerged from the data and were shared with the use of a poem that represented a grand narrative which highlighted common experiences across participants. The narrative categories included: Personal History, Internal Working Models, Transition into Practicum, Experience of Threat, Attachment Strategies, Perceptions of Supervisor's Response, Deactivation of the Attachment Behavioral System, and Relational Transformation. Implications for Counselor Education include utilizing the emergent narrative categories to shape counseling curriculum and the manner in which supervisors approach their supervisees to meet their attachment needs and influence their professional identity development.

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CHAPTER I

INTRODUCTION

The purpose of this study was to investigate counseling supervisory relationships from the perspective of supervisees entering their first practicum experience utilizing an attachment theory framework. As supervisors inherently hold more power in the supervisory relationship (Gazzola & Theriault, 2007), they are largely responsible for producing effective supervision outcomes by attending to specific factors in their control (Bernard & Goodyear, 2009). A common factor believed to be significantly tied to positive supervision outcomes is the concept of the supervisory working alliance (Ladany, Ellis, & Friedlander, 1999a), which provides a framework for supervisors to attend to a variety of important supervisory goals (Bordin, 1983). Many studies have examined the influence of various factors in supervision and their relationship to positive supervisory outcomes as measured by the supervisory working alliance (e.g. Ladany et al., 1999a). One factor that has recently begun to be researched is the role of attachment in supervisory relationships and its impact on the supervisory working alliance (Watkins & Riggs, 2012). The role of attachment in supervision may be especially pertinent to novice counselors as they transition from being students in a classroom to becoming clinical practitioners.

Novice counselors face a unique set of challenges, including high levels of anxiety and insecurity, as they begin to engage in their first clinical experiences (Skovholt & Ronnestad, 2003). Additionally, it has been argued that supervision plays an

important role in the professional identity development of novice counselors (Howard, Inman, & Altman, 2006). As a result, they may experience high levels anxiety and insecurity that result in psychological threat which can activate their attachment behavioral system (Mikulincer & Shaver, 2016). Through this study, I hoped to facilitate greater understanding of supervisees' experiences with their supervisors from an attachment theory perspective. Specifically, I intended to uncover how the attachment behavioral system of supervisees becomes activated in their first clinical experiences and how they attempt to seek proximity with their supervisors as a result of this activation and their general attachment style.

The intersection of supervision practices and the role of attachment theory includes many variables. As a result, the following section will provide the necessary context for understanding these variables and how they relate to the current study. First, the role of supervision will be described, followed by a discussion of the research related to the challenges faced by novice counselors beginning clinical practice and developing their professional identity. These concepts will be tied into the existing literature related to the role of attachment and its relationship to clinical supervision. Lastly, a model of adult attachment (Mikulincer & Shaver, 2016) is discussed to highlight the processes novice counselors experience within themselves and with an attachment figure when their attachment behavioral system becomes activated.

Background and Context

Clinical supervisors provide the necessary functions of monitoring client welfare and evaluating supervisee performance (Bernard & Goodyear, 2009). Supervision also functions to aid in supervisee skill development (Holloway, 1995) and professional

identity development (Borders, 2006; Ronnestad & Skovholt, 2003). Therefore, supervision plays an important role in preparing individuals for professional clinical work. Although there are many theories and models of supervision, many theorists focus on the importance of the supervisory relationship as a means to develop a supervisee's ability to engage in effective clinical practice (Bernard & Goodyear, 2009; Nelson, Gray, Friedlander, Ladany, & Walker, 2001).

One way researchers have measured the effectiveness of the supervisory relationship is through scales that have been validated to assess the supervisory working alliance (Bordin, 1983). Bordin's (1983) model of the supervisory working alliance consists of three elements that promote effective supervisory relationships: agreement on the goals of supervision, agreement on the tasks in supervision to reach those goals, and a strong emotional bond between the supervisor and supervisee. It has been argued that building a strong supervisory working alliance is essential for novice counselors (Nelson et al., 2001), as it serves as a base from which future dilemmas in supervision can be managed.

For novice counselors, beginning their first experience with clients can result in a wide array of thoughts and emotions. On one hand, counselors in training may experience high levels of excitement and anticipation as they start to integrate learning into practice, as well as high levels of anxiety. Stoltenberg (1981) established a developmental model of clinical supervision postulating that beginning supervisees experience high levels of motivation related to beginning their clinical work. Ronnestad and Skovholt (1992) noted that as counselors begin to transition into their clinical training, they experience an enthusiastic affect and an urgency to learn new conceptual

ideas and techniques. At the same time, beginning counselors feel a sense of insecurity about their upcoming transition into clinical work (Ronnestad & Skovholt, 1992).

The integration of academic and theoretical information into practice has been identified as a major challenge for novice counselors. Ronnestad and Skovholt (1993) noted that students are provided with extensive theoretical and empirical information and have a self-inflicted expectation to quickly integrate it and perform adequately in practicum, despite their low levels of competency. Skovholt and Ronnestad (2003) identified seven major stressors that novice counselors face as they begin their process of development. These stressors are related to elements of performance anxiety, evaluation and gatekeeping, poor emotion regulation, a lack of professional identity in terms of their view of self and their role as a helper, and a need for positive mentors. Of particular note is the stressor about performance anxiety, which may be exacerbated further when novice counselors have live supervision through a one-way mirror.

Novice counselors face a variety of challenges and stressors as they begin to form a professional identity (Bennett & Deal, 2010; Ronnestad & Skovholt, 1993; Skovholt & Ronnestad, 2003). Novice counselors encounter transitions in their professional identity development, initially relying on external sources for motivation, learning, feedback, and definitions of their identity (Auxier, Hughes, & Kline, 2003; Brott & Myers, 1999; Gibson, Dollarhide, & Moss, 2010). Many graduate students are accepted into counseling programs because of their ability to excel with intellectual and academic coursework; however, this does not readily translate to the counseling room. A large component of this difficult transition is the ambiguous nature of clinical work and of evaluation and expectations from supervisors (Skovholt & Ronnestad, 2003).

Novice counseling professionals also face a wide range of challenges as they attempt to adopt an identity consistent with the field and as they experience anxieties related to beginning their clinical practice (Gibson et al., 2010; Howard et al., 2006; Ronnestad & Skovholt, 1993; Skovholt & Ronnestad, 2003).

A key component to counselors' professional development is their transition from students to clinical practitioners (Ronnestad & Skovholt, 1993). During this transition while students are still participating in their training programs, supervision plays an important role in facilitating the development of novice counselors (Ronnestad & Skovholt, 2003).

Several empirical studies have highlighted the role of early supervision experiences and their connection to professional identity development. In their grounded theory study regarding professional identity development in Master's counseling students, Gibson et al., (2010) stated professional identity transformation did not occur until students started seeing clients, thus indicating the importance of beginning to integrate theoretical information learned in the classroom setting into practice. During this time, students continue to rely on external sources of teaching and validation (Gibson et al., 2010), such as their supervisors, to work toward a more internalized view of themselves and the profession. Therefore, supervision can play an important role in the professional identity development of counseling students as they develop into clinical practitioners.

Supervision has been identified as an important factor in the professional identity development of supervisees during their first practicum (Howard et al., 2006). For novice counselors in their first practicum, Howard et al. (2006) found critical incidents

impacting professional identity development in both negative and positive manners related to the role of supervision. In this study, many students experienced critical incidents of both doubt and validation regarding their decisions to become counselors; the process occurring within the supervisory relationship was identified as a critical incident, which influenced the supervisees' sense of professional identity, confidence, client insight, and resourcefulness when experiencing the supervisory relationship as positive. Conversely, negative experiences in supervision resulted in students' dissatisfaction with their supervisors and their training as a whole (Howard et al., 2006). Ronnestad and Skovholt (2003) argued that the supervisory relationship itself is the core element driving professional development in counselors in training. When supervisees begin to engage in clinical training and the start of their clinical careers, the major functions of supervision, including aiding in professional identity development and skill development in an evaluative manner, becomes apparent to the supervisees. As a result, supervisees can experience high levels of stress and anxiety, thereby often turning to supervisors for support (Bennett & Deal, 2010).

The supervisory relationship can play an important role in the professional identity development of novice counselors when they engage in their first practical experiences. Supervision relationships that attend to forming strong supervisory working alliances have the potential to address the high levels of stress and anxiety of novice counselors. These challenges experienced by the novice counselor can be conceptualized as a potential psychological threat to supervisees, thus resulting in activation of their attachment behavioral system (Mikulincer & Shaver, 2016) when beginning their clinical work. Therefore, increased knowledge about the role of attachment processes in

supervision can be useful to better understand its influence on the supervisory relationship.

Supervisors have the potential to meet the attachment needs of supervisees when they face the unique challenges of beginning clinical practice. Watkins and Riggs (2012) posited that supervision can be conceptualized as an attachment relationship with the supervisor serving as an attachment figure to the supervisee. A supervisee's attachment behavioral system can become activated as a result of both the potential internal and/or external threats (Mikulincer & Shaver, 2016) he or she may face as he or she begins clinical practice. When this system is activated, the supervisee will engage in the primary attachment strategy of seeking proximity with his or her supervisor. When insecure attachment patterns emerge in a supervisee, and the system is activated (Watkins & Riggs, 2012), this has the potential to influence the nature of the supervision relationship and the development of the counselor. If these attachment patterns are left unaddressed within the supervisory relationship, it has the potential to result in negative developmental outcomes for the supervisee as the attachment behavioral system remains activated, thus inhibiting further learning and development as the supervisee attempt to get his or her attachment needs met (Fitch, Pistole, & Gunn, 2010).

Research has begun to identify the negative impacts insecure attachment patterns can have on the supervisory relationships. In particular, it has been determined that attachment processes in supervision have a significant impact on the supervisory working alliance, with supervisee insecurity negatively impacting the working alliance, particularly the emotional bond component of the alliance (Bennett, Mohr, BrintzenhofeSzoc, & Saks, 2008; Deal, Bennett, Mohr, & Hwang, 2011; Foster,

Lichtenberg, & Peyton, 2007; Kim, 1998; Renfro-Michel & Sheperis, 2009). These research findings have been interpreted to indicate that one's attachment style can influence the supervisory relationship and impact the way one engages in the process of supervision (Watkins & Riggs, 2012). Therefore, increased consideration of what activates a supervisee's attachment behavioral system and how she or he responds based on her or his particular attachment style could benefit supervisory relationships and enhance the working alliance. Increased attention by a supervisee to the attachment processes of her or his supervisor may be especially relevant for the novice counselor.

The challenges faced by supervisees beginning their first clinical experience suggest they will experience high levels of stress and anxiety. Research has demonstrated that during adulthood, individuals are capable of forming attachment bonds with a wide variety of individuals from whom they can seek support during times of distress (Bowlby, 1980; Shaver & Fraley, 2008). As a result, it is necessary for effective supervision to assist supervisees in addressing their stressors and anxieties - which can result in the activation of one's attachment behavioral system - so learning and ongoing development can continue (Fitch et al., 2010). This may be especially true for supervisees with insecure attachment styles (e.g. Bennett et al., 2008). According to the Attachment Caregiving Model of Supervision (ACMS; Fitch et al., 2010), effective supervision includes attending to a supervisee's attachment-related cues and behaviors. Additionally, based on the theory of the ACMS (Fitch et al., 2010), if a supervisee's attachment behavioral system is activated, he or she will focus on getting his or her attachment needs met resulting in a barrier to further learning and development.

When an individual experiences threat and activation of their attachment behavioral system, they consciously seek proximity and the protection of an attachment figure (Mikulincer & Shaver, 2016). Supervisees can provide additional insight into how attachment processes impact the supervisory relationship by sharing stories of how their attachment behavioral systems become activated and the strategies they utilize to manage this activation. Based on effective caregiving strategies noted in the attachment theory literature, supervision can assist supervisees in mitigating the activation of their attachment behavioral systems. There is little empirical evidence describing what events, situations, and internal processes can activate supervisees' attachment behavioral systems when beginning their first practical experiences as counselors. Supervisors inherently hold more power in the supervisory relationship (Gazzola & Theriault, 2007); therefore, they should be responsible for having awareness about the factors that could activate supervisees' attachment behavioral systems and how they may respond to this activation. These insights can lead to a greater understanding of the challenges novice counselors face and how supervisors can assist in meeting those challenges.

In summary, clinical supervision provides several important functions, including: monitoring client welfare, evaluating student performance to professional and ethical standards, professional identity development, and counseling skill development. Many theorists of supervision believe the relationship between supervisor and supervisee is critical in providing these functions and aiding in supervisee development. It has been suggested that attachment theory can be considered in supervisory relationships to examine the relational processes that are occurring and how they may impact outcomes of supervisee skill and professional identity development. Research is in the early stages

of identifying how attachment theory can be considered in supervision relationships. By further understanding the emotional bond of the supervisory working alliance (Bordin, 1983) through an attachment framework, supervisors have the potential to better meet the needs of their supervisees and foster positive learning and developmental outcomes. Despite the connection between insecure supervisee attachment and the supervisory working alliance, research has not yet attempted to understand the impact of attachment on the supervisory relationship from the supervisee's perspective. Additionally, research has yet to explore specific factors that result in the activation of the supervisees' attachment behavioral systems and how they react to their supervisors as a result of this activation and their general attachment styles.

Statement of the Problem

Research regarding the intersection of attachment theory and its role in supervision has established a connection between supervisee insecure attachment style and negative supervisory outcomes related to the supervisory working alliance (e.g. (Bennett et al., 2008), supervisee disclosure (Gunn & Pistole, 2012), and supervisee professional identity development (Foster et al., 2007). Despite these initial findings, calls for additional research have been made to further investigate the role of attachment processes in supervision. It has been argued that the absence of a conceptual framework (Fitch et al., 2010; Watkins & Riggs, 2012) has resulted in a lack of development in this line of empirical research. The existing literature on the topic provides insights into the role attachment plays in supervision processes, particularly related to the negative impact insecure attachment styles of the supervisee can have on the supervisory working alliance. However, to date, no study has been conducted that details the actual lived

experiences of supervisees from their perspective related to the activation of their attachment behavioral system and how this may influence the supervisory relationship. It is important to understand these factors from a supervisee's perspective as it can provide valuable information to supervisors about how the attachment behavioral system may be activated in the practicum setting and how a given supervisee may manage this activation in the supervision relationship based on their attachment style. Additionally, to date, no study exists which applies an existing conceptual framework of attachment to the supervision relationship in an empirical manner, thus leaving significant gaps in this line of research. The current study utilized Mikulincer and Shaver's (2016) model of attachment system activation and functioning in adulthood as a conceptual framework.

Rationale

The drive for humans to be relational is a motivation that is innate and persistent (Baumeister & Leary, 1995). Attachment theory provides a framework that details how one expresses these relational motivations. Since the supervisory relationship has many similarities to parent-child relationships and adult-adult relationships related to the attachment figure providing a safe haven during times of distress and a secure base from which to explore, attachment theory can provide a valuable lens to examine a supervisory relationship (Watkins, 1995; Pistole & Watkins, 1995). As all individuals have a distinct way of expressing their relational motivations and emotionally bonding with others (attachment style), these patterns will also be expressed by supervisees in the supervision relationship when their attachment behavioral systems are activated.

Supervision researchers have begun to explore the concept of attachment processes in supervision through several theoretical manuscripts that have furthered our

understanding of how attachment processes can be relevant in the supervisory relationship. Many of these researchers have written about the importance of viewing the supervisory relationship through an attachment lens (Bennett & Deal, 2010; Fitch et al., 2010; Hill, 1992; Mikulincer & Shaver, 2016; Neswald-McCalip, 2001; Pistole & Watkins, 1995). Furthermore, it has been posited that supervisors are or can become attachment figures for supervisees (Fitch et al., 2010; Gunn & Pistole, 2012), and that ideal supervision meets supervisees' needs by providing them with a secure base to explore in times absent of threat and safe haven that provides comfort when encountering threatening situations (Neswald-McCalip, 2001; Pistole & Watkins, 1995). The Attachment-Caregiving Model of Supervision (Fitch et al., 2010) has provided a framework for supervisor interventions in facilitating a safe haven and secure base for supervisees. The conceptual ideas have been supported by a limited amount of empirical research related to attachment in supervision.

In addition to these theoretical assertions, researchers have also begun to empirically test the relationship between attachment and supervision outcomes. Several studies have demonstrated a link between insecure supervisee attachment styles resulting in weaker supervisory bonds, as well as insecure supervisor attachment styles negatively impacting the supervisory working alliance (Bennett et al., 2008; Deal et al., 2011; Foster et al., 2007; Kim, 1998; Renfro-Michel & Sheperis, 2009). Supervisees with avoidant attachment styles have been found to have the most significant negative impact on the supervisory working alliance (Bennett et al., 2008; Dickson, Moberly, Marshall, & Reilly, 2011; Riggs & Bretz, 2006). Based on these findings, there is strong support for

insecure supervisee attachment styles, especially avoidant styles, having a negative impact on supervision.

Our knowledge base and understanding of how attachment processes influence the supervision relationship is currently limited. Despite the theoretical statements and empirical findings noted above, it has been argued that this line of research is still in the early stages of development and that both quantitative and qualitative research studies can add to our existing knowledge (Watkins & Riggs, 2012). Neswald-McCalip (2001) stated that further investigation related to the benefits of attending to attachment processes in supervision is justified. Specifically regarding qualitative research, Neswald-McCalip (2001) added, “Qualitative studies that document observable patterns of attachment behaviors throughout the supervision process...would further strengthen an argument for applying attachment theory in supervision” (p. 26). There is strong support in the literature for a supervisee’s attachment style having an impact on the supervisory working alliance and the emotional bond in the relationship. Further understanding of how supervisee attachment style impacts the supervisory relationship appears warranted.

Bowlby (1977a) stated that “attachment behaviour is conceived as any form of behaviour that results in a person attaining or retaining proximity to some other differentiated and preferred individual, who is usually conceived as stronger and/or wiser” (p. 203). This definition serves as the basis for applying attachment theory to the supervision relationship. Watkins (1995) and Pistole and Watkins (1995) initially applied this definition to supervision, highlighting that the supervisee is seeking proximity to a supervisor who is conceptualized as the stronger and/or wiser preferred individual. Watkins (1995) and Neswald-McCalip (2001) have provided case studies highlighting

how proximity seeking may occur among supervisees of various attachment styles. These case studies highlighted interventions and approaches utilized by supervisors as they attended to the supervisees' attachment style and its relationship to their counseling skills and performance. Specifically, these case studies highlighted the importance of supervisors providing a secure base and safe haven for supervisees in addressing the supervisees' relational patterns.

Although the case studies Watkins (1995) and Neswald-McCalip (2001) posited provide useful conceptualizations regarding the role of supervisee attachment style, there is a lack of empirical evidence regarding the supervisee's experience. Both Watkins' (1995) and Neswald-McCalip's (2001) case studies were based on actual supervision relationships from their own perspectives as the supervisor. Missing in these descriptions are the supervisees' lived experiences, particularly related to what factors influence the activation of their attachment behavioral systems. Furthermore, there is a lack of accounts of how the supervisees experience this activation and utilize the primary and secondary attachment strategies Mikulincer and Shaver (2016) noted within the context of their relationship with their supervisor. Fitch et al. (2010) stated that a major limitation of their Attachment-Caregiving Model of Supervision is that supervisors may need additional information or training about attachment theory in order to better respond to attachment cues. Thus, this model could be more readily implemented if there was a greater knowledge base of how supervisees' attachment behavioral systems become activated and how they respond to such activation across attachment styles.

Purpose of the Study

The purpose of this dissertation study was to examine supervisees' attachment-related experiences, feelings, and ideations within their first supervision relationship. Specifically, this study examined how supervisees' attachment behavioral systems are activated and the strategies they utilize to manage this activation through supervision across different attachment styles. The differing attachment styles were determined based on a self-report assessment instrument completed prior to the onset of supervision.

Previous research on attachment processes in supervision have lacked a conceptual framework, which may have stalled researchers' abilities to further understand these processes (Fitch et al., 2010; Watkins & Riggs, 2012). In response to this gap, the current study will utilize Mikulincer and Shaver's (2016) model of attachment system activation and functioning in adulthood. This model highlights three major components related to attachment system activation, which include: how one consciously seeks proximity to an attachment figure following activation of the system (i.e., primary attachment strategy) in response to a perceived threat; how one benefits from successful use of the primary attachment strategy through attaining support of an attachment figure who provides security; and how one uses secondary attachment strategies when reacting to the perceived or actual unavailability or unresponsiveness of the attachment figure. In addition to these three major components of attachment system activation, the model also details the goals of both primary and secondary attachment strategies, as well as one's working model of self and others associated with each strategy. Lastly, the model explains what occurs when secondary attachment strategies do not result in the goal the individual was attempting to achieve.

This model of attachment-system activation and functioning in adulthood (Mikulincer & Shaver, 2016) provides an established framework to guide the research questions of the current study. The model can be applied to the supervisees' experiences in their first practicum course and how the above-noted attachment processes occur in the context of their first supervision relationship. A supervisee's lived experience can be detailed by the researcher in a narrative form that explains what threats result in activation of his or her attachment behavioral system, as well as the use of primary and/or secondary attachment strategies based on the individual's attachment styles. A narrative approach has the potential to capture the experiences of supervisees that highlight the factors resulting in the activation of their attachment behavioral systems, the goals of their attachment behaviors, the impact of their working models of self and others, and what may occur for them when attachment needs are either met or unmet, all within the context of the supervision relationship.

Research Questions

The guiding research question for this dissertation study is as follows:

Q1 What stories do supervisees tell regarding their experiences of attachment-related behaviors, feelings, and ideations within their first supervision relationship?

This research study will also consider the following questions:

Q2 How do supervisee's describe the activation of their attachment behavioral system in their first practicum?

Q3 How do supervisees describe their attempts to seek/avoid proximity to their supervisors?

Significance

Attachment processes within the supervisory relationship can have a meaningful impact on a counselor in training and his or her professional development and ultimately

his or her effectiveness in providing counseling services to clients. Recent research has demonstrated the relevance and applicability of attachment theory to supervisory relationships, with multiple researchers arguing that supervision is an attachment situation (Bennett & Deal, 2010; Fitch et al., 2010; Hill, 1992; Mikulincer & Shaver, 2016; Neswald-McCalip, 2001; Pistole & Watkins, 1995). Several empirical studies have highlighted the relationship between supervisee insecurity and decreases in the supervisory working alliance (Bennett et al., 2008; Deal et al., 2011; Foster et al., 2007; Kim, 1998; Renfro-Michel & Sheperis, 2009). Additional theoretical articles have concluded that supervisees of differing attachment styles will need different approaches taken by their supervisor (Watkins, 1995; Neswald-McCalip, 2001).

Researchers have argued that an optimally functioning supervision relationship includes the supervisor providing a secure base and safe haven to the supervisee (Neswald-McCalip, 2001; Pistole & Watkins, 1995). Fitch et al. (2010) created the Attachment-Caregiving Model of Supervision, which provides detail about how to provide a secure base and safe haven to supervisees. However, this model does not provide detail about the types of situations that may activate supervisees' attachment behavioral systems and limited hypothetical ideas about how they may respond to this activation based on insecure attachment styles. The only information noted in the literature related to supervisees' behavior based on their attachment styles comes from theoretical case studies (Neswald-McCalip, 2001; Watkins, 1995).

Lacking in the above-noted research base is any detailed description of supervisees' experiences of the activation of their attachment behavioral systems due to the stressors they encounter and how they interact with their supervisors based on their

particular attachment styles. Through an increased understanding of these attachment processes and their relationship to clinical supervision, supervisors have the potential to modify their approach by attending to the attachment processes of the supervisees to further facilitate their learning and development. By further understanding the experiences of supervisees of varying attachment styles, what may activate their attachment behavioral systems, and how they respond to this activation, supervisors will be better equipped to utilize a model based on attachment, such as the Attachment-Caregiving Model of Supervision (Fitch et al., 2010).

Examining the lived attachment experiences of supervisees as their attachment behavioral systems become activated and how they seek proximity within their supervisory relationships can provide counselor educators and supervisors important information about the supervisory relationships. This exploration can bring awareness to how attachment processes impact the supervisory relationship based on the specific experiences supervisees encounter throughout their first supervision relationships. In addition, supervisors can be cognizant of specific interventions and approaches utilized to address attachment concerns within the individualized context of supervisory relationships. As each supervisee may have different individualized needs, this research can provide important details related to how these particular needs were addressed or not addressed within the supervisory relationship. Ultimately, by further understanding the attachment needs of supervisees within their first supervision relationship, it can highlight the importance these issues have on the growth and professional development of counselors in training and the impact this may have on the clinical work they are being trained to provide clients. Lastly, this research can be beneficial for counselor educators,

who are training doctoral students in the practice of supervision, providing an additional framework that can be considered in conjunction with existing supervision models.

Researcher Assumptions

A critical element of the qualitative research process includes the researcher engaging in the process of examining his or her own personal stance, assumptions and biases regarding the topic being explored (Merriam, 2009). This is an important element of this type of research, as these assumptions and biases can influence the way the researcher interacts with the participants of the study and how the data is interpreted. A brief analysis of my personal assumptions and biases regarding early supervision experiences and the influence of attachment as well as my professional experiences with supervision are presented. The rationale for presenting these assumptions and biases are to increase awareness about perspectives that may unintentionally influence the nature of the study. This is not meant as a means to alter or ignore these assumptions and biases; rather, this will begin to address and acknowledge how these assumptions and biases may impact the collection and analysis of the data.

As attachment theory is recognized as a universal human phenomenon, it is something I have experienced with my own caregivers and has continued to influence my experiences of significant relationships into adulthood. I believe that I developed a dismissive attachment style over the course of my development, which has influenced all other significant relationships throughout my lifetime. Not immune to these influences are the nature of the relationships I have had in my own supervisors as a professional. Based on my professional experiences, I assume that my own attachment has influenced the nature of my relationships with various supervisors. I also believe the nature of my

attachment to my supervisors was influenced by the difficulties and pressure I experienced as a novice counselor as I transitioned from the classroom to the counseling room. This assumption is based on my recollections of early supervision relationships in my professional career, as well as through my existing knowledge of attachment theory and my review of the literature. Furthermore, my training in supervision and own experiences of supervising novice counselors contributes to my assumption that attachment processes can influence the nature of the supervisory relationship. I believe these attachment processes have influenced my own supervisees' approaches to our supervision relationships, as well as my approach to working with them as a supervisor.

Based on my review of the literature, I also believe that the majority of supervisors do not intentionally utilize an attachment framework when working with novice supervisees. I make this assumption based on my knowledge that applying attachment theory to the supervision process is a fairly recent practice that is in the beginning stages of being examined in research. Similarly, I make this assumption because I do not recall any of my own early supervisors specifically using language or interventions related to attachment theory or providing a secure base and/or safe haven as I engaged in my early clinical experiences. In addition, based on my knowledge of my early supervisors and their education and training, I am aware that none of them had specific training in supervision practice; therefore, I make the assumption they were unaware of the influence of attachment on the supervisory relationship.

Delimitations

For this study, several boundaries were considered in order to narrow its focus. The participants in this study included only students who were attending Council for

Accreditation of Counseling and Related Educational Program (CACREP) accredited master's degree training programs. This sample of students attending CACREP training programs increased the sample consistency, as these training programs must meet rigorous standards related to the curriculum they provide, which are seen as benchmarks that must be met in order to train effective professionals in the counseling field.

Along with attending a CACREP accredited program, the participants were all entering their first practicum course as master's level practitioners. Also, it was required that the practicum course the participants were enrolled in have an on-site clinics where live supervision occurred. As it was their first counseling experience within the Master's degree program seeing live clients which included live supervision, the participants were more likely to view their then-upcoming practicum experiences as a source of stress and anxiety, thus increasing the likelihood their attachment behavioral systems would become activated.

Lastly, in order to select a group of participants that included a range and variety of each of the four adult attachment styles Bartholomew (1990) described, there were two rounds of participant sampling. In the first round of sampling, a broad range of prospective participants completed the Relationship Scales Questionnaire (RSQ; Griffin & Bartholomew, 1994). The results of these questionnaires were used to create a final sample of participants, which represented a pool of participants with a range of attachment styles. Having at least one participant represent each attachment style allowed for unique narratives to emerge related to the participants' lived experiences in supervision.

Definition of Terms

Attachment. A lasting emotional bond towards a specific person which lasts across time (Bowlby, 1977a).

Attachment Behavior. “Any form of behavior that results in a person attaining or retaining proximity to some other differentiated and preferred individual, usually conceived as stronger and/or wiser” (Bowlby, 1973, p. 292).

Attachment Behavioral System. A behavioral system that is homeostatic in nature which attempts to achieve balance between an individual seeking proximity to his or her attachment figure and engagement in autonomous exploratory behavior within his or her environment.

Attachment Pattern/Style. “The systematic pattern of relational expectations, emotions, and behavior that results from internalization of a particular history of attachment experiences and consequent reliance on a particular attachment-related strategy of affect regulation” (Mikulincer, Shaver, & Pereg, 2003, p. 78).

Internal Working Model of Attachment. “A set of conscious and/or unconscious rules for the organization of information relevant to attachment and for obtaining or limiting access to that information, that is, to information regarding attachment-related experiences, feelings, and ideations” (Main, Kaplan, & Cassidy, 1985, pp. 67-68).

Practicum. The graduate-level course counseling students are required to take where they first begin to see clients in a counseling situation and are supervised by a faculty member and often doctoral students.

Safe Haven. An attachment figure providing comfort and reassurance to an individual's proximity seeking behavior that resulted from a perceived threat.

Secure Base. In situations absent of threat, a sense of security that is provided by an attachment figure that serves to promote exploration and learning.

Supervisory Working Alliance. A supervision relationship where both supervisor and supervisee agree on the goals of the relationship, agree on the tasks to complete these goals, and have a strong emotional bond with one another (Bordin, 1983).

CHAPTER II

LITERATURE REVIEW

The purpose of this literature review is to explore attachment theory, clinical supervision, and the relationship between them. First, attachment theory will be defined, including its origins and current research applications among adult populations. Next, an in-depth look at the literature of clinical supervision is detailed, particularly its relationship to counselor training and counselor professional development. Finally, examination of the literature on the role of attachment theory as it specifically relates to clinical supervision is explored.

Attachment Theory

In this section, a broad overview of attachment theory will be discussed. This discussion will provide further context related to understanding the importance of the relationship of attachment and clinical supervision. The following section will describe the basic components of attachment theory, individual differences in attachment style, and its influence on developmental outcomes. Understanding the general components of attachment theory will begin to provide a context for how they may apply to adult relationships and to a clinical supervision relationship.

Attachment theory is based on the idea that one develops patterns of behavior as a result of one's early experiences with a caregiver, particularly with a primary caregiver (Ainsworth, 1989; Bowlby, 1988). In developing his theory, Bowlby was primarily interested in an infant's attachment to its mother, as the mother was viewed as the

primary caregiver for the infant due to biological processes (e.g., pregnancy and breastfeeding) as well as the culture and historical era in which he resided (Mikulincer & Shaver, 2016). As a result of these factors, much of attachment theory and its origins are based off the behavioral patterns an infant develops in relation to the mother as the primary caregiver. Bowlby (1973) further hypothesized that these patterns form into an organized behavioral system. This behavioral system includes a variety of behaviors which all serve the function for individuals to maintain proximity with their caregiver. Bowlby added that the attachment behavioral system influences several other behavioral systems, such as systems for exploratory behavior, caregiving behavior, and sexual behavior, all with the goal of guaranteeing survival and procreation (Feeney & Noller, 1996). Specifically, the attachment behavioral system serves an individual to maintain balance between proximity with her or his caregiver and engaging in exploratory behavior within her or his environment. This system accounts for perceived danger and separation from the attachment figure with a sense of protection from the caregiver being reduced in situations that are perceived as dangerous or threatening. Therefore, the attachment behavioral system is more apparent when situations of threat occur.

Although Bowlby typically defined attachment behavior as serving the function of maintaining proximity to the caregiver, he also recognized that these behaviors serve other functions. An attachment figure can serve as a secure base where in situations absent of threat, the infant can feel safe to engage in behavior designed to explore and master his or her environment, as opposed to proximity seeking behavior. Furthermore, the attachment figure can also serve as a safe haven for the infant to rely on when engaging in exploratory and mastery behavior while experiencing a threat. Specifically,

the safe haven function of the attachment relationship is defined as caregiver behavior which provides the infant with reassurance and comfort when experiencing threat. As infants engage in repetitive behaviors to achieve security, they become patterned and reinforced, resulting in their persistence throughout the lifespan.

As individuals engage in repetitive behaviors to achieve security, they begin to develop a particular attachment style. This attachment style becomes a generalized pattern of how each individual approaches relationships based on their early experiences in infancy and childhood. The manner in which an attachment figure responds over time to an individual's proximity seeking behaviors will result in individual differences in attachment or a particular attachment style which remains present into adulthood.

Individual Differences in Attachment

Bowlby (1973) believed the attachment system evolves through the process of natural selection, which serves the functions of protection, survival, and reproductive fitness. He believed this attachment system provides children with an increased likelihood of transmitting their genes to future generations. Bowlby (1973) acknowledged the issue of individual differences, which he outlined in the following propositions: (1) Individuals are less prone to chronic or intense fear when they are confident that an attachment figure will be present when desired, compared to the fear an individual who is lacking this confidence will experience; (2) The level of confidence an individual has in the availability of an attachment figure develops slowly over the course of infancy, childhood and adolescence. The level of confidence that is developed during these years typically persevere relatively unchanged for the remainder of the lifespan; (3) The expectations individuals develop of their attachment figures in their childhood and

adolescence generally accurately reflect the actual experiences lived by the individuals which are carried with them into adulthood.

As individuals develop these expectations regarding the responsiveness and availability of attachment figures, they are believed to incorporate these expectations into an Internal Working Model (IWM). These expectations of their attachment figures are then carried forward throughout their development. As a result, these expectations play a dynamic role in their perceptions and behaviors, ultimately impacting the nature of new relationships (Feeney & Noller, 1996). The attachment expectations of responsiveness and availability individuals develop are based on whether they believe an attachment figure is someone who typically responds to proximity seeking behavior. Additionally, attachment expectations are related to whether individuals believe they are people whom attachment figures are likely to be responsive toward. Therefore, these expectations are developed based on an individual's model of self and model of others. Bowlby (1973) stated each of these models appear to be independent; however, they complement one another and are reciprocal.

Based on Bowlby's theoretical beliefs, Mary Ainsworth began studying individual differences in attachment, naturally observing mother-infant interactions in Uganda and Baltimore, Maryland. As a result of these observations, Ainsworth and her research team (Ainsworth, Blehar, Waters, & Wall, 1978) developed a laboratory procedure, called the Strange Situation, which is designed to examine infants' reactions to a sequence of separations and reunions with their mother and a friendly stranger, which became increasingly stressful for infants as the sequence progressed. This increasingly stressful sequence allowed the researchers to note changes in the infants' behavior toward their

attachment figures. Culminating from this research was a delineation of three different attachment types or styles: insecurely attached-avoidant, securely attached, and insecurely attached-anxious-ambivalent (Ainsworth et al., 1978).

The groupings into different attachment styles were based on the behavior observed in the infants, the amount of interaction between the mother and infant, and the mother's level of responsiveness and sensitivity to the infant's needs and signals of proximity seeking. Each style is therefore accompanied by specific behaviors seen in the infants as well as the nature of the caregiving behavior. Infants classified as having an avoidant attachment style responded to the attachment figure with defensiveness and avoidance of the caregiver. The caregiving being given for infants with an avoidant attachment style was seen as rejecting, rigid, hostile, and averse to contact by the researchers. Infants categorized as being securely attached were noted to be upset by the separation between themselves and the caregiver, responding positively to the reunion with the caregiver, sociability, and active exploration, while the nature of the caregiving consisted of responses of warmth, availability, and responsiveness to the infant's needs. Lastly, the infants characterized as being the anxious-ambivalent type were also upset at the separation between themselves and the caregiver, but they responded with anxious behavior such as clinging, crying, or even anger upon the caregiver's return. In this attachment style the nature of the caregiving was described as insensitive to the infant's needs, intrusive, and/or inconsistently responding.

As other researchers have taken this framework and applied it to different settings, additional differences in attachment behavior have been recognized. For example, not all infants have fit into any of the three classification styles of attachment;

therefore, a fourth style, called the disorganized-disoriented category of insecure attachment, was developed (Main & Solomon, 1986). The characteristics of infant behavior in this style included incongruent behavior during the reunion, apprehension or confusion related to the approaching caregiver, and depressed affect. Future research described the factors contributing to disorganized-disoriented attachment style in infants, including maternal alcohol consumption (O'Connor, Sigman, & Brill, 1987) and maltreatment of children (Carlson, Cicchetti, Barnett, & Braunwald, 1989).

In his review of the research regarding the continuity of early attachment and later developmental outcomes, Thompson (1999) indicated the “strength of the relation between infant security and later sociopersonality functioning is modest” (p. 280) and the prediction of later outcomes is based on a multitude of factors. These factors include the outcomes being measured, the time span between attachment and later behavior, the stability and changes in caregiving, and which attachment figure(s) was included in follow-up assessments. Thompson (1999) noted the most reliable research outcome of early secure attachment is a more pleasant parent-child relationship in the subsequent years to come. However, significant research findings have been found related to secure attachment in infancy and later developmental outcomes, including: exploratory play (Hazen & Durrett, 1982); positive affect during free play and increased attention span (Main, 1983); autonomous problem solving (Matas, Arend, & Sroufe, 1978); higher levels of sociability with unfamiliar adults (Main & Weston, 1981; Thompson & Lamb, 1983); increased levels of effective communication between child and parent (Main, Tomasini, & Tolan, 1979; Matas et al., 1978); decreased distractibility and low needs for discipline (Bus & Van IJzendoorn, 1988); more frequent and positive interactions during

play (Roggman, Langlois, & Hubbs-Tait, 1987); less dependency on teachers (Sroufe, 1983; Sroufe, Fox, & Pancake, 1983); greater peer competence through middle adolescence (Weinfield, Sroufe, Egeland, & Carlson, 1999); having a positive description of self while capable of admitting flaws (Cassidy, 1988); and increased emotional understanding (Laible & Thompson, 1998).

Throughout early infancy and childhood, an individual develops a particular type of attachment style which can have an impact on a wide variety of developmental outcomes, as noted above. Each individual's attachment style and its accompanying working models are carried with them into adulthood, which continue to have an impact on how they function in relationships (Mikulincer & Shaver, 2016). A significant amount of research has been conducted on the application of attachment to a variety of outcomes and situations in adulthood. One such application of the influence of attachment behavior in adulthood is related to education and work performance, which has been extended to the supervisory relationship in a counseling context.

Adult Attachment

In this section, the concept of adult attachment will be reviewed. This section will explain how attachment continues to influence one's behavior into adulthood based on one's internal working models. The concept of internal working models and attachment style in adulthood will be compared and contrasted to childhood attachment styles, as there are some significant differences. Research will be discussed related to activation of the attachment behavioral system in adulthood and how this relates to one's internal working models and attachment style. This applies to the current study because it will provide context to the factors that may result in the activation of supervisees' attachment

behavioral systems in a clinical supervision setting, especially related to novice counselors who are beginning their first clinical experiences.

While Bowlby (1988) recognized the attachment behavioral system as being most critical and evident in an individual's infancy and childhood years, he acknowledged that this system remains active throughout the individual's lifespan. Bowlby described the attachment system continuing through adulthood as the individual's internal working model (IWM) develops. The IWM involves children internalizing their external world, resulting in cognitive-affective schemas, including expectations of self, others, and relationships. These schemas are formed through the individual's developmental history and attachment experiences and become part of the personality by adulthood. The IWM is thought to provide a template for navigating the world and interpersonal relationships, as the IWMs are long-lasting but not completely inflexible (Bowlby, 1977b). Bowlby further described the nature of the IWM and its role in an individual's perceptions and how it guides his or her actions:

...whatever representational models of attachment figures and of self an individual builds during his childhood and adolescence tend to persist relatively unchanged into and throughout adult life. As a result one tends to assimilate any new person with whom he may form a bond – a spouse, child, employer, or therapist – to an existing model and often continues to do so despite repeated evidence that the model is inappropriate. Similarly, one expects to be perceived and treated by others in ways that would be appropriate to his self-model and to continue with such expectations despite contrary evidence. Such biased perceptions and expectations lead to various misconceived beliefs about other people, to false expectations about the way they will behave, and to inappropriate actions intended to forestall their expected behavior. (p. 16)

Bowlby's representation of IWMs can be applied to both insecurely and securely attached individuals. The IWM provides individuals with an implicit decision making model on how they relate to others. Therefore, individuals will surround themselves with others

who are consistent with and help confirm their expectations of their IWMs (Thompson, 2008). For example, an insecurely attached individual may expect others to behave in an unfriendly manner; therefore, they keep their distance from others. Conversely, a securely attached individual with an IWM based on expectations of others' friendliness and warmth may act in accordance with these beliefs allowing the formulation of close and intimate relationships.

Despite the long-lasting and resilient nature of IWMs, theorists believe they are not entirely static. However, because IWMs operate largely outside of conscious awareness and are largely unaffected by change, reorganization of the attachment system will require recurring experiences that contradict the already established working model (Bretherton, Ridgeway, & Cassidy, 1990). Thompson (2000, 2008) described factors which may result in a shift in attachment patterns and IWMs. He noted these shifts can occur based on an individual's response to environmental stressors or supports; changes in the quality of caregiving, stability of the family system, or the mental health and functioning of caregivers; the arrival or departure of different significant attachment figures; and other major significant changes in the individual's life.

Bowlby (1973) recognized that differences among individuals' attachment exist as a result of the nature of their attachment figures' availability, responsiveness, and levels of support. The development of secure attachment results from interactions with attachment figures who are available during times of distress, are sensitive to the needs of the individual, and respond to the individual's attempts at seeking support. Bowlby (1988) theorized that these types of continual positive interactions facilitate a sense of safety and positive working models of oneself and of others. In contrast, negative

working models characterized by worries and doubts about self and others are formed when attachment figures are unavailable, unreliable, and unsupportive.

As these patterns of internal working models persist throughout the lifespan, individuals begin to form attachment bonds with a variety of attachment figures when they reach adulthood. It has been argued that supervisors can serve as an attachment figure to counselors, particularly as they begin their early clinical experiences (Fitch et al., 2010; Watkins & Riggs, 2012). The general attachment style or pattern of a counselor in training can therefore have an influence on the way in which they seek proximity with supervisor, which can in turn impact the supervisory relationship and particular developmental outcomes for the counselor in training.

Adult Attachment Patterns

An important aspect of this study was the concept of adult attachment patterns. These varying patterns influence the way individuals may attempt to seek proximity to an attachment figure when their attachment behavioral systems become activated. The following section will describe developments in research that resulted in the formation of adult attachment patterns that differ from the patterns discussed in attachment in childhood. The adult patterns of attachment are relevant to the current study because they provide context for understanding how an individual with a given pattern will react when their attachment behavioral system becomes activated.

Bowlby postulated that childhood internal working models of attachment would continue into adult life, having a significant impact on emotional functioning. There is current evidence suggesting that the internal working models one develops in infancy and childhood are continuous and serve as templates for adult relationships (Fonagy, 2001,

2003). Longitudinal developmental research has also begun to provide further empirical evidence to support the connection between attachment patterns in infancy and attachment patterns in adulthood (Grossman, Grossman, & Waters, 2005; Sroufe, Egeland, Carlson, & Collins, 2005). Additionally, research contributed from the field of neuroscience has demonstrated that early attachment experiences play a contributing role in infant brain development, which influences one's affect regulation processes in later life (Applegate & Shapiro, 2006; Schore, 2000).

Early research that attempted to make the connection between infant/childhood attachment and adult attachment focuses on theoretical propositions. These propositions center on the argument that the functions of infant attachment most readily apply in adulthood to marital and committed non-marital relationships. Specifically, Weiss (1982, 1986, 1991) argued that the functions of proximity seeking, separation protest, secure base, and safe haven noted in the infant attachment literature apply to adult romantic relationships as individuals seek comfort and security from their partner, seek proximity from their partner, especially in times of stress, and engage in protest behavior if the partner is unavailable or threatens separation. Ainsworth (1989) noted that the attachment system operates in conjunction with the sexual and caregiving systems in adult relationships, adding that these relationships are reciprocal in nature rather than hierarchical, as seen in the parent-child attachment bond. Furthermore, it has been postulated that adult partners serve as attachment figures for one another and will only view their partner in a hierarchical role when particularly vulnerable and the attachment behavioral system is activated (Heard & Lake, 1986). Based on these connections

suggested in the early theoretical research, empirical studies were conducted to assess individual differences in adults and their attachment patterns.

Main et al. (1985) were the initial researchers to examine adapting infant attachment patterns to adult patterns of attachment. Based on their research, they re-conceptualized attachment patterns to include not only infants based on the Strange Situation experiments, but to include older children and adults as well. They further proposed that secure attachment and the various forms of insecure attachment not only refer to internal working models of relationships that influence feelings and behaviors, but they also have an impact on attention, memory, and cognition. To assess these notions, the researchers developed the Adult Attachment Interview, which prompted adults to recollect relationships in childhood and attachment-related events and how they have influenced their adult personality. Judges rated these interviews, assessing security issues and especially noting details in attachment experiences and feelings. The results of these interviews yielded three adult attachment patterns: free to evaluate (secure attachment), dismissing (avoidant attachment), and preoccupied (anxious/ambivalent attachment).

Main et al., (1985) noted specific individual differences in each pattern of adult attachment they identified. Adults with the free to evaluate pattern were more likely to freely and coherently express both negative and positive experiences of early attachment, and these experiences appeared integrated into their existing mental processes. These individuals also had realistic expectations of significant relationships and of themselves, as well as placing value on attachment relationships. In contrast, adults with a dismissing pattern tended to devalue, demonstrate a lack of concern, and recognize little influence of

attachment relationships. Lastly, adults with a preoccupied pattern tended to express dependency on attachment figures while still actively struggling to please them. Adults with insecure patterns demonstrated incoherent and inconsistent reports of their early attachment experiences. For example, individuals may report an excellent overall relationship with an attachment figure in their early childhood; however, they would also recollect significant periods of time of loneliness and rejection. The researchers concluded that one's ability to access and coherently organize attachment information may play a significant role in security in adulthood.

Hazan and Shaver (1987) continued the research on adult attachment patterns, as they applied it to the concept of romantic love relationships. They hypothesized that individual differences in early attachment experiences would impact the nature of attachment between partners in romantic relationships. Hazan and Shaver's (1987) seminal study involved participants engaging in a forced-choice self-report measure after reading three paragraphs that detailed the essential features of the three attachment patterns (secure, avoidant, and ambivalent). The participants chose which paragraph was most accurate in describing their feelings in close relationships. This measure was also used in conjunction with a sample of respondents to a newspaper "Love Quiz," which was also taken by a sample of undergraduate students. This questionnaire was designed to assess attitudes in close relationships as well as experiences within their most significant romantic relationship. The results of this study demonstrated that the frequencies of each attachment pattern in adults were similar to those found in frequency studies of infant attachment (i.e., more than half of the respondents identified as securely attached, while among the remainder of the participants, slightly more identified as

avoidant compared to ambivalent). In addition, the results of the study found that in accordance with attachment theory, individuals in the three attachment patterns reported different experiences in their histories of family relationships, their internal working models of attachment, and their love experiences.

Although their research described accounts of romantic attachment processes and demonstrated individual differences in adult attachment in romantic relationships, their design was not without flaws. When reporting their results, Hazan and Shaver (1987) noted the limitations in their research design. As data collection involved individuals responding to a newspaper advertisement, the measures were not fully detailed and focused on the participants describing one romantic relationship in a forced choice manner. This design reflects an emphasis on attachment being more of a stable trait rather than a context specific state. This was again noted by Hazan and Shaver (1987), as they stated relationships are influenced by “factors unique to particular partners and circumstances” (p. 521). Subsequent research has focused on replicating the results of these findings while addressing the limitations, as well as extending the findings to other conceptual constructs.

In continuing to assess adult attachment while addressing the limitations noted by Hazan and Shaver (1987), Levy and Davis (1988) continued to utilize the three attachment pattern descriptions. However, rather than employ a forced-choice design, the researchers developed Likert scales that allowed for more complete descriptions of an individual’s attachment style and allowed the researchers to examine patterns and scores across the three attachment patterns. Using this approach, Levy and Davis (1988) found important correlations among the three patterns, including the following: secure

attachment being moderately negatively correlated to avoidant attachment; secure attachment being weakly negatively correlated with anxious-ambivalent attachment; and avoidant and anxious-ambivalent attachment having essentially no correlation. The correlation between secure and avoidant attachment generated questions regarding the appropriateness of the model consisting of the three attachment patterns and/or the appropriateness of the descriptions of the three patterns (Feeney & Noller, 1996). As a result, researchers began to develop assessment measures that modified the original descriptions of the three patterns detailed by Hazan and Shaver (1987).

Subsequent studies employed research approaches using a number of assessments providing more single item detail based off Hazan and Shaver's (1987) original descriptions. As a result of the various assessment tools used, consensus among the major dimensions of adult attachment was slow to emerge (Feeney & Collins, 2004). Despite this lengthy process, however, significant consistencies did appear to emerge in the research. One major consistency that appeared across multiple studies (Feeney, Noller, & Callan, 1994a; Griffin & Bartholomew, 1994; Strahan, 1991) was the emergence of two major attachment dimensions: one's level of comfort with closeness, and one's level of anxiety in relationships.

In this section, the development of attachment patterns in adulthood were reviewed. Initial research on adult attachment focused on developing ways to measure the impact of attachment through interview data (e.g. Hazan & Shaver, 1987; Main et al., 1985). Subsequent studies focused on understanding the differences between the three attachment patterns of secure, anxious-ambivalent, and avoidant. These studies focused on modifying the operational definitions of the three attachment patterns to generate

consistency for future research. A consensus was reached as multiple studies identified the two major attachment dimensions of comfort with closeness and anxiety in relationships. These two dimensions were further expanded upon to develop a four factor model of adult attachment (Bartholomew, 1990), which is the model utilized in the present study to determine the individual attachment differences of the participants.

Four Factor Models of Adult Attachment

Based on Bowlby's (1969, 1973) argument that attachment patterns are based on one's working model of the self and of one's attachment figure, research began to emerge that proposed four patterns of adult attachment as opposed to the three patterns conceptualized in the previous sections. Bartholomew (1990) contended that one's working model of self can be conceptualized as either positive or negative. Correspondingly, the same dichotomy can be applied to one's working model of one's attachment figure: either positive or negative. Bartholomew (1990) recognized discrepancies in the Main et al., (1985) and Hazan and Shaver results. Specifically, in the Main et al., (1985) study, the dismissing participants displayed the same level of subjective distress as the secure group, whereas in the Hazan and Shaver (1987) study, participants with an avoidant attachment pattern reported high levels of subjective distress and a fear of closeness in relationships.

As a result of the discrepancies in the Main et al., (1985) and Hazan and Shaver (1987) studies, as well as the dichotomies in one's working model of self and others, Bartholomew (1990) proposed four adult attachment patterns and that those with avoidant attachment may actually belong to two separate categories. Bartholomew (1990) categorized her model by one's working model of self, which corresponds to

one's level of dependence, and one's working model of others, which corresponds to one's level of avoidance in relationships. In Bartholomew's model, individuals with positive models of others are either classified as secure or preoccupied based on their model of self or level of dependence. Bartholomew's classifications of secure and preoccupied correspond to Hazan and Shaver's (1987) secure and anxious-ambivalent patterns, respectively.

Bartholomew (1990) stated that individuals with negative models of others (e.g., that others are untrustworthy) are both avoidant but would be classified as either dismissing or fearful based on their model of self. Dismissing individuals differ from fearful individuals, as they have a positive model of self and emphasize achievement and their reliance on self while sacrificing intimacy to maintain a sense of self-worth. Conversely, individuals classified as fearful will likely desire intimacy but avoid it, as they lack trust in others and fear being rejected (Bartholomew, 1990; Bartholomew & Horowitz, 1991).

Empirical evidence confirming the four-group model of attachment pattern is found in multiple studies. Brennan, Shaver, and Tobey (1991) conducted a study comparing individuals with Hazan and Shaver's (1987) three-group model to Bartholomew's (1990) four-group model. The study found that participants endorsing secure attachment in one measure corresponded to secure attachment in the other measure. Similarly, participants who acknowledged membership in Bartholomew's preoccupied pattern were likely to view themselves as having an anxious-ambivalent pattern in Hazan and Shaver's (1987) measure. It appeared Bartholomew's fearful avoidant pattern was drawn largely from Hazan and Shaver's avoidant pattern, while the

dismissing avoidant pattern was drawn from both the secure and avoidant patterns. Furthermore, in their study, Brennan et al. (1991) also found children of alcoholics scored high on Hazan and Shaver's avoidant and anxious-ambivalent patterns, and they primarily fell into Bartholomew's fearful pattern, therefore suggesting evidence that some fearful adults were children who fell into the disorganized-disoriented pattern originally identified by Main and Solomon (1986). Children of alcoholic parents fall into these categories as a result of being exposed to inadequate parenting, including a lack of consistency and nurturance by the alcoholic parent or parents.

Additional support for the distinction of the two avoidant patterns proposed by Bartholomew (1990) has been studied. Bartholomew and Horowitz (1991) found differing interpersonal concerns among the two patterns, with fearful individuals demonstrating greater social insecurity and passivity, while the dismissing individuals portrayed a cold interpersonal demeanor. Feeney, Noller, and Hanrahan (1994b) created a measure designed to assess a large number of items addressing the major themes of infant and adult attachment theory. Using cluster analysis, distinct groups of individuals were found that were generally similar to those found in Bartholomew's model, including fearful participants acknowledging less confidence in self and others, greater distress to comfort, greater need for approval, and increased preoccupation with relationships compared to those with a dismissing pattern.

In this section, the four factor model of adult attachment was reviewed. The four factor model developed by Bartholomew (1990) is important to this study as it highlights the importance of one's working model of self and one's working model of others in greater detail than studies utilizing a three factor model. The four factor model highlights

the differences between an individual who has negative views of others yet positive views of self (dismissive) from an individual who has both negative views of others and negative views of self (fearful). Therefore, this differentiation of working models of self and their working models of others can be applied to a clinical supervision context with greater clarity than through the use of a three factor model. Each of the patterns in the four factor model can be utilized as way to understand how supervisees of various patterns may engage in proximity seeking behavior with their supervisors when their attachment behavioral systems become activated.

Activation of the Attachment Behavioral System

This section will provide an in-depth discussion of the processes associated with the activation of the attachment behavioral system in adulthood. The activation of the attachment behavioral system is a major component of this study as little is known beyond theoretical assumptions about what factors may contribute to the system becoming activated. Models of attachment functioning within the supervision relationship highlight the importance of the activation of the attachment behavioral system (Bennett, 2008b; Fitch et al., 2010). However, these models do not address specific detail about the factors that may influence activation of the attachment behavioral system within a clinical supervision context. The following section will provide context related to understanding how this system becomes activated and how individuals of various attachment patterns may react to this activation in relation to an attachment figure.

A major component of Bowlby's attachment theory (1973, 1980, 1982) argued that psychological or physical threats automatically activate the attachment behavioral

system, which has the goal of maintaining proximity to a supportive individual.

Although arguing this system is most critical during the early stages of the lifespan, Bowlby (1988) assumed this system remains active throughout the entire lifespan, as evidenced by the cognitions, behaviors, and tendencies of individuals attempting to maintain proximity and seek support when threatened or distressed into their adulthood (Hazan & Zeifman, 1999). Furthermore, as adults continue to develop, they are capable of developing significant emotional attachments to a wide variety of individuals whom they can rely on and seek support from in times of distress (Bowlby, 1980; Shaver & Fraley, 2008).

In adulthood, attachment behaviors differ significantly from the behaviors seen in infancy and childhood. For example, when seeking attachment, an infant would engage in non-verbal behaviors such as crying, clinging, sucking, smiling or crawling towards an attachment figure in order to reestablish proximity. In adulthood, attachment seeking behaviors may include talking to an attachment figure or calling an individual on the phone. Furthermore, adults have the capacity to seek comfort from an attachment figure even though they are not physically present. Adults can do so by utilizing mental representations of attachment figures or self-representations that may include the attachment figure (Mikulincer & Shaver, 2004).

According to Bowlby (1988), the activation and intact functioning of the attachment system provides multiple benefits to an individual. First, successful attempts for proximity and support can strengthen emotional bonds within a relationship and confirm the importance of relational closeness. Next, successful efforts for support and proximity help an individual learn how to regulate negative emotions such as anxiety,

anger, and sadness, as well as maintain emotional equilibrium while developing a sense of resiliency (Bowlby, 1973; Bowlby, 1980). Lastly, attachment security provides an essential foundation for learning particular skills and competencies (Bowlby, 1973). For example, when adults feel threatened and lack an adequate sense of security, their ability to direct attention toward the investigation of new objects and environments and forming prosocial relationships with peers can be impacted. If this inadequate sense of security lasted over an extended period of time, individuals may suffer in terms of their development of self-esteem, self-efficacy, and social skills (Mikulincer & Shaver, 2012).

Mikulincer and Shaver (2016) developed a model of attachment-system functioning and dynamics in adulthood which is concerned with three major issues. These issues include: (1) how one seeks proximity when their attachment behavioral system becomes activated (also known as the primary attachment strategy); (2) the positive outcomes of utilizing the primary attachment strategy to effectively gain support from an attachment figure; (3) secondary attachment strategies that are utilized in continued pursuit of attention from an unresponsive or unavailable attachment figure. Secondary attachment strategies are unconscious in nature based on previous life experiences. There are two types of secondary strategies which include both anxious hyperactivating and avoidant deactivating strategies which influences one's attachment behavior. In addition to these three major goals, Mikulincer and Shaver's (2016) model included details regarding the goals of both primary and secondary attachment strategies, one's beliefs and expectations of self and others related to each of these strategies, and the potential outcomes of when secondary attachment strategies fail to meet their goals.

Mikulincer and Shaver's (2016) model included three separate components. The first component included how one monitors and assesses signs of threat. When an individual perceives current circumstances as threatening, her or his attachment behavioral system will become activated. This activation occurs in a two-stage process. The first stage of the process includes processes that heighten an individual's access to attachment-related thoughts and behaviors. In this first stage, these processes are occurring in a manner that is outside the individual's consciousness. In the second stage of activation, the individual begins a conscious process of increased cognition related to an attachment figure and strategies that can be utilized to gain proximity to that figure. Therefore, these cognitive processes increase the likelihood she or he will behaviorally seek proximity to an external or internalized attachment figure. However, in contrast to children or adolescents, adults have the capability to utilize mental representations of attachment figures who have previously met their needs. In such cases, the individual will not have to seek actual physical proximity with an attachment figure and can independently manage threats.

In terms of assessing threat, one's subjective appraisal of a situation can result in attachment behavioral system activation, as opposed to merely actual threat. Additionally, one's own internal thought process related to threat can activate the attachment behavioral system. Previous repeated use of secondary attachment strategies can bias one's attachment behavioral system activation. For example, the use of hyperactivating strategies includes increased vigilance toward potential threats, an increased tendency to evaluate a situation as threatening, as well as rumination about past threatening experiences, actual or perceived. These factors often result in individuals

with anxious attachment styles becoming activated even in situations absent of actual threat and increases the urgency of securing support from an attachment figure.

In contrast to hyperactivating strategies, deactivating or avoidant strategies attempt to remove one's attention from signs of threat or to suppress thoughts that could result in activation of the attachment behavioral system. As a result of these strategies, individuals with avoidant attachment styles tend to detach themselves from threat and stop themselves from thinking of their desire for the comfort and support of an attachment figure. Lastly, the deactivating strategy avoids thoughts related to the benefits of being in the presence of an attachment figure, similar to the concept of compulsive self-reliance, originally developed by Bowlby.

The second component of the Mikulincer and Shaver's (2016) model involved actual proximity seeking behavior, rather than merely the increased cognition toward attachment related thoughts and actions. In this second component, the individual monitors whether the attachment figure is available to him or her. When the individual does perceive their attachment figure as available, attentive, and responsive, he or she experiences a sense of security and the primary attachment strategy of proximity seeking is reinforced. When this sense of security occurs in a repeated fashion, the individual increases his or her ability to maintain emotional stability in times of distress, maintains his or her overall mental health, as well as maintains his or her ability to build intimate and interdependent bonds with others, due to the secure working model of self and others that have been developed.

In contrast, an individual can perceive the attachment figure as unavailable, unresponsive, and inattentive to his or her needs upon seeking proximity. As in the first

component of the model, one's subjective appraisal of the attachment figures availability can be biased based on past experience. An anxiously attached individual's perceptions and hypervigilance of his or her attachment figure can result in his or her noticing or perceiving a lack of interest, unavailability, and unresponsiveness. As a result, becoming aware of real or perceived unavailability is increased as an attachment figure cannot always be instantaneously available to an anxious individual. In contrast, an avoidant individual's tendency to utilize deactivating strategies may result in an increase of the attachment figure's availability being unnoticed or misperceived. In addition to these biases, there are actual occurrences of attachment figure unavailability, unresponsiveness, and inattention. Whether the unavailability of the attachment figure is real or perceived, it will lead to the third component of the model.

In the third component of Mikulincer and Shaver's model (2016), the attachment figure's unavailability results in attachment insecurity for the individual. This insecurity increases the distress caused by the original threat and results in cognitive and behavioral processes that can negatively impact the individual's emotional well-being, ability to adjust, and relationship satisfaction and stability. What follows is the individual's use of secondary attachment strategies based on his or her perceived expectation of success or failure of such strategies and the value he or she places on gaining proximity.

When individuals believe further proximity seeking will not achieve a positive result or if they believe they will be punished for such actions, they will utilize a deactivating strategy. When using a deactivating strategy, individuals will believe the attachment figures will either continue to be unresponsive or will become hostile and reject them. Alternatively, if individuals believe they are inadequate to manage distress

autonomously, they will utilize a hyperactivating strategy. This strategy will include greater efforts toward gaining attention, cooperation, and a sense of security from their attachment figures. The individuals believe it is fearful to maintain distance from the attachment figures and they cannot cope with the distress alone. In some instances, insecure individuals cannot easily determine if proximity seeking is a viable option which results in the use of both hyperactivating and deactivating strategies. Bartholomew and Horowitz (1991) described this individual as being “fearful avoidant.” Unlike dismissing individuals, the fearfully avoidant individuals will not deny their need for support, but will rather continue to express this need despite their withdrawing and distancing behavior.

In this section, the concept of how one’s attachment behavioral system becomes activated was reviewed according to the model of adult attachment developed by Mikulincer and Shaver (2016). This model described the various attachment behaviors one may employ upon activation of one’s attachment behavioral system. Description was given of how the attachment behaviors one utilizes can be influenced by their general attachment style. Previous supervision models that account for attachment behavior (e.g. Bennett, 2008b; Fitch et al., 2010) discuss the importance of the activation of the attachment behavioral system; however lack any detail about what contributes to this activation. Mikulincer and Shaver’s (2016) model of adult attachment can provide a framework for beginning to understand the factors that result in the activation of one’s attachment behavioral system. These concepts can be applied to a clinical supervision context where the supervisor serves as an attachment figure to the supervisee as she or he begins to engage in her or his first practical experience as a novice counselor.

Attachment Figures and Novice Counselors

Bowlby (1969, 1982) noted that attachment behavior in adulthood is not only directed toward individuals outside of one's family but also specifically toward groups of people such as schools, colleges, or work groups. He argues that these groups could serve as a primary attachment figure for an adult. Mikulincer and Shaver (2016) reported that group cohesion, such as in a cohort of graduate students, can serve as sources of meeting attachment needs such as receiving support, comfort, and relief during times of distress. Additionally, students can also gravitate toward stronger and wiser leaders to meet their needs during times of high distress. Mayseless and Popper (2007) noted that these intense times of distress are "fertile soil to the desire for a leader who is capable of giving reassurance and relieving deep anxieties" (p. 79).

In an academic setting, Bennett and Deal (2010) discussed the process in which graduate students seek to fulfill their attachment needs. The authors noted it is a common experience for graduate students to experience intense emotional reactions to their training as well as the difficulty of the academic work. As adolescents and young adults begin the process of differentiating and separating from their caregivers, they often fulfill their attachment needs through relationships with other adult peers and romantic partners. However, Mayseless and Popper (2007) noted that adult partners do not always fully meet these attachment needs, as both individuals are equal and in need of mutual reassurance in times of distress. Therefore, Bennett and Deal (2010) suggested that graduate students may seek fulfillment of these attachment needs from institutional leaders who can enhance their professional development, adding:

When adults embark on a career change and are under the academic demands of graduate training, for instance, they often turn to instructors, academic advisors, supervisors, and sometimes psychotherapists in search of ‘stronger and wiser’ leaders who can provide the attachment functions of calming anxiety, empowering and motivating, and increasing self-esteem (p. 254).

Bennett and Deal (2010) added that when students are able to find attachment figures in the leaders of their institutions, this can facilitate a more effective process of professional identity development.

The pressure and anxiety among graduate education is not immune to counseling students. In addition to the typical stressors of graduate level education, counseling students also face additional challenges as they move away from the classroom setting and into the practical application portion of their training when they begin to see clients. When discussing the impact of this anxiety, the Ronnestad and Skovholt (1992) noted, “The supervisor must keep in mind how threatening the practicum may be for the student. The student is interchanging with several clients and for many, it is the most intense opportunity to check out the validity of one’s career choice” (p. 398).

Ronnestad and Skovholt (1992) described many of the challenges novice counselors face in comparison to more advanced students. Of note, the authors described a large gap in these students’ ability to translate theoretical information into clinical practice. Novice counselors are expected to use empirical and theoretical information effectively by translating this information into adequate performance in their first practicum. The authors noted that “the student at this level naturally lacks the competency to perform professionally and is generally painfully aware of it, even though much energy is invested in concealing it” (Ronnestad & Skovholt, 1993, pp. 396-397).

As a result, novice counselors experience an intense urgency to quickly master skills and demonstrate their competence in a professional manner.

Skovholt and Ronnestad (2003) added to their conceptualization of novice counselors by describing in more detail the difficulties these students face when beginning their first practicums. Adding to the insight regarding what novice counselors face, the authors stated:

The microscopic examination, understanding, and improvement of the emotional lives of humans – the most complex of all species – is much more difficult than the novice can imagine. To understand the ambiguity of the human condition, practitioners must use thinking patterns that are not linear, logical or sequential. Expertise within the web of ambiguity takes years to master.” (Skovholt & Ronnestad, 2003, p. 46).

Related to these struggles, Skovholt and Ronnestad (2003) detailed seven specific challenges novice counselors face, including: acute performance anxiety and fear, illuminated scrutiny by professional gatekeepers, porous or rigid emotional boundaries, fragile or incomplete practitioner self, inadequate conceptual maps, glamorized expectations, and the acute need for positive mentors.

Adding to these theoretical arguments made by Skovholt and Ronnestad, further studies have been conducted to empirically investigate the experiences of novice counselors. Howard et al. (2006) conducted a qualitative study examining the critical incidents novice counseling students faced in their first year of practicum. In this article, critical incidents were defined as, “significant learning moments, turning points, or moments of realization that were identified by the trainees as making a significant contribution to their professional growth” (Howard et al., 2006, p. 88). The study aimed to identify what specific experiences novice counselors will view as being important to their professional growth during their first practicum.

Howard et al. (2006) followed nine graduate students throughout their first practicum experience over a fifteen week semester. The authors utilized journal writing among the participants as their primary method of data collection in order to capture the subjective experiences they encountered throughout their practicum. Participants were required to complete one journal entry per week related to specific learning moments or turning points they felt were relevant to their professional growth. Analysis from the data collected from the journal entries revealed 157 separate critical incidents that fit into five overarching categories related to professional identity, personal reactions, competence, supervision, and philosophy of counseling.

The authors found that the most common critical incident noted by the participants was related to professional identity development. Within the theme of professional identity development, participants reported experiencing gains in their understanding of their role as a counselor, a greater sense of understanding new elements of a counselor identity they previously were not aware of, both increased motivation and ambivalence toward their career choice, and a sense of feeling limited due to their status as a trainee. Regarding the theme of personal reactions, participants noted gaining deeper levels of self-awareness and insight into their own reactions towards clients and the impact this had on their attitudes and behaviors in counseling sessions.

In terms of critical incidents related to the theme of competency, participants stated both increases in their self-efficacy, as well as moments of doubt. Participants often described a roller coaster type of pattern in terms of their levels of competence throughout the semester. Additionally, participants achieved a greater sense of

understanding related to immense amounts of work they would need to undertake in order to become fully competent professionals in their future.

The supervision relationship and specific moments in supervision sessions also accounted for significant critical events experienced by the participants, who noted both positive and negative critical incidents related to the supervision relationship. Positive incidents included supervision serving as a means to manage strong emotional reactions as well as moments where relationship dynamics were processed to improve the quality of the supervisory relationship. In contrast, participants also discussed negative critical incidents in supervision where they experienced a lack of validation related to their emotional experiences. Lastly, philosophy of counseling was another theme the participants experienced throughout the semester related to growth in their understanding of theoretical frameworks and tolerance for the ambiguity of clinical work.

Of particular note, Howard et al. (2006) stressed the importance of professional identity development as relying both on internal processes and the practical application of becoming a counselor. The participants had no prior practical experience as counselors and had to make adjustments throughout the semester related to their conceptualizations of their professional identities. Furthermore, the findings related to critical incidents in supervision included equal amounts of positive and negative experiences, which impacted the participants' levels of self-efficacy and satisfaction with their training. Howard et al. (2006) noted that positive supervisory experiences appeared to increase trainee self-efficacy, insight related to client conceptualization, a sense of professional identity, and greater resourcefulness. Conversely, negative supervisory experiences

appeared to foster negative emotions in the trainees as well as general dissatisfaction with supervision and the training process as a whole.

To further the understanding of the challenges faced by novice counselors, Gibson et al. (2010) conducted a grounded theory study to examine the lived experiences of counselors in training as they progress through their programs. The authors stated that contemporary definitions of professional identity development include the three themes of one's self-label as a professional, an integration of skills and attitudes as a professional, and an understanding of the context in which one resides in the professional community. Both interpersonal and intrapersonal elements of professional identity are present in this definition.

In terms of an intrapersonal process related to counselor professional identity, students in training initially rely heavily on external sources, such as professors, for conceptual and experiential learning, as well as evaluative feedback (Gibson et al., 2010). Once beginning the practical portion of their training, students begin to experience feedback from supervisors, specifically on their skills they implement as a result of their formal education in classrooms. With this ongoing feedback, students begin to move more toward an internal locus evaluation as they integrate experience with theory to form a personal and professional identity. Therefore, interpersonally, students rely on the professional community for guidance and adherence to professional standards.

With these concepts in mind, Gibson et al. (2010) designed their grounded theory study to examine the professional identity experiences of counselors in training throughout their entire program. The participants of the study included 43 students in master's degree counseling programs. A cross section of participants was obtained

representing students at four different points in their program. These four groups included: students who had not yet started coursework, students who had completed the majority of their coursework but had not begun practicum, students who had completed practicum but not begun internship, and students who had completed internship but not yet graduated. The participants contributed their experiences of their counselor identity development in a total of seven focus groups, with each group consisting of a homogenous set of students in terms of their progress in their program.

Results from the focus group interviews resulted in the authors' development of a theory of professional identity development over the course of a student's entire training. The theory consists of transformational tasks the students must undertake, as well as transformational processes that take place over time and develop throughout a program. The transformational tasks students must engage in throughout their program include: developing a definition of counseling, changing perceptions related to responsibility for professional growth, and a transformation to a more systemic view of identity, rather than an individualized view. The theory describes the transformational processes students move through, beginning with a need for external validation, moving to greater commitments toward coursework and experience, and lastly arriving at a point where they can self-validate their own identity within the greater community of counseling professionals.

As this study utilized a cross-sectional sample of students at varying points in their program, Gibson et al., (2010) were able to build on the findings of Howard et al. (2006), who only focused on one focal point in time. The results of this study are able to provide a temporal sense of progression that students experience throughout the entirety

of their program in relation to the development of their professional identities. Of specific importance, Gibson et al. (2010) noted that only students in later stages of their program who had completed at least some of the experiential portions of their programs were able to rely on internal processes of self-validation. This finding highlights the importance of providing actual counseling to clients as an essential step in professional identity formation. When also taking into account the findings from the Howard et al. (2006) study on the impacts of both positive and negative supervision experiences, it appears supervision plays a vital role in the development of counselors in training as they engage in their first practical experiences with clients.

The above noted research emphasizes the high levels of distress novice counselors can experience, their necessity for positive role models, and the essential role practical application serves in counselor development. Novice counselors have a need to find security from external sources (Howard et al., 2006) who are often stronger and wiser leaders in the academic setting as opposed to other individuals involved in their personal lives (Bennett & Deal, 2010). Bordin (1983) noted that with so much at stake for a novice counselor, it is necessary for supervision to provide a trusting bond between supervisor and supervisee. With such a trusting bond, novice counselors will be able to confront their internal experiences and their potential impact on the counseling relationship in supervision which can impact their perceptions of their professional identity development (Gibson et al., 2010). It appears such a trusting bond in supervision can serve the function of addressing the unique challenges novice counselors face.

Clinical Supervision

The following section will discuss the function of clinical supervision as well as the ways in which effective supervision is measured in the literature. One significant way supervision has been measured is through the concept of the supervisory working alliance. There are a number of factors related to both the supervisor and supervisee that have been researched which can impact the supervisory working alliance. The studies highlighted in this section will provide a context for some of the factors related to developing an effective supervisory working alliance which can include attachment related constructs.

In the counseling field, receiving clinical supervision is an essential component of one's professional development (Borders, 2006). Although the definition of supervision may differ based on the country in which it is being provided, a definition commonly used in the United States includes the following:

...an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients she, he, or they see; and serving as a gatekeeper for the particular profession (Bernard & Goodyear, 2009, p. 7).

It is widely agreed upon that a major function of supervision is to support supervisees in becoming competent professionals. Additionally, researchers in the field agree that supervision's most important aspect is developing competency in trainees. In addition to developing competency in trainees, supervision provides several other important functions, including: developing capable professionals as they progress through various stages of professional development, the development of ethical practice, socialization to

professional identity development, enabling progression toward obtaining professional qualifications, and promoting effective clinical practice that enhances outcomes for clients (Watkins & Milne, 2014).

Supervision is recognized as playing a crucial role in preparing individuals for professional clinical work (Bernard & Goodyear, 2009). Since the nature of mental health work is a specialized field, those who work in the field have been given the task of self-regulating the standards of the profession, including supervision practices, to ensure the welfare of clients takes priority over self-interest. As a result, the mental health field utilizes three primary means of self-regulation, including: state regulatory boards, professional credentialing groups, and program accreditation (Bernard & Goodyear, 2009).

Since supervision is an essential element of mental health professions self-regulating, state regulatory boards organize and regulate its practice. State regulatory boards determine the qualifications of supervisors, the amount of supervision required by professionals seeking licensure, as well as requirements for the format of supervision and who can provide it (Bernard & Goodyear, 2009). Following graduation from a master's level counseling program, 1,200 or more clinical hours are required (the number varies depending on state) for professional licensure, and state regulations typically require that these hours are supervised. In some states, regulatory boards will require supervisors to obtain a separate license in order to engage in supervision practices. For example, the state of Texas requires licensed professional counselors to meet certain professional standards and obtain a separate license to practice supervision.

In the counseling profession, the National Board for Certified Counselors (NBCC) also plays an important role in the self-regulation process. The NBCC provides credentialing of counselors and stipulates a minimum level of competence counselors must meet to ensure public protection and that they will likely do no harm to clients. Through meeting these standards, a counselor can earn the credential of a National Certified Counselor (NCC). A major way the NBCC contributes to regulation is through the administration of the National Counselor Examination (NCE), which is often used for licensure. Additionally, accreditation of counseling programs plays an essential role in the development of counselors by influencing training. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) determines the minimum amount of supervision students will receive during their graduate training. CACREP requires each student complete a minimum of 100 hours in a counseling practicum course as well as 600 hours in the field at an external internship site. Included in both of these requirements in training are weekly individual and group supervision as well as components of direct observation from the supervisor. All three self-regulation processes, including state regulation of practice, professional credentialing, and accreditation, recognize the importance of supervision and set standards for its practice, as it is a vital element of counselor development.

Bernard and Goodyear (2009) argued that the training of mental health professionals should consist of two elements, including didactic learning related to theory and research of practice, as well as education related to implementing theory and research into professional practice. Additionally, Bernard and Goodyear (2009) stated that finding a balance and integration between these two domains is essential to trainee development

and that supervision is critical in achieving this balance and integration. Therefore, a major function of supervision includes providing feedback to supervisees as they engage in experiential practice to shape and facilitate the learning process.

Bernard and Goodyear's (2009) definition of supervision included two major purposes. The first purpose of supervision focuses on the development of the supervisee's professional identity and skill. The second included the monitoring of client welfare. In facilitating supervisee professional development, the goals of supervision may be different based on contextual factors. For example, supervision of students engaging in their first practicum course may focus more heavily on the professional development component. In contrast, supervision of a graduate of a master's degree program who is seeking licensure may focus more so on the monitoring of client welfare, as a large portion of professional development may have been achieved in graduate training. Therefore, the goals of supervision may vary based on the context of where the supervision is occurring as well as the level of professional development the supervisee has achieved. Additionally, supervision practice may vary based on the theoretical orientation or supervision model utilized by the supervisor (Bernard & Goodyear, 2009).

Supervision provides many different functions related to the development of supervisees. The manner in which supervision is employed can vary based a variety of contextual factors such as the supervisor's theoretical model or the experience level of the supervisee. Despite these differences in how supervision may be practiced as a result of context, many theorists stress the importance of the supervisory relationship as an essential component in fostering a supervisee's ability to engage in effective practice (Bernard & Goodyear, 2009). This assertion is made as supervision has been

acknowledged as being one of the primary modes where supervisees develop skills (Holloway, 1995) and their sense of professional identity (Ronnestad & Skovholt, 2003). One way to measure the effectiveness of a given supervision relationship is through the concept of the supervisory working alliance (Bordin, 1983).

Supervisory Working Alliance

Due to the importance of supervision in the training and development of counselors, many theoretical models of supervision have been developed, researched, and applied. Similar to the approach many counselors take when engaging in the provision of counseling services, many supervisors are likely to draw from many different models in their approach with supervisees (Loganbill, Hardy, & Delworth, 1982). Furthermore, similar to the counseling literature, common factors of supervision have been linked to outcomes more so than any specific model or technique (Holloway, 1987; Lampropoulos, 2003). One such common factor that has received significant attention in the supervision literature and is recognized as an essential common factor (Ladany et al., 1999a) is the concept of the supervisory working alliance.

The supervisory working alliance (Bordin, 1983) was adapted from the literature on the therapeutic alliance in counseling and applied to the supervision relationship. The supervisory working alliance describes a relationship between the supervisor and supervisee which is collaborative in nature and aims to enhance the functioning of the relationship. There are three components of the supervisory working alliance, which include agreement on the goals of supervision, agreement on the tasks engaged in to reach these goals, and the emotional bond between the supervisor and supervisee. In alignment with a common factors view of supervision, Bordin (1983) noted that the

“supervisory working alliance allows us to incorporate the varieties of goals that have been proposed for supervision” (p. 37).

Based on his model of the supervisory working alliance, Bordin (1983) detailed eight general goals and outcomes of supervision that arise as a result of developing a strong working alliance. These goals include: the mastery of specific skills, enlarging one’s understanding of clients, enlarging one’s awareness of process issues, increasing awareness of self and impact on process, overcoming personal and intellectual obstacles toward learning and mastery, deepening one’s understanding of concepts and theory, providing a stimulus to research, and maintenance of standards of services. Within his framework of the goals, tasks, and bond in the supervisory relationship in meeting the above noted outcomes, Bordin (1983) viewed the bond component as the most critical element of the working alliance. A strong affective bond allows the supervisee to feel respected, valued, and understood, resulting in an increased likelihood to engage in the tasks of supervision and make progress on the goals of supervision. Based on the concepts outlined in this model, significant research has followed demonstrating the importance of the supervisory working alliance.

Perceptions of the supervisory working alliance of both supervisors and supervisees were assessed by Efstation, Patton, and Kardash (1990). The researchers developed an assessment instrument of perceptions of the supervisory working alliance called the Supervisory Working Alliance Inventory (SWAI), which included both a trainee and a supervisor version. The researchers began developing their instrument by first gathering data regarding the common tasks of supervision among supervisors and supervisees by surveying 10 university approved internship supervisors of programs

accredited by the American Psychological Association. Based on the results of these surveys as well as the researchers' own considerations of supervision, they began to create items for the assessment, which were analyzed using factor analysis. The factor analysis revealed three factors that defined the supervisory relationship: client focus, rapport, and identification. Scores on the scales were determined to possess adequate reliability, and divergent and convergent validity, which was assessed through examination of the scales relationship to scales on the Supervisory Styles Inventory (Friedlander & Ward, 1984). Efstation et al., (1990) concluded the strong relationship with the Supervisory Styles Inventory were expected, which further validated the application of the SWAI and its effectiveness of examining the supervisory working alliance.

With the development of instruments to measure the supervisory working alliance such as the SWAI, research has subsequently been conducted to measure its impact on supervision processes and outcomes. The supervisory working alliance has been conceptualized as an essential framework in forming effective supervisory relationships. For example, Nelson et al. (2001) stated:

We propose that a key task in early supervision is building a strong working alliance (Bordin, 1983) that can serve as a base from which future dilemmas in supervision can be managed. Ongoing maintenance of the alliance should be the supervisor's responsibility throughout the course of the relationship (p. 408).

In this section, the importance of supervisory working alliance was reviewed. The supervisory working alliance can be utilized as a framework for supervisors to assist them in developing positive supervision outcomes related to the skill development and professional identity development of their supervisees. A significant body of research

has been developed that provides insight into the benefits of establishing a strong supervisory working alliance.

Outcomes related to supervisory working alliance. As previously noted, the supervisory working alliance has been determined to be common factor or essential element related to positive supervision outcomes. The following section will detail studies which demonstrate the link between strong supervisory working alliances resulting in positive outcomes on various variables related to supervision.

In one study that examined the impact of the supervisory working alliance on supervision outcomes, Ladany et al., (1999a) investigated the changes in self-efficacy expectation and satisfaction in supervision related to the three components of the supervisory working alliance. The researchers surveyed 107 supervisees, using several different assessment instruments – the Working Alliance Inventory-Trainee Version (Bahrnick, 1990), the Self-Efficacy Inventory (Friedlander & Snyder, 1983), and the Trainee Personal Reaction Scale-Revised (Holloway & Wampold, 1983) – to assess their criterion. The results of the study provided evidence for the emotional bond component of the supervisory working alliance contributing most significantly to supervision satisfaction. Specifically, supervisees felt more comfortable and viewed their supervisor more positively as the emotional bond became stronger over time. In contrast, when the emotional bond was weakened, supervisees were found to have more discomfort and less positive views of their supervisor.

In addition to supervisee satisfaction, another factor seen as essential to the supervision process is supervisee disclosure. A lack of supervisee disclosure can have significant impacts on the development of the supervisee. Furthermore, a lack of

disclosure can create legal and ethical dilemmas for supervisors who may not be aware of unethical or illegal activity of the supervisees (Bernard & Goodyear, 2009). As a result of the significance of supervisee disclosure, Ladany, Hill, Corbett, and Nutt (1996) conducted a study to examine why supervisees chose not to disclose to their supervisor. One major finding from this study was that 50% of the participants chose not to disclose as a result of a weak supervisory working alliance. The authors also found that 66% of the participants in the study did choose to make the disclosures they failed to make in supervision to other individuals.

Similar studies have been conducted examining the role of disclosure related to the supervisory working alliance. One study done in Britain by Webb and Wheeler (1998) found that supervisees who reported high scores on the rapport scale of the SWAI (Efstation et al., 1990) were more willing to disclose sensitive issues to their supervisors. Gunn and Pistole (2012) found that secure supervisee attachment resulted in increased disclosure. The increases in supervisee disclosure were partially mediated by the supervisory working alliance rapport component but not the client focus component. Therefore, this finding suggests a greater need for focus on the nature of the supervisory relationship itself, as opposed to focus on client conceptualization in order to increase supervisee disclosure.

Patton and Kivlighan (1997) conducted a study examining parallel process and the influence of the supervisory working alliance on the supervisee-client working alliance. In this study, supervisees completed the SWAI each week after their fourth supervision session. Similarly, the supervisee's client completed the Working Alliance Inventory (Horvath & Greenberg, 1989) each week regarding her or his perceptions of

the alliance with the supervisee. The authors found that on a week-to-week basis, the supervisee's perceptions of the supervisory working alliance were significantly predictive of the client's perceptions of her or his working alliance with the supervisee. As a result of these findings, Bernard and Goodyear (2009) concluded client outcomes are indirectly impacted, as the supervisory working alliance can be predictive of the working alliance between client and supervisee.

There is strong evidence to support the importance of a strong supervisory working alliance in providing effective counseling services and contributing to positive counselor development. Supervisee satisfaction has been shown to be facilitated by a strong emotional bond with supervisors, which can also lead to increased disclosure in supervision (Ladany et al., 1996). Ladany et al., (1999a) also suggested that this strong emotional bond can increase supervisees' willingness to engage in supervision after graduation and make supervision an essential element of their professional career. Therefore, supervision that creates a strong emotional bond can have significant impacts on supervisees' development, as they are more willing to disclose vital information about themselves and their clients, as well as utilize supervision as a means to foster development throughout their careers. Additionally, given the results of Patton and Kivlighan's (1997) study, not only does a strong supervisory working alliance influence supervisee growth and development, it can have a meaningful impact on the supervisees' ability to form strong working alliances with their clients, which have been shown to predict positive therapeutic outcomes (Orlinsky, Grawe, & Parks, 1994).

Supervisor factors predicting the supervisory working alliance. In their review of the research examining the supervisory working alliance, Bernard and

Goodyear (2009) detailed supervisor factors that can predict working alliance outcomes. The authors listed six supervisor factors that contribute to supervisory working alliance outcomes. These six factors included: “supervisory style; use of expert and referent power; use of self-disclosure; attachment style; evaluative practices; and ethical behavior” (Bernard & Goodyear, 2009, p. 159).

Supervisory style has been shown to be predictive of aspects of the supervisory working alliance. Supervisory style consists of three distinct styles supervisors can utilize: attractive, interpersonally sensitive, and task-oriented. An attractive style consists of warmth, friendliness, openness, and supervisors providing support toward their supervisees. The interpersonally sensitive style consists of supervisors with high levels of investment, a therapeutic approach, and high levels of perception when working with supervisees. Lastly, the task-oriented style includes traits such as high levels of focus, goal orientation, and high levels of structure when working with supervisees (Ladany, Walker, & Melincoff, 2001). Three major studies have demonstrated a link between supervisory style and the supervisory working alliance (Ladany et al., 2001; Spelliscy, Chen, & Zusho, 2007; Chen & Bernstein, 2000). When taken as a whole, these three studies state that interpersonally sensitive and attractive supervisory styles are the most predictive of the supervisory working alliance, whereas the task-oriented style is predictive of only the task agreement component of the supervisory working alliance (Bernard & Goodyear, 2009).

A supervisor’s ability to utilize the power dynamics of the relationship effectively have also been shown to be linked to supervisory working alliance. Schultz, Ososkie, Fried, Nelson, & Bardos (2002) examined supervisors’ ability to use expert power –

perceptions related to having higher levels of knowledge and expertise as compared to the supervisee – and referent power – perceptions regarding similarities between the supervisor and supervisee on characteristics important to the supervisee. Similar to the results on supervisory styles, supervisors who utilized power effectively demonstrated attractive qualities which resulted in strong supervisory working alliances.

The supervisor's use of self-disclosure has been shown to have an impact on the supervisory working alliance. Ladany and Lehrman-Waterman (1999) examined the relationship between supervisory style (i.e., attractive, task oriented, interpersonally sensitive), the supervisory working alliance, and supervisor self-disclosures. They found that supervisees rated the supervisory working alliance as higher when their supervisor self-disclosed their own counseling struggles more frequently. These higher ratings of the supervisory working alliance were found on all three components of the model (goals, tasks, and bond).

Ladany, Lehrman-Waterman, Molinaro, and Wolgast (1999b) examined supervisee perceptions of ethical supervision practices and their relationship to the supervisory working alliance. They found that the most frequent ethical violation that supervisees perceived in supervision was related to the way they were evaluated. The authors found that one third of the participants in the study believed their supervisors did not follow ethical guidelines in the evaluation of their counseling practice. Bernard and Goodyear (2009) stated it is reasonable to suspect that supervisee anxiety would be lessened and trust would be increased when evaluation procedures are perceived to be fair and clearly stated, thus enhancing the supervisee working alliance. Additionally, in their study, Ladany et al. (1999b) examined the impact of other unethical supervisor

behaviors and their impact on the supervision relationship based on the supervisee's perceptions. Some of the behaviors they examined included issues that would be considered major and could result in reports to an ethics committee, while other behaviors in the study were more minor and would not reach this same level of ethical violation. Ultimately, the authors found that the greater number of perceived ethical violations supervisees perceived being committed by their supervisor resulted in decreased ratings of all three components of the supervisory working alliance. Specifically, 47% of the variance in supervisee perceptions of the working alliance was due to the supervisor's ability to follow ethical guidelines. Additionally, the study examined ethical behavior and its impact on satisfaction in supervision and found that supervisee satisfaction significantly decreased with greater amounts of perceived ethical violations.

The supervisor is responsible for a wide variety of factors that can influence the development of a supervisory working alliance. Research has shown that supervisors could enhance supervisory working alliances by attending to issues such as supervisory style, their use of power, self-disclosure, evaluation practices, and ethical behavior. Lastly, Bernard and Goodyear (2009) noted that the supervisor's attachment style is a factor that can predict the supervisory working alliance. There are multiple studies (White & Queener, 2003; Riggs & Bretz, 2006) that examine this consideration and will be addressed subsequently. Factors related to the supervisee can also influence the supervisory working alliance in addition to factors related to the supervisor.

Supervisee factors predicting the supervisory working alliance. According to Bernard and Goodyear (2009), supervisee factors and their impact on the supervisory

working alliance have been of less interest to researchers due to the bulk of the responsibility in the relationship being maintained by the supervisor. Despite this decreased focus on supervisee factors, there are several factors that have been empirically connected to predicting the supervisory working alliance. One such area that has been examined is the supervisee's attachment style.

Another supervisee factor that has been connected to the supervisory working alliance is perception of negative supervisory experiences. In a study consisting of a national sample of supervisees, Ramos-Sanchez et al., (2002) compared supervisees who reported at least one negative supervisory experience to supervisees who did not report any such event. The researchers found that supervisees who had experienced at least one negative supervisory experience also reported significantly weaker supervisory working alliances. Additionally, these same participants also reported decreased levels of satisfaction in supervision and having less positive relationships with their clients.

As noted above, many factors related to both the supervisor and supervisee can influence the nature of the supervisory working alliance. The above noted supervisor and supervisee factors can provide information that can predict the nature of the alliance over time. However, the nature of the supervisory working alliance is not static and can change over time. Ruptures in the relationship can occur at any given moment throughout the supervisory process. Fortunately, these ruptures have the ability to be repaired, and the relationship and strength of the working alliance can be returned to prior functioning or be improved (Bernard & Goodyear, 2009).

The supervisory working alliance (Bordin, 1983) provides supervisors with a framework outlining what constitutes a positive relationship. This includes the factors

that both supervisors and supervisees bring with them when entering the relationship and how these factors influence the working alliance, which can impact particular outcomes for both the supervisory relationship and the counseling relationship (Bernard & Goodyear, 2009). Ultimately, the working alliance literature provides insight to answering “*What* factors can create a positive working alliance in supervision?” However, this framework is lacking in its ability to answer “*How* do supervisors create a positive working alliance in supervision?” This question should be aimed at creating a strong emotional bond within the supervisory relationship. Bordin (1983) recognized a strong emotional bond as being the most important component of the supervisory working alliance. This contention is supported by Gunn and Pistole (2012), who stated, “the alliance addresses the content of the relationship, but alliance concepts do not guide supervisors in how to develop a bond or intervene to strengthen the relationship and facilitate efficacious trainee behavior” (p. 230). Attachment processes can provide additional insight into *how* to strengthen the emotional bond within a supervisory relationship.

Attachment in Supervision

As research on attachment theory has continued to expand beyond the parent-child bond, a wealth of research has been conducted to examine the nature of close intimate relationships in many circumstances. Attachment theory is one of human development’s most sophisticated extensively researched topics which have contributed to our understanding of both typical and atypical development (Riggs, 2010). Mikulincer and Shaver (2016) noted that although attachment theory began as a means to understand child development, it has now been utilized to study and conceptualize adult and couple

relationships, work relationships, as well as relationships among larger social groups. In its continued expansion in terms of research and application, attachment theory has also begun to be applied to examine the counseling supervisory relationship. The supervisory relationship increasingly continues to be viewed as an attachment situation, thereby providing a valuable framework to examine the nature of the supervisory experience (Watkins & Riggs, 2012).

The first application of research connecting attachment theory to the supervision process came from Hill (1992), who was interested in attachment processes in couples and family therapy. Although Hill's (1992) focus in this suggestion for practice articles specifically related to using attachment theory as a lens to understand interactions in therapy between couples and families, he also added insight into the supervision relationship by acknowledging attachment theory may have an influence on the supervisory relationship. Hill theorized that attending to the attachment patterns of clients, counselors, and supervisions could assist in understanding the context of therapy as well as the supervisor's ability to provide a secure base for supervisees in promoting their learning and development.

The theoretical connection between attachment theory and supervision was further explored several years later by Watkins (1995) and Pistole and Watkins (1995). These authors continued to elaborate on the significance of supervisors serving as a secure base for their supervisees. In conceptualizing the role of the secure base in supervision, Pistole and Watkins (1995) noted three protective functions it serves: letting counselors know they are not alone; demonstrating that their efforts will be monitored and reviewed as they engage with different clients; and indicating counselors have a

resource they can turn to and rely upon during times of need. The researchers recognized that a secure base may be relevant to counselors of various skill level and development, but this may be most critical for supervisees who are in the initial processes of becoming a counselor.

Pistole and Watkins (1995) further noted that providing a secure base and developing a sense of security and safety within the supervisory relationship can also promote exploratory behavior among supervisees. Allowing for greater exploratory behavior can result in increased experimentation by supervisees as they try different approaches, techniques, and begin to further understand their own counseling identity. Pistole and Watkins (1995) argued for the importance of creating a sense of awe, wonder, and curiosity in supervisees, stating, “To foster such an attitude, supervisees must first feel that it is acceptable to wonder and be curious in supervision; second, they must be encouraged accordingly. All this can be much facilitated by means of a secure supervisory base – that holds, frees, and stimulates the counselor’s becoming” (p. 470).

Furthering the theoretical base for the application of attachment theory in supervision, Watkins (1995) began to detail the role different patterns of attachment style. Specifically, this research discussed the importance of recognizing different types of insecure attachment among supervisees (referred to as pathological by Watkins) and the potential influence on supervision and training. Watkins (1995) stated, “Because supervision can be an intensely affective experience, in which unresolved issues about autonomy, dependency, authority, and individuation can come to the fore, it seems understandable that supervisees with pathological attachment styles may well have major problems with the clinical supervision context itself” (p. 335). Although Watkins (1995)

argued the majority of supervisees appear to be securely attached, he recognized the potential gatekeeping concerns that could arise among the supervisees who are insecurely attached. Additionally, Watkins (1995) provided the first case example of a supervisee in terms of the person's attachment behavior which he describes as compulsively self-reliant. Furthermore, a description of typical behaviors that may be seen by supervisees described as having anxious attachment and compulsive caregiving tendencies are described. The author offer suggestions for how graduate programs can screen for individuals with attachment concerns, how it can be recognized in supervision, as well as how it can be managed in supervision related to remediation and gatekeeping concerns.

Extending the theoretical assumptions made by Watkins (1995) and Pistole and Watkins (1995), Neswald-McCalip (2001) elaborated further on the nature of the secure base in supervision and provided additional case study examples based on the three factor model of adult attachment originally detailed by Hazan and Shaver (1987). Neswald-McCalip (2001) extended the views of Pistole and Watkins (1995) regarding the importance of the secure base. She argued that a secure base in supervision can serve the role of altering a supervisee's internal working model when such a model reflects insecure tendencies. As internal working models are not fully static in nature (Collins & Read, 1990; Kenny & Rice, 1995), a productive adult attachment relationship in supervision can assist in modifying a supervisee's current attachment orientations (Neswald-McCalip, 2001). In accordance with these theoretical propositions, Neswald-McCalip (2001) provided case examples based on supervisees' current internal working models without mention of early attachment experiences. Supervision approaches and

interventions are provided related to supervisees with secure, avoidant, and anxious-ambivalent attachment patterns.

In furthering the conceptual understanding of the impact of attachment theory on the supervision process, Bennett and Saks (2006) not only reiterated the importance of providing a secure base in supervision, but they also acknowledged the function of the supervisor serving as a safe haven. The authors utilized attachment theory and applied it to supervision in the social work field, particularly related to field instruction. In field instruction, the authors suggested that by using an attachment approach, supervisors could provide a secure base for their supervisees, enabling them to actively explore their profession, similar to Pistole and Watkins' (1995) contention. Bennett and Saks (2006) additionally noted "in a secure environment, the student is comfortable to return to the safe haven of supervision for the repair of the inevitable ruptures that occur during the field experience. Optimally, this circular, interactional process occurs repeatedly in the field experience, creating a circle of security within the supervisory relationship" (p. 671).

Bennett and Saks (2006) based their idea of a secure circle of supervision on Marvin, Cooper, Hoffman, and Powell's (2002) research of a circle of security in a caregiver-child relationship in a preschool context. In this model, the caregiver is able to recognize cues and miscues in the relationship based on their awareness of the child's exploratory and safe haven needs. Within the supervision relationship related to field instruction, this model applies as supervisors would ideally recognize the needs of supervisees in terms of needing support in their exploration or a safe haven to return to mend ruptures in the learning process (Bennett & Saks, 2006). When taking an

attachment approach, supervisors can more readily discern which function (e.g., teaching, administration, emotional support) they should employ to meet their supervisees' attachment needs of exploration or safe haven.

Bennett and Saks (2006) provided further examples of the role of different attachment patterns and the impact they may have on the supervisory relationship. They added to the existing literature on attachment patterns in supervision by detailing specific behaviors supervisees may engage in based on their attachment pattern, and they also detailed these patterns and their corresponding behaviors based on the supervisors' attachment patterns. The authors provided brief examples regarding the interactional nature of both the supervisors' and supervisees' attachment patterns.

Lastly, Bennett and Saks (2006) continued to conceptualize the potential benefits of attending to attachment issues in supervision. A circle of security can assist supervisors in their awareness of the supervisees' exploratory and safe haven needs. Based on the interactional nature of attachment patterns between supervisor and supervisee, goodness of fit can be assessed in accordance with the impact these patterns may have on the supervisory working alliance. Taking an attachment approach in supervision can aid in understanding how supervisees' learning needs can be impacted by relational processes in supervision. Supervisors' roles as gatekeepers can be strengthened by understanding the relational difficulties displayed by students. Lastly, specifically related to social work, attachment theory can aid in field liaisons' ability to mediate between students and their field supervisors. However, it can be argued this latter point can apply to the counseling field when students engage in their internship requirements within an internship role with a community agency.

Continuing her line of research on the topic of attachment's role in supervision, Bennett (2008a) provided a novel connection of attachment to the issues of transference, countertransference, and the parallel process. Bennett argued that each member of the supervisor-counselor-client triad bring both conscious and unconscious material related to attachment into the relationships that may be reenacted in terms of transference and countertransference. The author noted the importance of general attachment styles and IWMs based on an individual's early childhood attachment experiences. She stated relationship-specific attachment styles are important to the relationships that develop within the supervisor-supervisee-client triad. These relationship-specific attachment styles are based on the specific context or dynamics that emerge in a given relationship. As a result, it is argued that it is likely early childhood attachment experiences and unresolved personal issues will emerge during the supervisory process, which will influence a supervisee's reactions toward seeking or receiving help in supervision.

Bennett (2008a) provided a case example to highlight these propositions. The case example highlighted transference and countertransference processes becoming activated resulting in the occurring of parallel process within the supervisor-supervisee-client triad and their connection to attachment influences. Regarding this process, Bennett (2008a) noted, "Such complexity in clinical supervision is common, if not inevitable" (p. 311). Specifically, the case example highlighted the supervisor's initial ability to provide a secure base for the supervisee's transference reactions to her client. This provision of a secure base then resulted in the supervisee's ability to identify with her supervisor and mirror similar behavior in her relationship with her client.

When describing the benefits of this secure base to the supervisee, Bennett (2008a) stated, “The sense of security experienced by Caroline [the supervisee] in the supervision relationship prompted her to explore her professional uncertainties without feeling inadequate about her skill level or exposed and ashamed about her reactions to the client” (p. 312). Additionally, the author highlighted how the supervisor and supervisee had different specific attachment styles in particular relationships within the triad, although both had a general attachment style of secure. Lastly, the author described the role of affect regulation for each individual in the triad based on their general attachment styles as well as their relationship specific styles.

In this section, theoretical research articles regarding the intersection of attachment theory and supervision practices were reviewed. These articles begin to stress the importance of a supervisee’s attachment style and its impact and the supervisory relationship as described in case studies (Neswald-McCalip, 2001; Watkins, 1995). These theoretical articles also began to explore the ideas of supervision providing a secure base for supervisees (Bennett, 2008b; Neswald-McCalip, 2001) as well as a safe haven for supervisees when experiencing distress (Bennett & Saks, 2006). Lastly, the importance of the supervisor’s attachment style was highlighted and how it can potentially impact the supervisory relationship (Bennett & Saks, 2006), which can also impact the counseling relationship (Bennett, 2008a). These theoretical articles provided detail about important attachment concepts that could impact supervisory relationships, thus setting the stage for further empirical research.

Attachment and the Supervisory Working Alliance

The theoretical concepts formulated in the previously detailed research provided a strong argument for the utility of attachment theory in the supervision relationship. As a result of this strong theoretical foundation, researchers began to conduct empirical studies in order to provide support for the theoretical claims. Largely, the focus of these studies attempted to demonstrate the association between attachment-based supervision and its impact on the supervisory working alliance. The data obtained from these studies are relevant to the current research as it gives credence to the concept that supervisee attachment style can have a significant impact on the supervisory working alliance and other relevant supervision processes.

The first documented empirical research study examining the relationship of attachment on the supervisory relationship was conducted in a dissertation by Kim (1998). Specifically, the study assessed the different attachment patterns and their influence on satisfaction in the supervision relationship, supervisees' perceptions of their supervisors' styles, and supervisees' perceptions of the supervisory relationship. To assess these constructs, 233 master's and doctoral level supervisees across the United States were surveyed using the Attachment Style Questionnaire (Feeney et al., 1994b), the Supervision Satisfaction Questionnaire (Ladany et al., 1996), and the Supervisory Styles Inventory – Trainee Version (Friedlander & Ward, 1984). The results of the study found that when supervisees self-reported greater levels of confidence, they had the highest levels of satisfaction in supervision and highest levels of their perception of the supervisory bond. Additionally, supervisees with greater levels of confidence were also more likely to rate their supervisors style as attractive. Conversely, when supervisees

scored high on ratings of insecure attachment, they were more likely to view the supervisory relationship as less satisfactorily. This initial study provided evidence of a link between attachment pattern and the supervisory relationship, although all measures were based on self-report and did not include supervisees outside of a university setting.

The next empirical study focusing on attachment processes in the supervision relationship was conducted by White and Queener in 2003. Based on research indicating a relationship between social provisions and the counseling working alliance, as well as a significant relationship between attachment patterns and the counseling working alliance (Dunkle & Friedlander, 1996; Satterfield & Lyddon, 1995), White and Queener (2003) examined how these factors may apply to the supervisory working alliance. White and Queener's (2003) study focused on the relationship between adult attachment, the supervisory working alliance, and both the supervisors' and supervisees' characteristics of social provisions, which they defined as social support. Sixty-seven supervisees and 67 supervisors were surveyed to assess the relationship among these constructs. The SWAI (Efstation et al., 1990) was utilized to measure the supervisory working alliance, the Social Provisions Scale (Cutrona & Russell, 1987) measured the levels of social support of both supervisors and supervisees, and to measure the ability to engage in attachment relationships, the researchers utilized the Adult Attachment Scale (Collins & Read, 1990).

In contrast to their hypothesis, White and Queener (2003) found that both supervisees' and supervisors' perceptions of the working alliance were not significantly related to supervisees' ability to make attachment relationships or their levels of social support. Similarly, supervisees' and supervisors' perceptions of the working alliance

were not significantly related to supervisors' levels of social support. The authors offered several reasons why the results of these hypotheses were not significant, including: the supervision relationship being more structured than the counseling relationship; having less expectation for emotional disclosure in supervision compared to the counseling relationship; and the developmental level of the supervisees included in the study, as the majority of them were novice counselors.

In terms of other significant findings from this study, White and Queener (2003) found that both supervisees' and supervisors' perceptions of the working alliance were significantly related to supervisors' ability to trust and rely on others, as well as their comfort with intimacy. As a whole, the findings of the study indicated that the supervisor's ability to make attachments and social provisions have a greater influence on the supervisory working alliance than do the same characteristics in the supervisee. The authors argued these results have important practical applications related to supervisors' awareness of their own interpersonal dynamics and how they may influence the supervisory relationship. This increased awareness can allow supervisors greater ability to resolve conflict within the supervisory relationship, which may result in improvements in supervisees' counseling relationships, as well as their tendency to integrate supervisor generated interventions (White & Queener, 2003).

As previously noted, in their national survey of doctoral psychology interns, Ramos-Sanchez et al., (2002) found that negative supervisory events had an adverse impact on their training and on their relationship with their clients. Further qualitative analysis in this study revealed that the majority of these negative supervisory events were related to interpersonal differences between the supervisors and supervisees. In

extending this research in a quantitative manner, Riggs and Bretz (2006) conducted a study to further explore potential attachment related constructs and their impact on the supervisory working alliance. Specifically, Riggs and Bretz (2006) were interested in examining the role of parent-child attachment experiences, pathological attachment behaviors, and adult attachment patterns and their influence on the supervisory working alliance.

Riggs and Bretz (2006) hypothesized that parent-child attachment experiences of parental indifference and over control would be related to negative perceptions of the supervisory working alliance. Similarly, pathological supervisee attachment behaviors were predicted to have a similar influence on perceptions of the supervisory working alliance. Lastly, in terms of adult attachment patterns, they hypothesized that securely attached supervisees and supervisors would result in higher ratings of the supervisory working alliance, and that dyads with both members being securely attached would result in the highest ratings of supervisory working alliance. To assess these predictions, the researchers surveyed 87 doctoral psychology interns and measured parent-child attachment experiences using the Measure of Parental Style (Parker et al., 1997). To account for pathological attachment behaviors, the Reciprocal Attachment Questionnaire (West & Sheldon-Keller, 1994) was utilized. In rating their own and their perceptions of their supervisors' attachment patterns, the participants completed the Relationship Questionnaire (Bartholomew & Horowitz, 1991).

The results of Riggs & Bretz' (2006) study found that no particular attachment style resulted in significant differences in the supervisory working alliance, although finding multivariate significance. Additionally, among the different attachment patterns,

supervisees with a dismissing pattern had the lowest mean ratings on the three scales of the supervisory working alliance. Dismissing supervisees reported less effective engagement in task related behavior during supervision, less agreement on the goals of supervision, as well as a poorer bond with their supervisors when compared to the other patterns of attachment. These findings are in alignment with the theoretical assumptions of individuals with this attachment pattern as they tend view others as unworthy, view the self highly, while rejecting the importance of relationships (Bartholomew, 1990; Bowlby, 1973). Similarly, this finding replicates the theoretical descriptions of the compulsively self-reliant supervisee as described by Watkins (1995).

Additionally, path model analysis conducted by Riggs and Bretz (2006) in their study revealed support for an indirect relationship between parent-child attachment experiences and pathological attachment behavior as it relates to the supervisory working alliance based on supervisees' perceptions of their supervisors' attachment styles. Specifically, Riggs and Bretz (2006) acknowledged that parental indifference and/or rejection plays an essential role of the development of a dismissing attachment pattern. Importantly, the researchers noted that self-reliant behavior is often valued in graduate programs and, as a result, supervisors should pay attention to these patterns in supervisees and avoid repeating a relationship similar to the parent-child relationship by providing constructive feedback, with empathic guidance and encouragements of the supervisees' autonomy.

In addition to the significant findings on supervisees with dismissing attachment patterns, Riggs and Bretz (2006) also found that supervisees' perceptions of their supervisors' attachment patterns had the most significant impact on the supervisory

working alliance. Similarly, they found that when supervisees perceived their supervisors as being securely attached, they also tended to view the emotional bond component of the alliance more positively. This echoes the findings of White and Queener (2003), as it reiterates the importance of the supervisor's individual characteristics as essential to the formation of an effective supervisory working alliance. As the supervision relationship is hierarchical in nature, with the power residing with the supervisor, Riggs and Bretz (2006) recommended that supervisors acknowledge that the onus of creating a strong supervisory working alliance resides with them, and their attachment pattern may significantly influence the quality of this alliance. For example, supervisors with insecure attachment patterns may have difficulty in their management of the supervisory relationship, particularly when lacking awareness of their interpersonal interactions without taking steps to manage them. These statements are in opposition to the earlier theoretical notions of Watkins (1995), who focused on the attachment patterns of the supervisee. Furthermore, these statements are in association with the theoretical notions given by Bennett and Saks (2006), who argued the interactional nature of the attachment patterns of both supervisors and supervisees can play a role in creating the optimal fit in the supervision relationship.

To fully explore the supervisory relationship as an attachment relationship, Foster et al. (2007) conducted a quantitative study with the aims of exploring supervisees viewing their supervisor as a safe haven to turn to in times of distress as well as a secure base in which they can explore and develop new counseling skills. Within this framework, the study also was designed to examine the attachment relationship in supervision and its impact on the supervisees' professional development. To assess these

two objectives, the authors obtained data from 90 supervision dyads. To assess supervisees' perceptions of their professional development, the Supervisee Levels Questionnaire – Revised (SLQ-R; McNeill, Stoltenberg, & Romans, 1992) was employed; to assess supervisors' perceptions of the supervisees' professional development, the Supervisee Levels Scale (SLS; Wiley & Ray, 1986) was utilized. To measure the supervisees' attachment styles, the Relationship Scales Questionnaire (RSQ; Griffin & Bartholomew, 1994) was used. The RSQ is designed to be easily adapted to specific relationships; therefore, the supervisees completed the questionnaire twice, once to assess their general attachment style, and once related to their attachment style specifically with their supervisor to allow for comparisons between the two types of attachment patterns. When comparing the two versions of the RSQ, the researchers determined whether each participant was attached to his or her supervisor. The results of the study indicated that all the participants were attached to their supervisors and determined the attachment styles that supervisees belonged to as a result of their responses to the questionnaire (secure, fearful, preoccupied, or dismissive).

Based on these findings, Foster et al. (2007) stated that supervisees view their relationship with their supervisors as an attachment relationship similar to the feelings of attachment they may experience in other close relationships. In terms of the impact of attachment on the supervisees' professional development, two hierarchical multiple regressions were conducted. The first iteration measured the relationship between supervisees' perceptions of their professional development, their attachment styles to their supervisors, and the number of supervision sessions. The results of this regression found that supervisees who were determined to be fearful, preoccupied, or dismissive

reported significantly lower levels of development than the supervisees who were determined to have secure attachment. However, the second iteration of regression analysis measured the relationship between the supervisors' perceptions of supervisees' development, their attachment styles, and the number of sessions. The results of this regression did not show a relationship between attachment style and the supervisees' professional development.

In terms of this discrepancy in findings between the iterations of regression analyses, Foster et al. (2007) offered multiple potential causes. They argued that although SLQ-R and SLS both measure the development of the supervisee, they have little correlation ($r = .21$) and are based on self-report and behavioral observation, respectively. Additionally, the authors suggested that supervisees may evaluate their own development inaccurately, as they are overly attentive of their attachment feelings to their supervisors, thus clouding their ability to discriminate between the support, availability, and nurturance the supervisors provide and their own skill development. Despite the discrepancies in their findings, the authors noted that the supervisees' feelings towards their supervisors can be an important source of data they can use when examining their own level of professional development.

Lastly, the authors recommended that supervisors may vary in their own ability to provide a secure base and safe haven for their supervisees. As a result, the authors' recommended future research designed to assess the supervisors' contribution to the attachment relationships with supervisees. According to the authors, continuing this line of research can result in the development of specific strategies related to attachment to be employed by supervisors to enhance supervisees' professional development, adding, "To

the degree that supervisors are able to facilitate conditions under which secure attachment develops, professional training is likely to be maximized” (Foster et al., 2007, p. 359).

Bennett et al. (2008b) conducted a study to assess the impact of general attachment style and supervision specific attachment style on supervisees’ perceptions of the supervisory working alliance (SWA) and supervisory style. Based on research of general attachment styles and relationship specific styles, the authors hypothesized that general attachment styles would be significantly associated with the supervision specific attachment style of the supervisees. Additionally, the authors hypothesized that supervisees’ general and supervision specific attachment styles would influence their perceptions of the SWA and supervisory style (e.g., anxious and avoidant styles would result in perceptions of weak alliances and negative supervisory styles). A third hypothesis stated that supervision-specific attachment would act as a mediator between general attachment style and supervisees’ perceptions of the SWA and supervisory styles. Lastly, it was hypothesized that the association between supervision-specific attachment and supervisees’ perceptions of the supervisory relationship would vary based on supervisees’ working model of attachment (general attachment style).

Bennett et al. (2008b) researched these hypotheses through surveying 72 students enrolled in a year-long field seminar within a Master’s of Social Work program. To measure the participants’ general attachment style, the researchers utilized a measure adapted by Kurdek (2002) based on the Relationship Scales Questionnaire. To measure the participants’ supervision specific attachment, the Relationship Structures Questionnaire (Fraley, 2005) was used and adapted to assess a supervisory relationship. The SWA was measured using a revised short version of the Working Alliance Inventory

(Tracey & Kokotovic, 1989). Lastly, supervisory style was measured utilizing the Supervisory Styles Inventory (Friedlander & Ward, 1984). This information was collected from two different cohorts of students in consecutive years near the end of their year-long field seminar course.

In their examination of the study results, Bennett et al. (2008b) found varying levels of support for their hypotheses. The first hypothesis was partially supported, as general avoidance and both supervision specific avoidance ($r = .24$) and supervision specific anxiety ($r = .26$) were weakly positively correlated. General anxiety was not significantly associated to either supervision specific anxiety or avoidance. The second hypothesis was also partially supported, as there was a weak negative correlation ($r = -.27$) between general avoidance and the emotional bond of the supervisory working alliance. Additionally for the second hypothesis, supervision specific avoidance was strongly negatively correlated to all three components of the SWA as well as the three components of supervisory styles. Similar results were found between the correlations of supervision specific anxiety and the outcome variables (except associations with agreement on goals and a task-oriented supervision style) although with moderate correlation strengths. Support was found for the third hypothesis, as it was demonstrated that supervision specific anxiety served as a mediator between high levels of general avoidance and low levels of the emotional bond of the SWA. Lastly, the fourth hypothesis was not supported, as the effect of supervisor specific attachment on the outcome variables did not differ based on general attachment style.

The results of this study have several implications for supervisory relationships. Bennett et al., (2008b) noted that the general attachment styles students bring into the

supervision relationship may influence supervision specific attachment reactions, particularly as those who have high levels of general attachment avoidance were more likely to have both higher levels of supervision specific avoidance and anxiety. As a result, Bennett et al., (2008b) argued it is important for supervisors to attend to students' general levels of discomfort in close relationships, as it may have an impact on the development of trust and closeness in the supervisory relationship. Additionally, the authors noted the predictive value of supervision specific attachment to perceptions of the supervisory working alliance and supervisory style, as opposed to general attachment style. Furthermore, as supervision specific avoidance was more predictive than anxiety related to the outcome measures, particularly in regard to the goals and tasks of the working alliance, the authors argued that a supervisor's inability to acknowledge the supervisee's goals and desires of how to use supervision may be more damaging to the relationship than the supervisee's fear of rejection from the supervisor. Based on these results, the authors advocated for supervisors to acknowledge and respond to attachment cues and the supervisee's perceptions of the supervisory relationship to enhance its quality.

In 2009, Renfro-Michel and Sheperis conducted a study to address some of the discrepancies that have been noted in the previous studies. Specifically, some researchers have found a tendency for securely attached supervisees to view the working alliance in a more positive manner than insecurely attached supervisees (e.g., Kim, 1998), whereas other researchers have not found this to be the case (e.g., Riggs & Bretz, 2006; White & Queener, 2003). Renfro-Michel and Sheperis (2009) noted that these discrepancies in previous studies may be due to several factors, including the assessment instruments

utilized, a lack of differentiating between the experience levels of the supervisees, and that no previous study measured attachment and the working alliance more than one time during the course of the supervision relationships in question. In attempt to address these issues and clarify the divergent findings on the impact of attachment on the supervisory working alliance, Renfro-Michel and Sheperis (2009) conducted a study assessing the working alliance at mid-semester and the end of the semester with three levels of supervisee experience (entry, practicum, and internship).

Renfro-Michel and Sheperis (2009) obtained 117 participants from master's level counseling programs. To measure the participants' attachment styles the Relationship Questionnaire (Bartholomew & Horowitz, 1991) was utilized and modified to specifically address the supervisory relationship. The Supervisory Working Alliance Inventory (SWAI; Efstation et al., 1990) was used to measure the supervisees' perceptions of their alliance with their supervisors. Both measures were administered both at mid-semester and the end of the semester to address the research questions examining the relationship between attachment styles and perceived supervisory alliance, any differences in attachment styles across experience levels, and any differences in the bond component of the working alliance across experience levels.

Renfro-Michel and Sheperis' (2009) study found statistically significant results regarding attachment style and the working alliance bond at both mid-semester and the end of the semester. At the time of the mid-semester measurements, 22.9% of the variance in scores measuring the working alliance bond was due to the supervisee's attachment style. Post-hoc analysis revealed significant differences in working alliance bond scores among secure attachment styles and each of the other styles (preoccupied,

dismissing, and fearful), as well as differences between dismissing and preoccupied styles. At the end of the semester, 11.6% of the variance in working alliance bond scores was due to the supervisee's attachment style. Post-hoc analysis at the end of the semester discovered significant differences in working alliance bond scores among secure and dismissing styles, as well as secure and fearful styles. No significant differences were found related to any of the other research questions addressed in this study.

Although the results of Renfro-Michel and Sheperis' (2009) study did not find statistically significant support for each of their research questions, implications for the field still exist. In particular, as supervisees of different experience levels did not report differences in their working alliance bond, it was concluded a supervisee at any level of experience can rate this bond highly. Therefore, supervisors should seek to establish a strong working alliance bond with supervisees regardless of their experience levels. Additionally, as there were not significant differences of attachment style across experience, the authors recommended facilitating confidence and self-efficacy among supervisees of all experiences levels, as this may not be an issue limited to less experienced supervisees. It was found that supervisees with positive self IWMs (secure and dismissing styles) were more likely to rate the working alliance bond as high compared to supervisees with negative self IWMs (preoccupied and fearful styles). Additionally, supervisees with secure attachment styles had statistically significant higher ratings of the working alliance bond than each of the other attachment styles. This finding supports the earlier findings of Kim (1998), who noted that supervisees with positive self IWMs reported greater satisfaction in supervision, while those with preoccupied styles reported the least amount of satisfaction in supervision.

Furthering the conceptual argument for attachment theory's place in the context of supervision, Bennett (2008b) emphasized the emotional bond component of the supervisory working alliance. This was based on earlier the work of Bennett and Saks (2006), who conceptualized a supervisory circle of security which focused on emphasizing individual attachment differences regarding one's comfort with a safe haven and one's preferences for exploration. Additionally, Bennett and Saks (2006) conceptualized the supervisory relationship as being influenced by the attachment styles of both the supervisor and supervisee in an interactive manner. As supervisors hold inherent responsibility within this relationship, it was argued they have the responsibility to attend to the supervisee's attachment cues and create a secure relationship. As a result of these conceptual arguments, the focus of Bennett's (2008b) article was related to the development of a training program designed to assist supervisors in creating awareness of and attending to the attachment cues of their supervisees, as well as creating a strong supervisory working alliance. Furthermore, Bennett's (2008a) notions of the importance of the parallel process in supervision were highlighted in this training program. Bennett (2008b) argued "that the student would be more likely to establish a secure environment for the client if the supervisor first modeled a secure environment for the student" (p. 100).

The training program was designed specifically for field placement supervisors for students in Master's of Social Work programs (Bennett, 2008b). The training program lasted eight months and included eight specific modules that were highlighted throughout the process. The eight modules included: 1) an overview of attachment theory and the working alliance; 2) goals for supervision; 3) mutual tasks for supervision;

4) the supervisory bond; 5) identifying and addressing ruptures in supervision; 6) developmental stages of student learning within supervision; 7) termination; and 8) evaluation of the supervision and training process (Bennett, 2008b). Several of these modules were offered in an online format, while others were done in face-to-face, day-long workshops.

Due to a small sample size of participants who completed the training and the fact it was a pilot to assess further development, Bennett (2008b) reported not using data to systematically evaluate its effectiveness using standardized measures or a controlled research design. However, Bennett did report anecdotal evidence from the participants' perspectives related to their experiences in the training. As a result of engaging in the training, participants reported an increased confidence in their skills as supervisors as well as an ability to create relationships that served as a secure base for their supervisees' exploration and learning. Many of the participants reported a preference for the face-to-face workshops as opposed to the online modules, as the group interactions facilitated greater comfort and deeper learning. Bennett (2008b) added, "The experiences of these participants seem to suggest that a relationship-centered approach to supervision training holds promise for developing supervisors who are particularly attuned to the learning needs and interpersonal styles of students" (p. 105).

Based on the above noted training program, Bennett and Deal (2012) published another article which further described the model based on the training. The authors titled their model the Developmental-Relational Approach to Field Supervision (DRAFS). To further validate and provide empirical support for training supervisors using the DRAFS model, two separate studies were published by Deal et al. (2011) and

Bennett, Mohr, Deal, and Hwang (2012). Bennett and Deal (2012) published an additional article which highlighted the findings of the two studies. Bennett and Deal (2012) discussed the two studies and their designs to assess the impact of attachment styles within the supervisory relationship and perceptions of the supervisory working alliance, contributions to the development of supervisory relationships, as well as the development of student competencies. Both studies by Deal et al., (2011) and Bennett and Deal (2012) utilized the same sample of participants, which consisted of randomly assigning 100 social work field instructors into either the training group or the control group. Additionally, 64 students under the supervision of the field instructors volunteered to participate in the study, which allowed for the examination of processes within supervision dyads.

Bennett and Deal (2012) provided a summary of the findings from the two previous studies measuring the impact of training supervisors on the DRAFS model. Bennett and Deal (2012) delineated separate findings for the field instructors and the students who participated in the studies. For the field instructors who received the training, several significant findings were noted. The field instructors who participated in the training reported developing the supervisory working alliance more quickly than those who did not complete the training. Additionally, they perceived quicker increases in their students training, particularly around the skills of clinical assessment and planning and implementation. Lastly, field instructors who began the year with high levels of negative impact resulted in negative impacts on the supervisory working alliance, and these participants also showed the greatest increases in alliance measures by the end of the year.

In terms of the findings among the student participants, Bennett and Deal (2012) noted several significant results. Regardless of assignment to the two conditions, working with a field instructor who participated in the training compared to one who did not participate did not result in a significant difference in the students' own ratings of their competencies. However, there were significant results related to students with particular types of attachment styles. At the beginning of the year, students with high attachment anxiety (i.e., preoccupied attachment styles) rated themselves significantly lower in measures related to motivation and dependency-autonomy; however, they showed the most rapid growths in these areas throughout the year. Additionally, students with high levels of attachment avoidance showed increases in these same two categories that were slower than the average increases over the year. Lastly, there was no significant impact on the students' ratings of the supervisory working alliance or their own competencies, regardless of condition. Although empirical testing of the DRAFS model (Bennett & Deal, 2012) did not support each research question, it provided findings that support use of the conceptual framework and benefits to training supervisors in addressing attachment within the supervisory relationship.

Based on the previous findings demonstrating a connection between different supervisee attachment styles to their supervisor, Gunn and Pistole (2012) conducted a study adding the element of supervisee disclosure based on their attachment style and SWA. The authors suggested that when a secure attachment style exists within supervisees, they have the ability to adapt to the novelty of their circumstances, and they can establish high attachment security within the supervisory relationship, thereby creating an environment where they are more likely to engage in self-disclosure.

Supervisee self-disclosure has been found to occur at low rates as, in one study, 90% of supervisees withheld information from their supervisors, which often occurred as a result of negative emotions surrounding the relationship with their supervisors (Ladany et al., 1996). As a result of these findings, as well as supervisees' anxieties surrounding their desire to appear competent (Rønnestad & Skovholt, 2003), Gunn and Pistole (2012) hypothesized that supervisees' failure to effectively regulate these emotions and their attachment relationship with their supervisor may inhibit their willingness to engage in disclosure. The authors tested a model to determine if the supervisees' attachment to their supervisor and level of disclosure was mediated by the SWA.

In order to test their hypothesis, Gunn and Pistole (2012) obtained 480 Master's or doctoral level trainees to participate in a web-based survey. In measuring the participants' attachment to their supervisors, the authors utilized the Experiences in Supervision Scale, which was adapted to fit a supervision relationship from the Experiences in Close Relationships Scale (ECR; Brennan, Clark, & Shaver, 1998). To measure the SWA, the Supervisory Working Alliance Inventory – Trainee version was used (Efstation et al., 1990). Lastly, to measure supervisee disclosure, a scale was developed for this study by the authors called the Disclosure in Supervision Scale. The participants were asked to answer the survey questions in relation to who they viewed as their most meaningful supervisor.

Upon examination of their model, Gunn and Pistole (2012) found that secure attachment accounted for 74% of the variation in the model and was therefore a strong predictor of the bond component of the SWA. This finding echoes the findings of Bennett et al., (2008b), who found the inverse relationship among anxious and avoidant

attachment styles and the supervisory bond. In light of these findings, Gunn and Pistole (2012) suggested that supervisors can strengthen the working alliance bond with their supervisees if they attend to their attachment patterns, regardless of which pattern is presented. Additionally, the authors found that secure attachment explained 29% of the variance in predicting the goals/tasks element of the working alliance. This result provided support to the notion that secure supervisees are more likely to view their supervisors as being able to assist them in improving their counseling skills. This finding again echoes Bennett et al.'s (2008b) findings of a negative relationship between avoidant and anxious attachment and the alliance tasks and goals components. Also, Gunn and Pistole's (2012) findings resonate with previous research that has found a link between secure attachment and increased learning and development (Mikulincer & Shaver, 2016) and that the development of counseling skills can be aided through a strong supervisory relationship (Holloway, 1995).

In terms of their results regarding supervisee disclosure, Gunn and Pistole (2012) found that secure attachment did result in increased disclosure, which was partially mediated by the alliance rapport but not the alliance client focus component. Ultimately, based on their results, the authors concluded that a lack of disclosure in supervision may be fostered when focusing solely on skill development while excluding the supervisory relationship. As a result of these findings, these authors suggested several implications for practicing supervisors. They suggested utilizing attachment theory based interventions to strengthen the alliance bond and supervisee disclosure. Specifically, they suggested supervisors provide comfort when distressing situations arise in order to deactivate supervisees' attachment behavioral system so they can resume their learning

and development. In addition to offering specific interventions for supervisors to utilize to address different attachment styles, the authors suggested coaching supervisees to be aware of how their own attachment anxieties and avoidance may influence the supervisory relationship and their levels of disclosure.

In this section, the empirical literature examining the connections between attachment and the supervisory working alliance were reviewed. Some findings in these studies provided mixed results; however, they also provided support for an association between the theoretical propositions offered by the scholars in the field and empirical data. One of the major discrepancies that appeared in the findings of these empirical studies is related to the notion that insecure attachment styles among supervisees will lead to negative supervisory working alliances and therefore negative supervision outcomes. Among the studies noted above, several found support for insecure attachment styles negatively impacting the supervisory working alliance (Bennett et al., 2008; Deal et al., 2011; Foster et al., 2007; Kim, 1998; Renfro-Michel & Sheperis, 2009).

Conversely, both Riggs and Bretz (2006) and White and Queener reported weak or non-significant associations between insecure attachment and negative supervisory working alliances. In regard to their non-significant findings in this area, the authors of both studies offered potential explanations. Due to Riggs and Bretz (2006) finding multivariate significance among attachment styles and the supervisory working alliance as a whole, yet no significant differences among any particular attachment style, they argued attachment may account for a more holistic explanation of the supervisory relationship rather than specific components of the supervisory working alliance. Additionally, White and Queener (2003) argued that supervision often is thought of as a

more structured, task-oriented, and professional relationship as opposed to a clearly defined attachment relationship where disclosure and closeness are expected. As a result, the supervisees' perceptions of the supervisory working alliance may be defined accordingly. Supporting White and Queener's notion is the conclusion given by Gunn and Pistole's (2012) assertion that a lack of supervisee disclosure can occur when the relational elements of supervision are not addressed.

Another significant conclusion that can be reached when examining the empirical studies on attachment processes in supervision is the impact of attachment style. Among the different attachment styles, the avoidant style appears to have the most problematic impacts on the supervisory relationship. A supervisee with an avoidant attachment style was originally described by Watkins (1995) as an individual who is compulsively self-reliant. Riggs and Bretz (2006) found supervisees with this attachment style had the lowest scores on all three components of the supervisory working alliance in their study. Additionally, Bennett et al., (2008b) found significant impacts on the supervisory working alliance for supervisees who have an avoidant general attachment style, as well as an avoidant supervision specific attachment style. Lastly, Gunn and Pistole (2012) found that a supervisee's secure attachment style was strongly predictive of higher scores of the supervisory working alliance, thus highlighting the inverse of Bennett et al.'s (2008b) findings.

Overall, the studies examining the supervisee's attachment style and its impact on the supervisory relationship establish a connection between insecure supervisee attachment style and negative outcomes. However, these studies merely establish a connection between these elements. Further exploration of what is occurring in these

relationships based on the supervisees' attachment styles can be useful information for supervisors as it can assist in developing a better understanding of what actually occurs for supervisees as they attempt to engage with their supervisors. These ideas are explored through theoretical case studies (e.g. Neswald-McCalip, 2001; Watkins, 1995); however, there is no empirical evidence to support these case studies based on what occurs in the lived experience of supervisees.

The empirical research in this section also highlights the importance of the supervisor's attachment style on the supervisory relationship. Based on the conceptual argument originally posited by Bennett and Saks (2006), studies have found support for examining the importance of the supervisor's attachment style and its contribution to supervision outcomes. Riggs and Bretz (2006) found that there were increases in the perceptions of the bond and task elements of the supervisory working alliance among supervisees who also perceived their supervisor to be securely attached. Additionally, Riggs and Bretz (2006) found that the supervisees' perceptions of their supervisors' attachment styles had the most direct impact on the supervisee working alliance. White and Queener's (2003) study concluded that the supervisors' ability to trust and rely on others and their comfort with intimacy were significantly predictive of both supervisees' and supervisors' perceptions of the supervisory working alliance. Highlighting the importance of these findings, Riggs and Bretz (2006) stated:

By virtue of greater power and knowledge, the bulk of responsibility for the quality of the supervisory alliance lies with the supervisor, not the supervisee. Securely attached supervisors should be able to provide a secure base, whereas insecurely attached supervisors may experience difficulties managing the supervision process if they are unaware of their interpersonal styles and fail to take steps to counteract them (p. 564).

As Riggs and Bretz (2006) reflected, supervisors have the responsibility of attending to attachment related concepts that are occurring within the supervision relationship. In the attachment literature, one's ability to provide a safe haven and secure base to another individual is known as the caregiving system. A supervisor's ability to provide effective caregiving can have a significant impact on the supervisory working alliance.

The Caregiving System

Working in conjunction with the attachment behavioral system, the caregiving system complements an individual's attachment and exploratory behaviors in important ways. The caregiving system includes providing two major functions to a partner's attachment behaviors: providing a safe haven for the attached individual through comforting behaviors in times of distress, and through the provision of secure base by supporting the individual's autonomy and exploration of his or her environment (Feeney & Collins, 2004). The caregiving system is important to the current study as it details the factors needed to deactivate one's attachment behavioral system, thus allowing one to engage in other activities effectively, such as exploration. Within the context of clinical supervision such exploration could include exploring various theoretical concepts or the utility of a particular counseling skill.

Effective caregiving and the provision of a safe haven include responding "sensitively and appropriately to their partners' distress and resulting need for comfort, reassurance, and/or assistance" (Feeney & Collins, 2004, p. 304). According to attachment theory principles, this effective caregiving involves the restoration of a sense of security through problem solving and relieving the partner's distress. Additionally, a caregiver responding effectively would include reactions that are sensitive and flexible to

the partner's needs, as well as done in a timely manner to address concerns as they arise. Feeney and Collins (2004) highlighted the importance of the caregiver determining the type and amount of support given by the caregiver should be determined by the care receiver based on the level of distress he or she feels in a given situation.

Feeney and Collins (2004) detailed an effective caregiving process with an attached partner that would include a caregiver who:

...takes his or her cues from and allows his or her interventions to be paced by the care receiver, is attuned to the recipient's signals, attends to the details of the recipient's behavior, interprets the signals and behaviors correctly, discovers what response is most appropriate for the individual recipient, responds promptly and appropriately, and monitors the effects of his or her behavior on the recipient and modifies it accordingly" (p. 305).

As a result of this type of caregiving behavior, the care receiver will respond to the caregiver accordingly. Consequently, in an optimally functioning relationship, the caregiver and care receiver will learn to adapt to one another's interpersonal behavior. Bowlby (1988) argued that caregiving behavior, similar to attachment behavior, is a learned process in which caregivers will respond to others in a manner that is similar to the way they have been treated. For example, evidence exists that individuals who have been abused tend to react in an insensitive manner to others who are in distress (Feeney & Collins, 2004).

In addition to providing a safe haven for their relationship partner, effective caregivers must also provide a secure base. This secure base includes sensitive responding to the care receiver's exploratory behavior. Also, providing a secure base includes encouragement, availability, and a lack of interference in response to the caregiver's needs for exploration and personal growth (Feeney & Collins, 2004). Bowlby (1988) emphasized the importance of care receivers knowing they can return to comfort

and reassurance should they encounter difficulties when exploring the outside world. Furthermore, Bowlby stressed that effective caregiving cannot be given unless the caregiver views attachment behavior as a natural human phenomenon rather than a sign of pathology or dependency.

In this section, the concept of effective caregiving behavior was reviewed. Effective caregiving behavior can be applied to the context of the clinical supervision relationship related to the supervisor's ability to attend to the supervisee's attachment needs. Theoretical arguments have been made related to potential positive outcomes that can develop should supervisors effectively attend to the attachment needs of their supervisees. Additionally, there is data to support the idea that supervisees' perceptions of their supervisors' attachment styles can have a significant impact on the supervisory relationship (Riggs & Bretz, 2006). Theoretically, one having a secure attachment style will result in one's ability to provide effective caregiving (Bowlby, 1988). However, no study to date has provided data that guide supervisors in understanding the perceptions of supervisees related to the caregiving behavior of their supervisors.

The Attachment-Caregiving Model of Supervision

In response to the dearth of empirical studies examining attachment processes in supervision, Fitch et al. (2010) developed a model to more clearly conceptualize supervisory relationships and to propose interventions from an attachment framework aimed at enhancing supervisee development. This concept relates to the current study as it provides a detailed framework for supervisors to follow to attend to the attachment cues and behaviors of supervisees regardless of their particular attachment styles.

Additionally, it highlights a progression supervisee's may experience with their supervisor as a result of the activation of their attachment behavioral system.

In addition to describing the theoretical assumptions underlying attachment theory and the activation of the attachment behavioral system, Fitch et al. (2010) discussed the authority figures' response to attachment behavior through use of the caregiving system. Similar to the attachment behavior system, the caregiving behavior system is biologically based system which seeks to provide emotional care and protection for the attached individual (Bowlby, 1988). Fitch et al. (2010) stated, "Caregiving that enhances security is distinguished by consistent accessibility, which in turn supports exploratory system activity (e.g., trainee's learning)" (p. 23).

As a result of both the activation of the supervisee's attachment behavioral system and the supervisor's caregiving behavioral system, Fitch et al. (2010) developed the Attachment-Caregiving Model of Supervision (ACMS). The ACMS describes a cycle of processes beginning with the supervisee's activation of the attachment behavioral system during times of threat or anxiety, which can be deactivated by the supervisor providing the supervisee with a safe haven to address these concerns. If the supervisee's safe haven needs are met by the supervisor, his or her exploratory behavioral system becomes activated. As the supervisee begins to engage in this exploratory behavior, the supervisor provides the secure base function to promote the supervisee's exploration, which results in increased learning outcomes. The authors noted that the cycle will typically be repeated multiple times throughout the course of a supervision relationship as the supervisee encounters new threats or anxieties that reactivate the attachment behavioral system throughout the process.

Fitch et al. (2010) noted several strengths of the ACMS model which can add to the existing body of literature on attachment processes in supervision. First, the authors stated the ACMS model provides supervisors with direct means of intervening in response to “establishing, maintaining, and repairing the relationship” (p. 30). Additionally, the model describes a framework highlighting the dynamic nature of supervisees’ attachment needs, as their needs of a safe haven and a secure base fluctuate throughout the supervision relationship. Furthermore, the model highlights the importance of individual differences in attachment style and how they can utilize different strategies to intervene based on these individual differences across supervisees. Also, the authors suggested the model can be utilized in addition to supervision, having a focus on other theoretical content. Lastly, the model can be applied across developmental levels of the supervisee to assess for regression based on activation of the supervisee’s attachment behavioral system.

In addition to the benefits of the model, Fitch et al. (2010) also noted the limitations of the theory. Bowlby (1969) postulated that attachment processes are universal and although there is some research to support this notion, Fitch et al. (2010) argued that strategies for managing attachment related affect may differ across culture. As a result, the authors suggested a need for supervisors to be aware of cultural differences and respond accordingly. Additionally, the authors noted that the ACMS model has not yet been supported by research, although there are findings from several research studies that contain elements of the model. These studies highlighted the importance of a relational bond (Nelson & Friedlander, 2001), that supervisees view the supervisor as a guide who holds more knowledge and power in the relationship

(Henderson, Cawyer, & Watkins, 1999), and supervisors being more effective when seen as available and supportive (i.e., providing a safe haven; Heppner & Roehlke, 1984; Worthington, 1984) and acting as learning guides who let students engage in independent learning (i.e., providing a secure base; Henderson et al., 1999). In conclusion, Fitch et al. (2010) stated supervisees can experience “security and protection” (p. 32) that will promote their own exploratory learning when supervisors are attuned to their attachment cues, respond to these cues in a flexible and sensitive manner, and provide both safe haven soothing to distressing experiences and a secure base guidance toward learning.

Watkins and Riggs (2012) noted that the ACMS can provide a valuable conceptual framework that can aid in furthering the argument for awareness of the attachment processes in the supervisory relationship. Watkins and Riggs (2012) added, “Empirical study of supervision/attachment has indeed been hampered by the lack of a conceptual model and the virtual absence of efforts to consider a network of theory-driven hypotheses to guide research” (p. 277). Despite Fitch et al.’ (2010) development of this conceptual framework and Watkins and Riggs’ (2012) acknowledgement of its promise in providing a theory-driven hypothesis to add to our knowledge of the attachment supervision interface, this model has yet to be studied further in a systematic manner.

Fitch et al. (2010) noted that supervisors who are utilizing the ACMS should have greater knowledge and understanding related to recognizing attachment cues. There is currently no empirical research related to understanding the experiences of supervisees and what may be activating their attachment behavioral systems and how they may respond to this activation with their supervisors in their first practicum experiences.

Additionally, specific information related to specific attachment behaviors among supervisees of varying attachment styles is absent from the research base on this topic.

As a result of the limitations of the ACMS, the current study will seek to provide empirically based findings to increase the applicability of the model and build the knowledge base of attachment processes in supervision.

Through a greater understanding of supervisees' experiences within their first practicum, supervisors can be better equipped in recognizing attachment cues of their supervisees. Increased attention to the factors that can activate supervisees' attachment behavioral systems during their first practicum can assist supervisors in attending to the relational needs of supervisees. As a result of understanding these factors, supervisors may be more attentive toward assisting supervisees in deactivating their attachment behavioral systems so that future learning and development may occur for the counselors in training.

CHAPTER III

METHODOLOGY

The previous chapters introduced the context of the challenges counselors in training face during the early stages of their clinical work, as well as the theory of human attachment and its application to counseling supervision. Through a thorough literature review, I provided evidence that more research needs to be done to understand the experiences that activate supervisees' attachment behavioral systems and how they respond to this activation within their relationship with their supervisor. In particular, the purpose of this current research is to understand the lived experiences of novice counselors in their first clinical supervision relationship within their training program from an attachment perspective. In conducting this research, I attempted to examine and address the following overarching research question:

- Q1 What stories do supervisees tell regarding their experiences of attachment-related behaviors, feelings, and ideations within their first supervision relationship?

This research study will also consider the following questions:

- Q2 How do supervisee's describe the activation of their attachment behavioral system in their first practicum?
- Q3 How do supervisees describe their attempts to seek/avoid proximity to their supervisors?

In order to fulfill this purpose, a narrative methodology was utilized to capture the lived experiences of supervisees regarding how their attachment behavioral system is activated and how they utilize supervision in response to this activation. According to

Creswell (2013) narrative research focuses on the “experiences as expressed in lived and told stories of individuals” (p. 70). This aligns with the current study which aimed to understand the experiences of supervisees and the stories they tell related to the influence of their attachment style as they form a relationship with their supervisor in their first practicum experience. Specifically, a narrative methodology was chosen, as it provided rich detail of the lived internal experiences of supervisees’ attachment experiences and their relationship with their supervisor in the form of narrative stories. Riessman (2008) argued that narrative research should be utilized to capture the detailed stories or life experiences of a small group of individuals. Additionally, an important element of narrative research includes the concept of a temporal chronology and how change for an individual can occur over time as they discuss their past, their present, and their future (Clandinin & Connelly, 2000). An individual’s general attachment style is a reflection of their past, which can influence the present in how they may navigate their relationship with their supervisor, and how they anticipate their future supervision relationships. Within this chapter, narrative methodology is detailed, including a rationale for its use in guiding the research questions.

Research Paradigm: Narrative Inquiry

In qualitative research, methodology is defined as the procedures of the research study and “are characterized as inductive, emerging, and are shaped by the researcher’s experience in collecting and analyzing the data” (Creswell, 2013, p. 22). Crotty (1998) expanded on this definition, stating methodology is the “strategy, plan of action, process or design lying behind the choice and use of particular methods and linking the choice and use of methods to the desired outcomes” (p. 3).

The choice of utilizing a narrative methodology in the present study is informed by Merriam's (2009) definition of qualitative research, as she stated, "Basically, qualitative researchers *are interested in understanding the meaning people have constructed* [emphasis in original], that is, how they make sense of their world and the experiences they have in the world" (p. 13). Narrative research methodology is based on the lived experiences of individuals, which are expressed as narrative stories.

Additionally,

Narrative inquiry is a way of understanding experience. It is a collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus. An inquirer enters this matrix in the midst and progresses in this same spirit, concluding the inquiry still in the midst of living and telling, reliving and retelling, the stories of the experiences that make up people's lives, both individual and social (Clandinin & Connelly, 2000, p. 20).

This quote represents the concept of the three dimensional narrative inquiry space (Clandinin & Connelly, 2000) which refers to attending to narrative elements related to the following dimensions: personal/social, temporal, and context. Clandinin and Connelly (2000) stated that events occur in a temporal fashion that contain a past, present, and implied future. As a result, narrative inquiry is not only focused on the present but also on how life is experienced on a temporal continuum. As a result, this study utilized this approach in understanding how past attachment experiences influence each supervisees' present experience and way of being with their supervisor, which in turn can influence their future supervision relationships and their own professional development as a counselor.

Through the stories they tell about their individual experiences, narratives aim to uncover the identities of participants and how they view themselves (Creswell, 2013). In this study, the identity in question is one that each participant is developing as a

counselor and how this identity may be influenced by attachment processes within the context of supervision. As previously noted, counselors in training face a wide array of challenges of they begin to form their professional identity during their training and in particular, their practicum experience. Therefore, narrative methodology allows the researcher to uniquely answer the research questions of the present study by uncovering the stories of supervisees' experiences of their relationship with their supervisor related to the challenges of beginning practical experience.

An essential element of narrative research includes the importance of the nature of the relationship between the researcher and the participants. Unlike other methodologies, narrative inquiry actively involves the participants in a collaborative process where the relationship is continuously negotiated (Clandinin & Connelly, 2000). Within this relational process, the researcher and participant can negotiate the meaning of the stories being told. Through this collaborative process, both researcher and participant can learn and change from the encounter. Furthermore, "within the participant's story may also be an interwoven story of the researcher gaining insight into her or his own life" (Creswell, 2013, p. 75). Based on these elements of narrative inquiry, my own personal experiences in supervision were shared with participants to provide a context for the impetus of the current study, as well as thematic similarities and/or differences between my story and theirs.

Research Design

Creswell (2013) identified several factors to consider that are relevant to the use of qualitative research, including: the exploration of a problem or issue; a need to study a specific group or population; to recognize variables that are difficult to measure; to hear

silenced voices; and “because we need a *complex* [emphasis in original], detailed understanding of the issue.” When beginning a research proposal, Crotty (1998) recommended starting with answering two questions. The first question revolves around which types of methodology and methods will be utilized in the research. The second question includes how the researcher can justify his or her choice in using these particular methodologies and methods. In order to answer this second question, Crotty recommended, as a researcher, having an understanding of your assumptions about the nature of reality, or your theoretical perspective, and an understanding of the nature of human knowledge itself, or your epistemological views. Crotty added that each of these four elements of the research process are related to and inform one another, beginning with epistemology, which informs the theoretical perspective, leading to the choice of methodology, and lastly the methods of the study. Each of these four elements will be described based on their relationship to this study.

Epistemology. Our philosophical foundations guide our understanding of the world as well as provide a framework for how research is conducted in furthering our knowledge of the counseling profession (Heppner, Wampold, & Kivlighan, 2008). Embedded in our philosophical foundations is the role of epistemology, which provides a structure to examine assumptions regarding explanations of how humans know what they know. Epistemology has been defined as “the theory of knowledge embedded in the theoretical perspective and thereby in the methodology” (Crotty, 1998, p. 3). A constructivist epistemological lens was chosen to apply to this research study.

Within a constructivist epistemological framework, ideas about the world, particularly the social world, are constructed within the minds of individuals rather than

taking a strict stance on the ideas of absolute truth or reality (Heppner et al., 2008). In other words, meaning is something that is created in individuals rather than something that is discovered. Schwandt (1998) expands on the idea of constructivism by noting that human beings construct knowledge as a result of their created perspectives as opposed to knowledge that is discovered by the mind.

When discussing a constructivist stance, it is necessary to differentiate it from a constructionist stance. Although these two stances are similar in nature and can be used interchangeably, constructivism focuses on meaning making within an individual's mind, whereas constructionism involves a collective creation and transmission of meaning (Crotty, 1998). By utilizing a constructivist stance in the current research, I was able to examine the realities individuals create as a result of their experiences throughout their lifetime from an attachment perspective and more specifically, their experiences within the supervision relationship and how they respond to activation of their attachment behavioral system in relation to their supervisor. Within constructivism, "it is true that some event occurs, but it is the meaning attributed to that event that is important socially" (Heppner et al., 2008, p. 12). By conducting individual interviews with counselors in training, I was able to examine the meaning they make related to what factors are activating their attachment behavioral system, as well as how they respond to this activation within the supervisory relationship as they undergo the significant shift of being a student and transitioning into becoming a practicing clinician. The data was analyzed from the participants' unique perspectives based on the meaning they create from this experience. The narratives that were created from the data collected during this study are based on the experiences of the participants related to their supervision

relationship. I, as the researcher interpreted and wrote these narratives built on the information the participants shared and each participant verified the accuracy of their narrative as they read a mock journal I created from their perspective, thus corroborating it was a truthful representation of their experience.

It can be argued that an individual's attachment style is the result of a collective transmission of meaning created initially through the relationship one has with their caregiver, thus indicating a constructionist stance. However; a constructivist stance aligns with the current study as the guiding research questions are written in a manner that attempts to highlight the meaning made from the lived experiences of each individual from their own perspective and perception, as opposed to meaning made based on the collective understanding of the supervisee and supervisor together. Schwandt (1994) stated that a constructivist lens includes the idea that "what we take to be objective knowledge and truth is the result of perspective" (p. 125). The focus of the current study is directed at each individual participant's perspective of how their attachment behavioral system becomes activated, how they engage with their supervisor as a result of this activation, and how they perceive their supervisor's response. For example, an individual may enter their practicum course with a secure attachment style that was developed through various interpersonal interactions throughout their past. However, they may individually perceive their supervisor is not effectively attending to their needs despite their own previously developed attachment style which could result in their use of secondary attachment strategies that are consistent with more insecure styles of attachment (Mikulincer & Shaver, 2016). Therefore, the focus of the current study is based on the meaning participants make about what causes activation of their attachment

behavioral system, how they decide to seek proximity with their supervisor, and how they make meaning of their supervisor's response to their actions.

Theoretical perspective. The epistemological stance of constructivism has been described in terms of its use in the present study. As Crotty noted (1998), this epistemological stance is related to and leads to the theoretical perspective, which will inform the methodology of the study. Crotty defined the theoretical perspective as “the philosophical stance informing the methodology and thus providing a context for the process and grounding its logic and criteria” (p. 3). In this study, Mikulincer and Shaver's (2016) model of attachment-system activation and functioning in adulthood is applied as the theoretical stance.

The model of attachment-system activation and functioning in adulthood (Mikulincer & Shaver, 2016) provides a framework that describes attachment processes in adulthood. This model details three different components related to attachment behavioral system activation and subsequent attachment behavior. The first component describes one's appraisal and monitoring of threatening events, which can result in activation of the attachment behavioral system. The second component of the model attends to one's monitoring and appraising of one's attachment figures availability and responsiveness. The manner in which one attends to the attachment figure's availability and responsiveness can vary based on individual differences in one's attachment style. Mikulincer and Shaver (2007) stated, “Insecurely attached people tend to give a negative answer to question of attachment figure availability, because they have ready mental access to cognitive representations of unavailable figures” (p. 37). Therefore, if attachment figure availability is perceived as or is actually not a viable option, one will

move into the third component of the model, which includes the use of hyperactivating or deactivating strategies (secondary attachment strategies).

As previously noted in Chapter II, each component of Mikulincer and Shaver's model (2016) is also impacted by one's working model of self and working model of others. One's working model can result in biases which can influence one's "appraisals of threats, attachment figure availability, and proximity-seeking viability" (Mikulincer & Shaver, 2007, p. 31). Thus, one's general attachment style shapes the overall functioning of the attachment behavioral system. Therefore, the model focuses on reality and what is occurring in the current context, as well as one's internal processes or mental representations related to particular attachment schemas, strategies, and styles.

This model of attachment-system activation and functioning in adulthood (Mikulincer & Shaver, 2016) lends itself well to both a constructivist epistemological framework and a narrative methodology. Constructivism can be tied to the model of attachment-system activation and functioning in adulthood as a theoretical framework, as they both can "share the goal of understanding the complex world of lived experiences from the point of view of those who live it" (Schwandt, 1998, p. 221). Similarly, the model of attachment system activation can focus on the individual construction of reality, as it provides for the existence of multiple realities from different supervisees, rather than a single observable reality, and that multiple interpretations and realities of a single event exist (Merriam, 2009). For example, supervisees may appraise threat and attachment figure availability in a unique manner based on their past attachment experiences and their working models of self and others.

Each of the three components of Mikulincer and Shaver's (2016) model is impacted by one's internal working models of attachment. Therefore, different stories were constructed and told by different supervisees based on their attachment style. These stories are told in a temporally coherent fashion, including their attachment past, present functioning of their attachment behavioral system in relation to the supervision relationship, and an implied future regarding future supervision relationships. As a result, the present study utilized the model of attachment-system activation and functioning in adulthood as a framework to deeply examine the participants' constructions of reality and uncover hidden meanings and intentions related to their experiences in supervision from an attachment framework.

Researcher Stance

In qualitative research, one of the primary instruments utilized in both data collection and data analysis is the researcher themselves (Creswell, 2007; Merriam, 1998). The researcher collects the data personally and within the context of an interpersonal relationship with participants, rather than utilizing an instrument such as a questionnaire or survey. Similarly, the researcher is personally involved in the analysis of the data. Particularly in narrative research, the role of the researcher is an important element that requires awareness and attention. Clandinin and Connelly (2000) stated that "narrative inquirers need to reconstruct their own narrative of inquiry histories and to be alert to possible tensions between those narrative histories and the narrative research they undertake" (p. 46).

Because of the importance of having awareness of my own narrative history and recognizing my potential bias towards the participants and data collected in this study, I

will disclose my narrative history related to the phenomena being examined. I present my researcher stance in order to increase trustworthiness, as well as inform the reader of how my personal and professional experiences have informed this study. In alignment with narrative methodology, I present this researcher stance in the following paragraphs in the form of an autobiographical narrative with a temporal chronology as it relates to the phenomena being examined in the current study.

Being the second son born to my parents' union provided me with—in addition to my mother and father—another stronger and wiser guide to shape my early years. Being the second born child also provided me with a less intense form of supervision, as my parents had already experienced the intensity and uncertainty which comes with being a first-time parent. As a result of my birth order and my parents' own increased comfort as caretakers, I developed in a context that allowed for increased autonomy and exploration that likely my brother was not afforded. This is not to say that my needs of comfort and security were not met, but that I was granted a greater ability to explore freely due to the environment I was born into. This is best exemplified through the following story, which although I do not consciously remember it, I have been told this story many times and believe it highlights my views of self and others.

At the age of two, I went to the mall with my mother on a bright and sunny morning in Southern California. My brother was in kindergarten, and my father was at work, leaving just my mother and I to go shopping, as she wanted to buy clothes. After exploring the department store, my mother noticed I had vanished from her sight. Stricken with panic, my mother began frantically searching the department store, retracing her steps over the past several minutes. Still unable to locate my whereabouts, a

sense of impending doom overcame my mother. She informed the department store employees, and the security staff began to search as well.

The search in the department store continued for several minutes, although it seemed like hours to my mother. Suddenly, a large male security guard appeared, walking towards my mother with me in his arms. My mother was sobbing uncontrollably at this point, and I had a very scared look on my face as the security guard held me in his arms. It turned out I was hiding inside one of the circular clothes racks in a store in the mall outside of the department store. After returning to my mother, I was able to be comforted and soothed, which ultimately allowed me to begin exploring the world again. However, due to my highly explorative nature, my parents soon put me on a leash because of my penchant for getting lost.

As I continued to grow I utilized my parents as a means of comfort during distressing situations. After moving from city life in Los Angeles to a small mountain town in Colorado and reaching adolescence, some things began to change. With the ups and downs of adolescence, most of which were downs for me, I became less likely to return to my parents for comfort and soothing. Although it was a very distressing time for me in many ways, I began to believe I should be more self-reliant and as a result, engaged in an internal process to manage this distress. I began to experience symptoms of depression and did not want to openly acknowledge it and I became a private person believing my parents would not understand or would be judgmental, although they had been my havens of safety in the past. Despite my attempts to hide it, my parents recognized the changes in my mood and I was required by them to attend counseling and

take medications which made me angry and even less willing to disclose my inner experiences with them.

During my emerging adulthood years, a similar process continued where I would at times return to my parents during times of need, but many times would try to only rely on myself. During these emerging adulthood years, I also began the process of becoming a professional in the mental health field. I attended a master's degree program in Forensic Psychology, where I engaged in clinical mental health training to work with individuals involved with the criminal justice system. As part of this program, I engaged in my first clinical and supervision experiences.

As I was preparing to have my first session as a clinician, I experienced intense anxiety. I feared I would have no idea what to do when the client was sitting across from me or that I would be so incompetent that I would harm the client. The night prior to seeing my first client was a sleepless one. I thought over and over in my head about what interventions I should use in working with my client, even rereading sections of one of my textbooks. Much like my adolescence, I was vaguely open about my internal struggles and fears by acknowledging yet minimizing their existence, but mostly did not express these fears during supervision. I had respect for my supervisor and appreciated her ability to notice my nervousness even though I wasn't explicitly expressing these feelings. I was largely guarded about sharing the intense fears I experienced about being with clients and wanting to have all the right answers or the perfect things to say to a client. I attempted to distance myself from this threatening event or discussions about it in supervision. I tried to shift the focus of conversation to more logistical issues such as having my supervisor review my case notes.

My reactions to my supervisor related to my fears of inadequacy and incompetence reflected my dismissive general attachment style. I generally tend to divulge as little personal information as possible to others and attempt to manage difficulties on my own. This has generally been my tendency throughout my life and this tendency was reflected in my relationship with my supervisor. When my attachment behavioral system became activated, I tried to distance myself from the threat itself or discussions about the threat and kept my thoughts and emotions to myself. I generally believe I am capable of managing difficulties on my own without the support of others and will distance myself as a way to protect myself from judgements of others perceiving me as incompetent or inadequate. This was certainly the case when I began seeing my first clients and engaging with my first supervisor.

I worked at my internship site one day a week, and there were a few weeks where supervision did not occur because of the anxiety I felt about my process of becoming a clinician. I actively avoided attending supervision because I did not want to have to face the emotional struggles and lack of confidence I was experiencing. At times, I would go to her for our scheduled sessions and see the door closed and not take any steps to further try to engage or reschedule our appointment. At the end of my internship, I received average or above average ratings on all categories except one. The one category where I was below-average was my ability to utilize supervision because of the weeks that were missed.

I got my first professional job at a community agency still being a very inexperienced counselor lacking confidence at times, although certainly more comfortable than I was prior to my internship. My experiences of supervision working at

this agency were negative. As the agency dealt with criminal populations, there was a large focus on safety and the risk the clients posed to the community. As a result, supervision focused mostly on this issue, with little attention paid to client welfare and best clinical practice with the clients, or to my development as a professional. Additionally, I had a supervisor who would display little care or attention to the supervision process, responding to emails and phone calls, and even surfing the Internet during our supervision sessions. I did not attempt to advocate for a different type of supervision that I felt was needed due to my dismissing attachment style. I tried to remain under the radar as much as possible and avoided discussion about my true feelings about what I believed should be addressed in supervision.

As a clinician, I learned to fall in line with the norms of the agency and approach clinical work mostly according to those norms, but I did not feel I was developing a style and approach I could call my own or that aligned with my beliefs about change. At one point in my several years working at this agency, there was a going away party for another employee of the agency. At this party I saw my supervisor intoxicated to the point of throwing up. I gave my supervisor a ride home from this party, as the idea of her driving was not safe at that point. This negatively impacted the little existing trust I had for my supervisor making me more likely to actively attempt to avoid her.

My perceptions of supervision at this point in my career now reflected a belief that it was not useful and did not provide much benefit to me. I grew more and more reliant on my ability to meet my own needs, as I perceived my supervisor to be unwilling and incapable of meeting these needs. Throughout these early supervision experiences, I also learned valuable lessons. I learned about the role that both I and my supervisors

played in my development. I learned that within me, it was often easier to deal with my insecurities about my development by myself. I learned to avoid utilizing my supervisor, believing she would not understand my anxiety or even judge me for it. I learned that this avoidance behavior likely hindered my ability to explore my own professional identity and grow as a counselor.

In terms of my supervisors, I learned about the types of relationships that either foster or hinder development and growth. On one hand, in my first supervision relationship, I experienced a relationship that was cognizant of my needs and directed at meeting these needs in a warm, professional, and ethical manner, despite to attempts to avoid discussions of my internal processes. On the other hand, I experienced supervision that I believed lacked these qualities and felt unwelcoming, cold, and unprofessional. I realized that had I engaged more openly in my first supervisory relationship, my developmental trajectory likely would have changed for the better. I also understood that had my second supervisor paid some attention to issues of growth and development or if I would have openly expressed myself, I would have been better able to develop a stronger counselor identity. I realized that if I were ever to become I supervisor, I would remember these lessons.

When I was a small child, I needed a leash because I had a strong desire to explore. That exploration was possible because my needs were always met when I encountered uncertainty, anxiety, and danger. Although this leash hindered my exploration for a time, I believe it was needed to alert me to the dangers I could not foresee as a toddler. Once I built this awareness the leash was removed, allowing me to explore with greater awareness. As a developing professional counselor, a “leash” for me

was never created. First, this occurred through my own avoidance and unwillingness to share my fears, thus leaving me without an anchor or knowledge of how to explore. Secondly, as I grew from my first supervision experience, I found a desire to explore more. However, my perception was that creating a sense of safety related to my uncertainties was not deemed as important, nor was a sense of exploration fostered, as I was expected to fall in line with the agency norms.

As a result of my experiences, I learned that I wanted to become a supervisor. I wanted to learn about supervision practices to help developing clinicians better understand themselves and to have a reliable guide they could go to in times of need. As I began to learn about supervision and began practicing it in my own training, I saw supervisees that had the same anxiety I did and the same tendency to minimize it. I saw supervisees who were very open about their anxiety who needed constant reassurance and high levels of support from their supervisors but were never really able to reduce their anxiety. I saw supervisees who were open about what they were experiencing and seemed to rely on their supervisors effectively, resulting in a reduction of their anxieties and fears as they developed. Their experiences and mine were the impetus for conducting this study.

Methods

The following section will highlight the methods utilized in the present study. The section will describe how I attempted to gain a better understanding of the experiences of supervisees related to the activation of their attachment behavioral system and how this influenced their supervision relationships. A goal of the study was to include a range in participants with the four adult attachment styles developed by Bartholomew (1990).

The attachment style of prospective participants were assessed using the Relationship Scales Questionnaire (RSQ; Griffin & Bartholomew, 1994). By having a range of participants with varying attachment styles in the study, I also attempted to understand how the stories of individuals from each attachment style are unique. The following section will discuss general methodological considerations related to qualitative and narrative research, followed by descriptions of how these were addressed in the current study.

According to Crotty (1998), methods include the “techniques or procedures used to gather and analyze data related to some research questions or hypothesis” (p. 3). There are multiple methods for collecting data in qualitative research. According to Creswell (2013), these methods include observations, interviews, focus groups, examination of documents, and the examination of audiovisual materials or artifacts. The researcher’s methodology will often result in the particular use of preferred approaches to data collection (Creswell, 2013). In narrative research, Czarniawska (2004) identified three means of collecting data for stories, which include: recording spontaneous storytelling events; utilizing interviews to elicit story telling; and gathering stories through mediums such as the Internet. Clandinin and Connelly (2000) suggested collecting field text through a wide variety of approaches including: autobiographies; journals; researcher field notes; letters; conversations; interviews; stories of families; documents; photographs; and personal-family-social artifacts. According to Merriam (2009), “In all forms of qualitative research, some and occasionally all of the data are collected through interview” (p. 87). Merriam added that interviews are an important means of data

collection, particularly when the researcher's aim is to understand participant's behavior, feelings, or his or her interpretation of particular events.

A large portion of the data in the current study was obtained through semi-structured interviews. Utilizing semi-structured interviews in this study allowed me to elicit stories from the participants related to their experiences within their supervision relationship. These interviews allowed the participants to construct and interpret their own meanings of what they experienced within the supervision relationship and how their attachment style influenced their experiences and their relationship with their supervisor. Interviews occurred near the beginning of the supervision relationship and the participants' engagement in a practicum course, as well as towards end of the relationship and practicum which allowed for the creation of a story that has temporal coherence with a beginning, middle, and end. Therefore, interviews were utilized to highlight the essential features of narrative stories, including the identity of the participants (Creswell, 2013) and how these stories are pieced together in a fashion consistent with temporal coherence and three dimensional narrative inquiry space (Clandinin & Connelly, 2000).

Participants

Participants in this study consisted of master's degree seeking counselors in training in a CACREP accredited program who were entering their first practicum course. The program the participants were attending had an onsite training clinic where they received live supervision of their counseling. The following section will detail how participants were recruited for the initial round of the study and how the results of the initial round were utilized to form a final sample of participants to participate in the qualitative aspect of the study.

Sampling Strategy

Participants in this study were selected based on criterion that involves a typical sample related to the phenomenon of interest. Therefore, the criterion for the current study included students who meet the following: master's degree seeking counseling student; enrolled in a Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited counseling program in the Rocky Mountain region; entering their first practicum course; and the course is conducted at an on-site clinic with live supervision at their university. Additionally, the goal of having two rounds of sampling included obtaining at least one participant as a representative of each of the four attachment styles noted by Bartholomew (1990) as these styles correspond with one's working model of self and working model of others.

The above noted selection criteria were chosen they provided a sample that is representative of the phenomenon of interest. For example, a goal of this study was to investigate counseling students who were engaged in their first practicum experience and are participating in their first supervision relationship within a Master's degree program. Participants from a CACREP accredited program were important to this study due to the fact that CACREP sets particular standards related to the structure and frequency of supervision students receive during their practicum course. Therefore, participants enrolled in a CACREP program were more likely to engage in similar processes regarding their supervision in their practicum course, which may not have been achieved in a non-accredited program.

The current study utilized a sampling strategy that included two rounds. The first round included seeking participants to complete the RSQ. The second round of the study

occurred after narrowing participants from the first round based on their attachment style as measured by the RSQ. Once this was completed, the second round of the study included participants completing the semi-structured interviews and a written response to a photo elicitation component of the study. A purposive sampling process was employed in seeking participants. According to Merriam (2009), purposeful sampling should “directly reflect the purpose of the study and guide in the identification of information-rich cases” (p. 78). Additionally, Merriam (2009) noted that researchers should explicitly detail the criteria used in selecting participants in purposeful sampling, as well as detail why each of these criteria are important.

Setting

This research study was conducted with participants in CACREP accredited master’s degree counseling programs in the Rocky Mountain region. The rationale for limiting participants to the Rocky Mountain region was due to the determination that in-person interviews were the most beneficial way to collect data in this narrative study. By including participants in the same geographical region, it allowed me as the researcher, to travel to their setting and conduct in person interviews. As previously noted, narrative research includes a strong collaborative relationship between the researcher and participants, including actively involving participants in the research where negotiation of the meanings of stories will be processed (Creswell, 2013; Clandinin & Connelly, 2000). In order to achieve this collaborative relationship, in person interviews were conducted, which also allowed the researcher to gain as much information as possible in both a verbal and non-verbal sense (Creswell, 2007). All interviews were conducted in person with each of the participants.

Instrument

In the first round of the study, prospective participants completed the RSQ (Griffin & Bartholomew, 1994) to provide information about their attachment style. The Relationship Scales Questionnaire (RSQ; Griffin & Bartholomew, 1994) is designed to assess an individual's attachment style in general relationships. The assessment corresponds with the Bartholomew's (1990) conceptualizations of adult attachment styles, including the following types: secure, fearful, preoccupied, and dismissing. The RSQ includes 30 items that relate to the participants' feelings about close relationships. Participants rate statements on a five-point Likert scale ranging from "not at all like me" to "very much like me" in general relationships. The scale was developed with items that were associated with phrases used in Hazan and Shaver's (1987) three category attachment measure, Bartholomew and Horowitz's (1991) Relationship Questionnaire, and Collins and Read's (1990) Adult Attachment Scale. Therefore, the RSQ utilizes items and phrasing from previously existing attachment scales to assess the four-factor model of attachment suggested by Bartholomew (1990).

The RSQ can be scored by computing the mean scores representing each attachment style (Griffin & Bartholomew, 1994). The fearful and preoccupied scales are comprised of four questions each; whereas the secure and dismissing scales are comprised of five questions each. The items on the RSQ used to assess each of these scales are taken from Bartholomew and Horowitz's (1991) Relationship Questionnaire, which were the same items used to determine attachment style in this study. For these items, Bartholomew and Horowitz (1991) report internal consistency estimates ranging from .41 to .70. Additionally, the authors report adequate test re-test reliability over an

eight month time span ranging from $r=.49$ for men and $r=.53$ for women. The construct validity of this measure has been supported by determining significant correlations between self-report, friend report, partner report, and peer interviews. Additionally, construct validity has been supported by finding additional significant correlations between the attachment scales and measures of self-acceptance, self-esteem, interpersonal warmth, and sociability (Bartholomew & Horowitz, 1991).

According to Griffin and Bartholomew (1994) the RSQ can be utilized in a manner that provides a score for each of the four attachment styles for items that represent each style. Average scores for each of the four attachment subtypes are utilized as they have a varying number of items corresponding to each subscale (Griffin & Bartholomew, 1994). The RSQ was utilized in the current study as each of the four attachment styles noted above correspond with one's IWM of attachment (Bartholomew, 1990). One's IWM includes their working model of self as well as their working model of others. The current study's overarching research question is based on understanding the stories supervisees tell related to their IWM, thus making the RSQ an appropriate instrument to utilize in finding a range and variety of attachment functioning within the participant sample.

A total of nine participants completed the RSQ in the first round of the study. Each of the nine participant's scores on the RSQ are listed in Table 1. The participants with the highest average scores in each of the four attachment types were contacted to seek their participation in the second round of the study. This sampling process allowed for each attachment style to be represented in the study. The RSQ has been utilized in a manner that assigns participants to an attachment style based on their highest average

score of the four attachment subtypes of secure, preoccupied, dismissing, and fearful (Stein et al., 2002) which was also used in this study. In order to create uniformity in the scores across participants, each subtype score was rounded to the nearest decimal. The participants with the highest scores in a given attachment type were chosen as prospective participants to complete the second round of the study, as this created a clear and systematic rationale for their inclusion and categorization related to a particular attachment style. Although only nine individuals completed the RSQ in the first round of the study, a wide enough range in the data was obtained that allowed for at least one participant to be assigned to each of the four attachment styles to continue to the second round of the study. The following table (Table 1) represents the RSQ scores of each of the nine participants that completed the first round of the study. The bold font in the table indicates the highest scores for a given attachment type for the participants that were chosen to complete the second round of the study. Each of these participants were assigned an attachment type based on their highest average score on each of the attachment types.

Table 1

Relationship Scales Questionnaire Scores

Participant	Secure Average	Preoccupied Average	Dismissing Average	Fearful Average
Jennifer	3.8	3.8	3	2.3
Eden	4.2	2	3.6	1
Miranda	3	3	3.4	3.5
Ellen	3.4	2	3.8	3.8
Suzie	4	2.8	3.4	1.5
Elizabeth	4.4	2.5	3.6	2.3
Participant X	3.4	1.8	3	1.8
Participant Y	3.6	2	2.4	1
Participant Z	3.4	1.3	2.2	2

Procedures

The following will detail the procedures utilized in this study. Prior to contacting professors of practicum courses at CACREP accredited counseling programs in the Rocky Mountain region, approval from the University of Northern Colorado's Institutional Review Board (IRB) was requested. Once the IRB approval was given, practicum professors at various universities in the Rocky Mountain region were contacted personally through email prior to the Fall semester in 2016. The professors were asked to forward the initial participation request to each student that was enrolled in their practicum course. This email contained an informed consent document (Appendix E) regarding prospective participants' completion of the RSQ, as well as a link to the

assessment itself. When participants agreed to take part in the initial round of the study, they signed the informed consent document and completed the RSQ assessment online. A total of nine individuals consented to the initial stage of the study and completed the RSQ survey. The goal of obtaining data from the RSQ was to identify a range and variety of individual attachment styles, including representatives of each attachment style. Once the participants were identified as belonging to a particular attachment style and all four attachment styles were represented, a select number of them were contacted to complete the second round of the study.

Six participants participated in the second round of the study. Using the results of the assessment data, participants of the first round of the study was placed into one of four participant pools. The four pools of participants corresponded with the attachment styles noted by Bartholomew (1990): secure, preoccupied, dismissing, and fearful. The participants with the highest average scores in each of the four attachment styles were contacted further to seek their consent to continue on to the next round of the study. Participants included individuals from three different universities in the Rocky Mountain region. Creswell (2013) reported that “narrative research is best for capturing the detailed stories or life experiences of a single individual or the lives of a small number of individuals” (pp. 73-74). Therefore, it was determined that having a total of six participants who represented each of the four attachment styles was an adequate number of participants in meeting the standards of narrative research. Having six participants with a variety of attachment styles provided ample data to answer the research questions related to the overall attachment experiences of participants, as well as the factors

contributing to the activation of their attachment behavioral systems and subsequent proximity seeking behaviors.

Once the six participants consented to the second round of the study, initial meetings were set up. During this initial meeting, participants again reviewed the informed consent document (Appendix E) and was able to ask questions regarding their ongoing participation in the study. Also, during this meeting the first semi-structured interview occurred. Participants completed their first interview prior to the midterm point of the semester. The second semi-structured interview with each participant was scheduled during the second half of the semester. However, one participant had to reschedule and the interview did not occur until January of 2017. A photo elicitation method for collected data was utilized at the end of the second interview.

Data Collection

Interview #1. During the first meeting with each participant, the first interview also occurred. As a result, the participants were asked to schedule a 60-90 minute time frame to complete the first interview. The first interview consisted of participants answering semi-structured interview questions (Appendix A) related to how they were currently experiencing attachment related constructs in their supervision relationship. Participants were instructed to choose one individual as their primary supervisor as it is common for doctoral students to serve as additional supervisors in a practicum setting. Participants responded to questions based on their relationships with their primary supervisor for the entirety of data collection.

In the first interview, the interview questions focused on the supervisees' perceptions of how they anticipated the supervision relationship prior to and at the

beginning of the supervision relationship. Through discussing how they anticipated their supervision relationship, the participants provided the past element of their narrative, thus beginning to provide temporal coherence (Clandinin & Connelly, 2000). As a result of the confidential nature of the interviews, to increase their level of comfort in the process, participants were given the option of meeting at a neutral location outside of the university setting, such as a public location like a coffee shop, or a private location, such as their home. The majority of interviews were conducted at the university each participant attended. However, one interview was conducted at my professional office.

Member check #1. One week prior to the second interview, the participants received a written document of the preliminary results of narrative categories developed as a result of all participants' first interviews. This process allowed the participants to clarify any information already given, as well as add any additional information that has not yet been provided. This process was conducted to allow for member checking, a method used to enhance trustworthiness and rigor in qualitative research. This process will be discussed in greater detail in subsequent sections.

Interview #2. The second interview with the participants occurred after the midway point of the participants' semester. The participants were asked to set aside 60-80 minutes to complete this interview. This interview consisted of participants answering semi-structured interview questions (Appendix B) that continued to focus on the nature of their supervision relationship from an attachment perspective. The second interview focused more on a critical incident or threatening event that occurred during their semester and how they approached supervision and sought proximity related to what

transpired in this incident. The second interview allowed the participants opportunity to reflect on their attachment experiences in supervision towards the end of the semester.

Photo elicitation component. In addition to the use of semi-structured interviews, a photo elicitation component was utilized as an additional means of collecting data. Harper (2002) noted that photo elicitation has been utilized in a wide variety of research studies for many years. The purpose of utilizing photos during a research interview is to induce different elements of consciousness of the participant than would not be evoked by words alone. Harper (2002) added that “exchanges based on words alone utilize less of the brain’s capacity than do exchanges in which the brain is processing images as well as words” (p. 13). Therefore, using photographs provided a visual representation of the participants’ experience of the supervision relationship which added to the narrative story being told. During the end of the second interview, participants were given a set of pictures to choose from provided by the researcher, with the prompt of identifying one or more pictures they felt represented the nature of their relationship with their supervisor. Participants viewed the same set of 28 pictures (Appendix C) prior to choosing the picture or pictures they felt represented their relationship with their supervisor. Participants then took this picture or pictures with them at the conclusion of the interview and completed a written response regarding how the photo represents the nature of the supervisory relationship from their perspective.

Merriam (2009) noted that personal documents can provide a snapshot into the author’s perspective and what he or she believes is important. Therefore, Merriam argued that personal documents can be a reliable source of an individual’s attitudes, beliefs, and views of the world. In this study, these personal documents consisted of

participants' written response to the photo elicitation that highlighted their experiences in supervision. This document allowed the researcher to capture greater richness in detail and personal perspective, which may have been difficult to verbally express throughout the interview process. Despite these benefits of utilizing personal documents, Merriam also suggested a downside. One downside noted by Merriam is that often these documents are historical in nature and are not produced for the purpose of research. However, in this study, this was not the case as the documents were developed solely for research purposes. Additionally, Merriam noted that the use of documents can be problematic, as it may be difficult to verify their authenticity and accuracy. Merriam (2009) added that a data source is reasonable as long as such documents provide insights relevant to the research question and are collected in a systematic fashion.

Creswell (2013) noted that data should be collected through a variety of means, and one such approach of collecting data in a narrative study includes having participants record their stories in a journal or diary. Clandinin and Connelly (2000) noted that journals are "a powerful way for individuals to give accounts of their experiences" (p. 102). As a defining feature of narrative research includes the shaping of narrative stories into a chronology (Creswell, 2013) that includes their past, present, and future (Clandinin & Connelly, 2000), the researcher utilized the written response based on the photo elicitation as a form of data to address these essential features. Participants were asked to complete the written response in a manner that detailed significant aspects of their relationship with their supervisor related to proximity seeking and attachment strategies (Mikulincer & Shaver, 2016). Additionally, participants were asked to detail in their written response how the photo represents anticipated future supervision relationships,

thus addressing the anticipated future element of narrative methodology. The prompts for this written response (Appendix D) focused on how participants sought proximity with their supervisor and how their IWM influenced their experience of the supervisory relationship. Additionally, the participants were prompted to use the visual representation of the photo to anticipate future supervisory relationships.

Member check #2. Once all the data had been collected and coded, a final member check document was sent to each of the participants. The final member check document included each participant's narrative story written by me, in its entirety. Each participant's final narrative was written by me as if it was a first-person journal kept by the participant throughout their practicum experience. Although written by me, it included direct quotes from each participant, thus creating a collaborative balancing my interpretations of the data with the participant's own voice through his or her direct quotes. The second member check allowed participant's to examine this balance, as well as attend to the narrative elements of the data related to the three dimensional narrative inquiry space used in creating the narratives (Clandinin & Connelly, 2000).

Researcher journal. Throughout the entire data collection process, a researcher journal was kept. I wrote a journal entry after each interview with a participant to record my impressions and reactions to the individual and their responses. The researcher journal served as another source of data regarding interactions with the participants, the setting in which interviews took place, decision making processes regarding the research methods, and my own personal reactions to the information being gathered. Particularly related to interviews, the researcher journal provided contextual information that was not necessarily captured in the verbal responses of the participants. The researcher journal

highlighted non-verbal communication processes from the participants during interviews, such as their interpersonal style, mood, and affect. Maintaining a researcher journal provided necessary information to the auditor engaging in the audit trail related to connections between the data being collected, how it is analyzed, and the interpretations of the data that were made.

Data Handling Procedures

The responses to the RSQ in the initial round of the study were stored on the Qualtrics website. In addition to completing the RSQ, participants completed a brief demographic questionnaire. As the demographic portion of the survey contained identifying information, confidentiality of the information was ensured as only the primary researcher and the auditor had access to the username and password to the Qualtrics account where the information was stored. Additionally, the Qualtrics account was only accessed from computers that were password protected and kept in a locked office. No data from the Qualtrics survey, including both the demographic information and results of the RSQ were saved on any document. Each participant that completed the survey but did not continue to the second round of participation received a written document that provides a description of their attachment style based on the results of the RSQ. It also contained information related to how this attachment style may potentially impact their supervisory relationships based on previous research. This document did not contain any identifying information and was emailed to each participant. The participants who continued on to the second round of the study received this same information after all data was collected and analyzed and they completed the second

member check. Once all necessary data was analyzed from the Qualtrics website, the entire survey was deleted.

Interviews with participants were recorded through the use of a digital recorder. The files of the interviews were uploaded on a password protected personal computer. The interview files were sent to a private company who completed the transcriptions. All the consent forms that have been signed by the participants were kept in my locked office inside a locked file cabinet. The initial interview began recording after the participant chose a pseudonym. Throughout the interviews, each participant was referred to by the pseudonym they chose in their initial interview. Once the interviews were transcribed, the audio files were deleted from the digital recorder as well as the computer they were uploaded to. Written responses to the photo elicitation component were emailed to me by each participant and sent to a password protected email address. The written responses were saved on a password protected computer in my private office. The participants were also prompted to use their pseudonym in their written responses as well as disguise any reference to the university they attended. Although these measures were taken to protect the identity of the participants, it was not guaranteed that readers of the dissertation will be unable to identify the participants, such as if the participant's supervisor read the dissertation. This was explained to the participants during the informed consent process and they were informed they had the right to withhold certain information if they chose.

Trustworthiness and Rigor

Trustworthiness has been referred to as “the ways we work to meet the criteria of validity, credibility, and believability of our research – as assessed by the academy, our

communities, and our participants” (Harrison, MacGibbon, & Morton, 2001).

Trustworthiness in social science research is as important as the results of such studies because of potential impacts on application and practice in a variety of fields that have an impact on people’s lives. If narrative research is going to have influence over policy and practice in a given field, it is essential these studies adhere to enhancing trustworthiness (Loh, 2013). Additionally, if a narrative research study is going to have any impact and influence the practice of a given field, Loh (2013) argues that, “narrative researchers need to demonstrate to its readers the procedures used to ensure that its methods are reliable and that its findings are valid” (pp. 11-12).

Narrative research includes specific criteria for achieving trustworthiness. One important criteria in achieving trustworthiness in a narrative study is related to the concept of verisimilitude (Loh, 2013). Verisimilitude in narrative research is defined by a process where “writing seems ‘real’ and ‘alive,’ transporting the reader directly into the world of the study” (Creswell, 2007, p. 250). In order to meet this criteria in the current study, narratives were written about participants in the form of first-person journal entries as they progressed through their practicum experience. Although these journals were written by me as the researcher, a large portion of the narratives were written using direct quotations from interviews. This first-person approach using direct quotes from the participants can allow the readers to fully enter the world of each participant as they navigated their practicum experience.

Another important criteria related to achieving trustworthiness in narrative research is based on the concept of utility. Utility in narrative research refers to the usefulness and relevance of the study to members of the research community or teaching

community. Eisner (1998) discussed three criteria for narrative studies to meet in order to achieve utility which include: comprehension, anticipation, and providing a guide/map for the reader. The concept of comprehension is addressed in this study by providing readers with a greater understanding of attachment experiences in supervision where little is known from the supervisee's perspective. The concept of anticipation is attended to in this study as data is provided that anticipates the factors that result in attachment behavioral system activation for supervisees entering their first practicum. Lastly, within the participants' narratives, a guide or map is provided to supervisors and counselor educators detailing how supervisee's attachment styles influence their relationship with their supervisor throughout a practicum course.

In addition to the elements of verisimilitude and utility that are specific to narrative research, this study also considered elements of trustworthiness that are common to qualitative research in general. Qualitative research approaches trustworthiness in terms of examining research interviews, how research documents were analyzed and interpreted, and the manner in which the findings are presented (Merriam, 2009). Verification is the process by which the researcher will use strategies to incrementally increase the reliability and validity of their study, thus enhancing the rigor of the study (Morse, Barrett, Mayan, Olson, & Spiers, 2002). Guba and Lincoln (1989) discussed four criteria that need to be explored to create rigor and trustworthiness in qualitative research. These four criteria include the concepts of credibility, transferability, dependability, and ethics. Each of these concepts will be expanded upon in their relationship to the current study.

Credibility

Credibility, or considerations of internal validity, is based on the idea of how well one's research findings match reality, and therefore are based on how reality is defined (Merriam, 2009). According to Maxwell (2005), validity is "never something that can be proven or taken for granted" (p. 105), and therefore must be determined based on purpose and context of the research. Merriam (2009) added, "just as there will be multiple accounts of eyewitnesses to a crime, so too, there will be multiple constructions of how people have experienced a particular phenomenon, how they have made meaning of their lives, or how they have come to understand certain processes" (p. 214). As a result of these multiple meanings qualitative researchers are attempting to capture, they must employ techniques to increase the credibility of their study.

The process of triangulation has been noted as an essential element of increasing the credibility of a narrative study. Triangulation includes the researcher utilizing "multiple and different sources, methods, investigators, and theories to provide corroborating evidence" (Creswell, 2013, p. 251). In this study, triangulation occurred as data was collected through three different strategies, including photo elicitation, interviews, and written responses to the photo elicitation. Lastly, each participant was interviewed multiple times as well as responded to the photo elicitation after the interview process was completed, thus giving ample opportunity to verify individual data.

Another common way to increase credibility is through the use of member checks. Guba and Lincoln (1989) noted that conducting a member check is the most important method for researchers to utilize to create credibility. In this study, member checking with the participants occurred on two separate occasions prior to and after the

second interviews. The process of member checking includes researchers taking their initial findings back to the participants and to ask them if the interpretations of the data are accurate. This process allows for researchers to ensure they have not misinterpreted the meaning of the participants' experiences and can be helpful in researchers identifying their own biases (Merriam, 2009). The first member check allowed participants to verify the nature of their relationship with their supervisor as it was progressing, as well as to verify the aspects of practicum they considered a psychological threat. The second member check occurred after the data was analyzed and written into a final narrative for each participant. This allowed participants to verify the accuracy of their narrative and ensure the data was interpreted in a manner that reflected their actual experience.

To further enhance the credibility of this study, the concept of reflexivity was addressed. As the researcher is the main instrument in qualitative research, he or she needs to examine and explain his or her own biases and assumptions regarding a current study. Fully disclosing my experiences as noted in my researcher stance allowed me to develop trust and open communication with the participants. The narrative expressed in my researcher stance was told to each participant at the beginning of the first interview. Additionally, I kept a reflective diary or researcher journal with the purpose of not only highlighting my personal history and experience related to the topic, but also to provide a rationale for decisions made throughout the study, as well as to highlight my instincts and how challenges were managed (Houghton, Casey, Shaw, & Murphy, 2013). Merriam (2009) noted in creating an audit trail "the researcher must keep a research journal to record the process of the research as it is being undertaken" (p. 223). My research

process was further detailed in my researcher journal as I detailed my personal reactions to each participant after each interview was conducted.

The audit trail was originally suggested by Lincoln and Guba (1985), and it includes an independent auditor, who has no connection to the study, to examine whether the conclusions and interpretations made by the researcher are connected to the data (Creswell, 2013). When conducting an audit trail, the researchers would not expect others to be able to replicate their findings; however, it would provide an explanation as to how the findings were derived and ensure accurate data collection (Merriam, 2009).

To further support my decisions throughout the research process in this study, the use of an auditor was utilized. Lincoln and Guba (1985) suggested several guidelines in the selection of auditors, including experience with qualitative research methods without being experts on the topic of study. Furthermore, Lincoln and Guba (1985) recommended that auditors should be individuals who are trustworthy, who can offer valid interpretations of the data, and who hold similar positions and levels of power as the researcher. As a result of these recommendations, I sought out one doctoral student in counselor education and supervision to serve as an auditor for the current study. The auditor was selected based on her current enrollment in a doctoral counselor education and supervision program, as well as having completed a course on qualitative research and a course on supervision.

The auditor met with me prior to the beginning of data collection to review expectations and procedures. The auditor was fully informed of the research methods in the current study and was given specific direction about the duties she was required to perform. A major responsibility of the auditor was to review the results of the RSQ data

independently. Upon this review, the auditor determined which participants to contact to continue on to the second phase of the study. The auditor determined which participants to select based on their RSQ scores and in particular their scores on their attachment subtypes. Participants were chosen based on creating a range and variety of participants representing each of the four attachment styles. When one participant did not respond to solicitation to continue to the second phase of the study, the auditor was instructed to select another participant with the closest attachment profile to the individual who chose not to continue. These procedures were done in order to have kept me blind to the participant's scores on the RSQ, which mitigated any potential bias when I engaged in the interview process.

Additionally, the auditor was responsible for independently reviewing data sources to check for any threats to credibility, including researcher bias. The auditor reviewed data that included my researcher journal, interview transcripts, journal entries, the interim texts of codes and themes generated by me, and all member checks. Upon her review of all the data, the auditor discussed a potential threat to credibility with one participant's narrative as she reported it created uneasy feelings for her. Due to geographical separation, a phone meeting took place between myself and the auditor to discuss her reactions. Ultimately, the auditor believed the interpretation of the data did not significantly impact the credibility of the narrative, therefore that participant's narrative remained intact based on how it was initially written, largely due to the participant's own feedback during the member check process.

Transferability

Transferability, or the external validity of a study, refers to how generalizable the findings of a study are and how well they can be applied to other contexts (Merriam, 2009). In order to enhance the transferability of a study, researchers can utilize several techniques. One common approach to achieving this goal includes the researcher's use of providing rich, thick descriptions of his or her findings. Merriam (2009) defined rich, thick description as including "a description of the setting and participants of the study, as well as a detailed description of the findings with adequate evidence presented in the form of quotes from participant interviews, field notes, and documents" (p. 227). Lincoln and Guba (1985) added that the best way to ensure transferability is through the use of rich, thick description that allows for readers to assess the similarities between their context and the one described in the study.

In this study, rich, thick descriptions were used in presenting the data. In particular, direct quotations from interview data and photo elicitation responses were utilized within the narratives to fully highlight each participant's direct experience. Direct participant quotations allow the reader to develop insight into each participant's emotional state and thought process as they progressed through their practicum experience. These quotations were used to support the narrative categories that were created and to help ensure researcher bias is not influencing the interpretations of the data.

A final strategy to ensure transferability relates to sample selection. Merriam (2009) discussed using typical or modal sampling, which can describe how a typical case can be compared to other cases to allow for comparisons to be made by the readers in

their own situation. In this study, a typical sampling procedure was utilized in order to capture the narratives of a typical master's degree counseling student who is entering his or her first practicum. These participants were chosen to represent typical students who are engaging in their first clinical experience and the typical challenges and anxieties they face, which have been detailed previously.

Dependability

Dependability refers to how well findings of a particular research study can be reproduced or replicated. This concept can be difficult to obtain in social science research to the dynamic nature of human behavior (Merriam, 2009). This problem is also inherent in qualitative research, as noted by Merriam (2009), who stated, "Replication in a qualitative study will not yield the same results, but this does not discredit the results of any particular study; there can be numerous interpretations of the same data" (p. 221). In addition to strategies utilized to enhance credibility such as triangulation and peer review, the researcher can also employ the use of an audit trail and clarifying researcher bias (Creswell, 2013; Merriam, 2009) to attend to dependability. In this study, an auditor was utilized to review all sources of data and verify all interpretations that were made. To further allow for replicability, the photos utilized in the photo elicitation procedure are included in Appendix C, thus allowing opportunity for future researchers to engage in a similar process with the same photos if so desired.

Ethics

The ethical practice of the researcher in a given study is what can result in greater levels of reliability and validity. Furthermore, there are specific ethical qualities a qualitative researcher must possess in order to create a rigorous study (Merriam, 2009).

Merriam (2009) added, “These qualities are essential because as in all research we have to trust the study was carried out with integrity and that it involves the ethical stance of the researcher” (pp. 228-229). As qualitative research aims to understand people and the meaning they make of their experiences, it is imperative researchers take the necessary measures to enhance trustworthiness and conduct their research in an ethical manner. Qualitative research can have an impact on practically applying its findings in social science contexts, which can have an effect on human lives. As a result, this study followed ethical standards of research and adhere to all the elements of trustworthiness as detailed above. The ACA Code of Ethics (2014) outlined several major areas of ethical research practice, which include: maintaining confidentiality of the participants, obtaining informed consent from participants, fully explaining the study to participants after data is collected, maintaining professional boundaries with participants, and accurately reporting results. The ethical standards for research as detailed in the ACA Code of Ethics (2014) were strictly adhered to in the current study.

Data Analysis

According to Merriam (2009) the purpose of data analysis is to make sense of the data, which includes “consolidating, reducing, and interpreting” (pp. 175-176) the information that has been gathered to begin to make meaning out of it. Merriam (2009) suggested that data analysis should begin once the first pieces of data have been collected rather than waiting to analyze all pieces of data once the entire collection process has been completed. Therefore, data analysis began immediately after the first interview was conducted and occurred on an ongoing basis throughout the data collection process. Once interview transcripts were received, they were read through in their entirety two

times by the researcher in order to begin a process of organizing the data. Additionally, segments of the transcribed document were matched with the audio recordings to verify their accuracy.

The data obtained from the interviews and the photo elicitation written response were analyzed using open and axial coding procedures. Open coding was employed to identify major categories of themes that emerge from the interview and journal entry data. In this open coding process, the data was extensively reviewed, including taking substantial notes in the margins of the interview transcripts and journal entries to clearly identify the major categories. The notes taken in the margins of transcripts and journal entries served the purpose of beginning to address the guiding questions of the research study (Merriam, 2009).

Once open coding processes were completed, axial coding was utilized, which involved a process of sorting information into categorical groups in order to identify recurring themes in the data. These themes included a broader unit of information when compared to the categories that were identified in the open coding process. According to Merriam (2009), axial coding is produced through the interpretations and reflections the researcher finds through the meaning of previously coded data. Axial coding was utilized to sort through and often consolidate the previously identified categories into the broader units of a general theme.

Both open and axial coding were employed for both interviews with each participant, each photo elicitation written response, and all member checks as necessary. In addition to these coding processes, the constant comparative method was utilized as an additional means to guide data analysis. The constant comparative method involves

identifying similarities and differences in comparing different segments of data. This method allowed me to identify patterns in the data which can be organized based on their relationship to the other segments of data (Merriam, 2009).

Narrative Data Analysis

The previously mentioned methods of data analysis led to an interpretation of the information that is portrayed through a narrative story. Each participant's narrative story was represented in the form of first person journal from the participants' point of view. This first-person journal of each participant was based on the data obtained from the two interviews and the written response from the photo elicitation. Each participant's first person journal was meant to capture his or her voice; however, I was the author of these journals with the exception of direct quotes from each participant. I utilized direct quotes from participants to include in their journals as a way to enhance trustworthiness and provide rich, thick descriptions of the events that took place from their point of view. The following section will detail how I progressed through the data analysis process to ultimately reach the decision to portray each participant's story through the use of first person journals written by me in collaboration with each participant through the use of his or her quotes. Further collaboration occurred as participants reviewed the journal I created to verify it accurately portrayed their experiences.

Clandinin and Connelly (2000) noted that when moving from analyzing the data from field texts to interpreting the information into a research text, researchers should be asking questions related to the social significance and meaning of data. Clandinin and Connelly (2000) stated this process of moving from field text to the creation of a research text is complex and involves "reading and rereading field texts in order to construct a

chronicled or summarized account of what is contained within different sets of field texts” (p. 131). They suggested researchers “narratively code” (p. 131), which involves awareness of factors including characters, the context of where events occurred, interconnected storylines, emerging tensions, and continuities and discontinuities in the data. Narrative coding was utilized in addition to open and axial coding to ensure the above noted narrative elements of the data are captured and are reflected in the results of the data. Lastly, Clandinin and Connelly (2000) stressed the importance of relating different field texts to one another, similar to the constant comparative method.

Clandinin and Connelly (2000) further elaborated on the complexity of the process of moving from field text to research text, noting it does not occur in a step by step fashion. A process of negotiation should occur throughout the data analyzing process, as field texts are revisited and reexamined, as plot lines change, and when new pieces of data are collected. Clandinin and Connelly (2000) described the process of moving from field texts to the creation of a research text as including the creation of interim texts. Interim texts can take on many different forms based on the details of each research study, but they should have the goal of being written with the participants as the audience. The interim texts in the current study were written as brief narratives that highlighted the narrative categories of the data as they were collected and contained the narrative elements of plot, character, and context, put together in a fashion that reflects temporal coherence. The interim texts were then shared with the participants who were able to further elaborate on and negotiate their content. These interim texts served the function of member checking, as the participants reviewed them and provided feedback regarding the authenticity and accuracy of the content as it related to their lived experiences.

To further guide narrative data analysis Clandinin and Connelly (2000) discussed a three dimensional narrative inquiry space which provides direction to an inquiry. These three dimensions include a temporal dimension, a personal/social dimension, and a dimension of the place or context where the events take place. Related to the temporal dimension, data was analyzed based on the participants' past, present, and future experiences as they relate to their overall story. The photo elicitation and written response elements of the study aided in piecing together the temporal elements of each participants story, as they had the goal of eliciting data that includes the past, present, and future throughout the data collection process. Regarding the personal/social dimension, the focus of data analyzation highlighted participants' personal reactions throughout their practicum and supervision experience, which was balanced with the interpersonal interactions that occurred with other characters in the story throughout the semester. Lastly, the dimension of place highlighted data that reflects the particular physical locations that are salient to participants and shape the meanings being related within their story. By including all three dimensions as part of the data analysis, the research text written as a first person journal for each participant was more inclusive of these elements that are essential in telling a narrative story.

The final research texts included a narrative story that was written for each participant as his or her story emerged throughout the semester. Each of these stories included the elements of the three dimensional narrative inquiry space, as detailed above. Clandinin and Connelly (2000) discussed a need "to find a form to represent their storied lives in storied ways, not to represent storied lives as exemplars of formal categories" (p. 141). Clandinin and Connelly (2000) add that care should be taken to avoid writing "a

generalizable document, in which the threads, constitute generalizations and participants fade into support roles” (p. 141). As a result, participants’ narratives were written in the form of first person journal entries to ensure their lived experience remained the focus of the narrative, as opposed to focusing more on the narrative categories that emerged from the data. After each narrative was written, participants completed a second member check that included reading their narrative and verifying its accuracy as it related to their perceptions of their lived experience. After each of these individual narratives was written, common elements and themes of all the stories were combined and written into a final grand narrative in the form of a poem. This grand narrative was written to highlight the emerging plotline of counselor’s in training and the relational elements of attachment that were common across supervision relationships and use as a framework for interpreting the data.

In summary, the data collected were analyzed in a manner focusing on highlighting the narrative stories of participants related to their attachment experiences throughout their practicum course. The narrative stories served the purpose of addressing the guiding research questions associated with the attachment related behaviors, thoughts, and emotions of participants, how participants experienced activation of their attachment behavioral system, and how they sought proximity with their supervisor as a result of this activation. In addition to open and axial coding, the data was analyzed through a narrative lens which highlights the three dimensional narrative inquiry space and focuses on ordering events into a temporal coherence, detailing the personal/social dimension of how participants report interacting with others, and attending to the setting of where events occur. A narrative story that represents each participant in the study was created

to portray his or her experience, written in the form of a journal from his or her point of view. This included a collaborative process between me and participants as I pieced together their narrative in a temporally coherent fashion which included their direct quotes and additional interpretations by me to fill in the gaps in the plot line. In each narrative, direct participant quotes are represented through the use of italic font. In other words, everything written in italics in each participant's narrative is a direct quote from either interview or photo elicitation written response data, whereas everything written in regular font is my additional interpretations of the story and not a direct quotation from the participant.

Lastly, a grand narrative was created highlighting the common experiences of participants as they navigated their relationship with themselves and their supervisor throughout the semester. This grand narrative is written based solely on my interpretations of the data. The grand narrative is written in the form of a poem and will be utilized in Chapter V to provide a framework for interpreting the results of the study.

CHAPTER IV

ANALYSIS AND RESULTS

Introduction

In this chapter, I present the results of the study. The chapter begins with a discussion of the Relationship Scales Questionnaire and how the data obtained from it were analyzed. I then discuss the narrative categories that emerged from the data based on the semi-structured interviews and written response to the photo elicitation component of the study. I introduce the six participants who were recruited and completed the full study, and I share their narratives of their first practicum experiences and relationships with their supervisors. I then further analyze the narrative categories that emerged from the data, including direct quotations from participants to highlight each category. Lastly, I discuss the steps I took to enhance researcher reflexivity.

Relationship Scales Questionnaire

The Relationship Scales Questionnaire (RSQ; Griffin & Bartholomew, 1994) was utilized in the current study to narrow down an initial sample of participants to a final sample based on their attachment style. Each participant was assigned to one of the four adult attachment styles initially developed by Bartholomew (1990) based on their highest average attachment subscale score which is listed in Table 2. Two participants had two subscales that had equal values for their highest subscale scores. A clear rationale was chosen to determine to which attachment type they would be assigned. Jennifer had equal secure and preoccupied subscale scores and was assigned to the preoccupied

attachment style due to her having the highest preoccupied subscale score of all the nine participants who completed the RSQ. Ellen had equal dismissing and fearful subscale scores and was assigned to the dismissing attachment style due to having the highest dismissing subscale score of all the nine participants who completed the RSQ. The table below highlights each participants RSQ scores and highlights the attachment style to which they were assigned for the second round of the study.

Table 2

Participant Attachment Styles

Participant	Secure Average	Preoccupied Average	Dismissing Average	Fearful Average	Assigned Attachment Style
Jennifer	3.8	3.8	3	2.3	Preoccupied
Eden	4.2	2	3.6	1	Secure
Miranda	3	3	3.4	3.5	Fearful
Ellen	3.4	2	3.8	3.8	Dismissing
Suzie	4	2.8	3.4	1.5	Secure
Elizabeth	4.4	2.5	3.6	2.3	Secure

Emergent Narrative Categories

Based on the data collected from the interviews and journal responses and the use of open and axial coding procedures, themes emerged across participants' attachment experiences related to their relationship with their supervisor. Rather than these coding processes result in themes that formulate the participants' narratives, the participants and their narratives were kept at the forefront of the research texts. Clandinin and Connelly (2000) discuss the importance of not writing research texts that are meant to be

generalizable: “This kind of reduction, a reduction downward to themes (rather than upward to overarching categories as in the formalistic) yields a different kind of text with a different role for participants” (p. 143). Additionally, Riessman (2008) states, “Although narrative analysis is case-centered, it can generate ‘categories’ or, to put it differently, general concepts, as other case-based methods do” (p. 13). As a result of the open and axial coding procedures and the narrative analysis suggestions previously discussed, eight narrative categories emerged from the data and the participants’ narratives. The categories that emerged from the data include the following: Participant Personal History, Transition into Practicum, Internal Working Models of Self and Supervisor, Threatening Event, Attachment Strategies, Perception of Supervisor’s Response, Deactivation of Threat, and Relational Transformation.

The categories that emerged appear to create a narrative arc for each participant as one category leads into the category that follows it. For all participants, their narrative arc or storyline begins with their personal history, which has an influence on their internal working model of self and others, which in turn influences their experience of their transition into practicum, and so on. In other words, each category influences the next, which creates the overall unique storyline and a sense of temporal coherence for each participant. These unique narratives of participant were informed by their specific contextual experiences prior to practicum, which then shape their experience in practicum, and more specifically their relationship with their supervisor. Therefore, each category that emerged from the study is an important element for conceptualizing how counselors in training will engage in practicum and supervision based on their attachment style.

Narrative Interpretation

Introduction

The following section will present each participant's narrative in the form of first-person journal entries written by me based on my interpretations of the data obtained from interviews, written responses, and the member checking process. My interpretations are based on the open, axial, and narrative coding procedures I utilized, as well as comparing different segments of data related to the constant comparative method. Each participant viewed their journal entry during the member check process to verify it accurately reflected their experience. Included in each participant's journal entries are direct quotations obtained during interviews or from the participant's written responses to prompts related to the photo elicitation element of the study. Direct quotations will be presented in quotation marks within each participant's narrative. Prior to each participant's journal, a brief description of the participant, including his or her demographic and relevant background information, is provided.

Suzie

Background and Demographic Information

Suzie is a 24-year-old white female who has completed the majority of the coursework in her counseling program. Her counseling program is structured in a manner where all of her classes are completed in a condensed format on weekends. Her practicum course occurred in a condensed format over four weekends. Based on her RSQ results, Suzie was categorized as a representative of the secure attachment style.

Suzie had a female supervisor who was a doctoral student in Counselor Education and Supervision and not the instructor of the course.

Past

My softball team came in second place! I was so happy and my team was all proud of the work we did together. We were a good team and I made a lot of friends that I hope to see at school next year. I was happy about all of this, but when I got in the car to go home with my mom after the game, she was not happy. All she could say was, “You got second place, why aren’t you in first place?” She didn’t see any of the good things that happened or that we made it far as a team or that I made friends. She also focused on how I did in the game itself. She said, “You only got on base five times this game. Why weren’t you on base every time?” I couldn’t believe she felt this way. I feel like I can never do anything right, that it’s never good enough. Even when I’m proud of myself, she always makes it seem like I have failed. It makes me scared to ever play softball again.

My mom has always had this desire to be perfect. She continues to have “struggles with an eating disorder.” She always says things like, “I’m not skinny enough. My hair is not blonde enough. I’m not this enough. I’m not that enough. She’s always trying to achieve” something that is not realistic and will “push on to my siblings and I.” She thinks that I “need to be this perfect child.” I wish that I could just be me, just be able to make mistakes and be ok with it like everyone else. But no, I have to constantly be put down for the things I try to do. “It has always been expected that we are the best. If I got anything lower than an ‘A,’ I was grounded.” There is just this “constant focus

on the negative.” Can’t I do anything right? I don’t want to have to have everything perfect, but I feel like it is constantly forced on me.

Practicum Experience

Ever since I have started my counseling program, I keep hearing all these horror stories from people who have been in the program longer about the practicum course. They keep saying that “you’re going to cry no matter what, that you are ridiculed in the front class, that the certain prac professors are mean and insensitive and how no matter what you do you can’t pass.” I have “worked in the field for a few years and I got advice to leave all that” I have learned from my work experiences “at the door and to start fresh, otherwise I wouldn’t pass.” I was even told by “someone that she had worked in the field and she was trying to use that sort of knowledge and that it was rejected by the prac professor.” I was told by that student, “Leave it at the door, take what they tell you and what they teach you and use those skills only.” I am really scared for when the day comes that I have to start practicum if this is how it is going to be. I am already terrified of failure because of how I grew up. How am I ever going to get through it if I can’t make mistakes or be myself? I have to prepare myself and “be all put together” or I won’t be able to fulfill my dream and become a counselor.

The time has finally come. I have started my practicum course. This is where I have to put aside everything I have learned in my work experience and just shut my mouth and do what I am told. I am “terrified, nervous, and anxious.” I think “that I am going to come out of it failing and that I should never be a counselor.” Going into this class I feel “mortified.” We had our first class today and “I think I was shaking.” We are nowhere near seeing clients and I’m already shaking. I can only imagine what I’ll do

when I have to see client. I keep telling myself to just “get through it and then you’re onto the next step and where you can be in the field and doing stuff, actually working.” I just have to get through, it doesn’t matter what else happens as long as I pass. I’ve tried “kind of reassuring myself that ‘you can do this, you know you can do this, you’ve been doing this, you’re perfectly capable of doing this, now just believe in yourself.’” But when I tell myself these things, it does not seem to make a difference because I still feel mortified of failing. I met with some of my classmates who I consider friends and we talked about how “we’re going to go into it with a super positive attitude and we’re students and we’re going to mess up and we’re here to learn and if I don’t get critiqued and told that I’m doing something wrong, I’m never going to know.” This didn’t really help because I’m so scared of getting the feedback that I am not good enough to be a counselor when that is all I have wanted for a long time now.

It’s only the second day of class and I already hate my supervisor, Sarah. She is a doctoral student and I don’t think she has ever done this before. I feel as though Sarah thinks and acts “as though she is better than me and the other students. She is condescending and belittling.” Our relationship already feels “top-down, very much like she is the expert and I am the mouse.” I am so terrified of “finding out that I don’t have the skills or I don’t have what it takes to be a counselor, which is my dream. I am afraid to fail because I have high expectations and I don’t like to fail and I like to be the best and the thought of failing is terrifying.” On top of all that, I have this supervisor who is supposed to be there to guide and support me but treats me and the rest of the class like we are clueless. I feel like she is “there for herself and not to support my development.”

We've finished our first educational weekend. We have one more educational weekend and then will start to see real clients in two weeks. I continue to feel "a lot of frustration and anger." There are times where "I want to ask for help but feel like Sarah will judge me or hold it against me. I don't want to be emotional and vulnerable to someone who is grading me." I feel like I am trying to work through these feelings and trying to make an effort with her. "I try to push through feeling uncomfortable and still seek her support. However, when I continue to feel not good enough and belittled" by the way she talks to me and others, I know I have started to "actively avoid her." I try to avoid asking her any questions even if I really want an answer. I even avoid conversations that are small talk with her when we are taking small breaks during class.

I cannot stop thinking about the possibility of failure. To know "that somebody else has the control and the power over me, to fail me and tell me I should not be a counselor" is terrifying and exhausting. "This is what I wanted to be for so long and I've worked so hard to be this counselor person and someone else, my professor and Sarah have this control over me to determine my future." I am not in control of my own fate and it is in the hands of other people, mostly Sarah, who is a student herself. "I have to be as good as she is, she can't be better than me even though she's a supervisor and clearly has way more experience."

I can't get over the fact that Sarah is going to be such a big part of whether or not I get to pass practicum, whether or not I get to be a counselor. "She has the very stereotypical therapist kind of mentality or way of being. It feels fake and it feels very forced like she isn't really being herself. Anytime anyone will say something she will always challenge it. It feels very oppressive and like she is saying, 'I know what I am

talking about and you don't.' I know she is the supervisor but I don't feel that egalitarian kind of relationship." There is another doctoral student supervisor who seems way more on top of things "and much more in charge and much more available and checking in with us. I don't feel like she is even involved that much" at this point. When she does talk in class it comes "off abrasive or that top-down condescending" way of speaking "because all of a sudden she will just literally pop up" and say something out of nowhere. I think to myself in class, "Wow! Where did that come from?" when she says anything. It terrifies me to know that I will have to get feedback from her and she will have input on my grade. I "purposefully ask the other supervisor to view my notes to avoid Sarah because I just don't like her, I don't like the feeling, I do not like the vibe" I get from her. At the same time, "I know I shouldn't be reacting this way, so then I feel shame and embarrassment. I get really uncomfortable around her and I want to avoid that so I can be comfortable and ask other people for help." This is so confusing and overwhelming, I don't know how I am supposed to be except just to do what I am told.

We have finished both of our instructional weekends and begin seeing clients in two weeks when the class meets again. I have been building up to this for the past year and a half of school and I feel like "it's the last hurdle that I have to get over. I have been doing basically the same thing for three years" working in the field with clients in a one-on-one situation. But I keep going back to what the other student told me about forgetting about your experience and what you learned from it and only do what your supervisor tells you to do. I'm not worried about screwing up the clients I see, and am "more afraid of the critics. The fact that I will be watched and critiqued and I have to accept that feedback in an appropriate and professional way" is the worst part. I can't

fail. I know I am “supposed to be put together all the time” if I am going to be a counselor. I have been assigned several clients and will see my first one the first night we come back to class. There is so much “anxiety.” It’s like I constantly have a “rapid heartbeat, am sweating, very nervous, not comfortable physically or emotionally.” There is a “pit in the bottom of my stomach and a pit in my throat where I feel like I’m going to cry because I’m so overwhelmed and anxious.” I have all these fears and all these negative feelings towards Sarah, but they cannot be “outwardly expressed because I don’t want to fail practicum and I feel like sharing those feelings is probably a good way to fail practicum.” I will just keep it all together—I have to. My future depends on it.

I saw my first client and it was a complete disaster. “After my first session, I walked into the room” where Sarah and two of my peers had viewed my session and I “just started bawling.” In the short time it took to walk from my session back to the viewing room “in my head” I said, “‘You’ve failed. That was the worst thing you could’ve done. I’m not going to be a counselor. I’m a failure.’ Everyone looked at me as if they were saying, ‘Why are you crying? You did fine. Why are you freaking out on yourself?’ There was this huge flood of emotions, not only was it the feeling of me not doing well in the session, but I’ve spent a year and a half in this program to get to this point. All these emotions are just overwhelming, so much disappointment in myself. I was angry at myself for not doing better. I felt embarrassment that I feel like I did so bad in front of my supervisor and peers. It was so nerve wracking, I felt the pit in the bottom of my stomach” and what made it worse was I knew I would “have to go on facing these people after looking like an idiot.”

“My peers and my supervisor looked at me and said, ‘What are you talking about? You did great.’” I disagreed with them and could only focus on all the negative things I did in the session. For every issue I pointed out Sarah said, “‘That’s fine. That’s not bad.’ I felt like Sarah was super supportive and really positive and it made me feel a lot better. The after-session debrief is only supposed to be two minutes and then on to the next session because we have a client someone is seeing every 50 minutes. But Sarah took the extra time to talk with me about what was going on and what I was feeling and what I needed to regulate myself. Physically she was available to me, but she was also emotionally available and supportive in that moment when I really needed it. She truly didn’t have the time to do that, but she sat there with me for an extra eight or nine minutes, which may seem small, but in that schedule you’re constantly doing something and so it had taken extra eight/ten minutes out, kind of throws everything off. But it seemed like she really felt like it was important to help me calm down or figure out what was going on to help me calm down and talk with me about what’s going on.”

Part of me started to believe that maybe I was over exaggerating and maybe it wasn’t as bad as I thought it was. “I was able to stop crying, but then the instructor came in and that just made things worse.” At that point I started to feel all this “shame around crying in front of my supervisors who were grading me. It’s pushed on you in this program to regulate your emotions and be stable and to be this perfect person, but it’s impossible. By crying I did not have it all together.” I again started to think “there’s no way I can do this, now they think I’m an emotional wreck and I can’t handle my first session.” My instructor told me to “go take a walk, go take care of yourself.” That was

the last session of the night, but I still had to watch my tape of the session and critique myself.

I went to take my walk and try to calm myself down again. As I was walking, I starting thinking about Sarah who “I already felt like she was judging me” before this happened. “Of course it had to be Sarah watching for my first session. She probably thinks I am stupid.” I kept walking and was able to calm down a little bit and went to watch my tape. My instructor told me to watch it because it is not as bad as I think it is. Halfway through watching my tape Sarah walks into the room and I think, “Oh shit! She’s going to say, ‘You need to get it together! This is unacceptable! I can’t believe you cried after your first session! That’s so inappropriate!’” But that is not what happened. “She was comforting and genuine. In that moment, I saw her as a person. She patted me on the back and said, ‘It’s ok. Can I do anything for you? Remember, you did fine.’ She said very comforting things and then it felt better than it did initially. I thought to myself, ‘Oh, they’re right. It wasn’t that bad.’”

Even though I felt a little better, I came to my boyfriend’s house and was still upset. He helped to reassure me and comfort me. I know that I will still have to face this tomorrow and show my face to everyone again after acting the way I did. I know that I will have to talk about it in supervision tomorrow with Sarah. I’m still afraid that she will judge me and that I will be seen as this over-emotional person who is not fit to be a counselor.

I barely slept last night because I couldn’t stop thinking about having to face everyone again, having to face Sarah in supervision. I also knew that I would have another client the next morning and would somehow have to put the last session behind

me and be ready to try again. I didn't fully finish watching my tape the night before and was supposed to finish it when I got to the clinic. But when I got there, "something happened with the schedule" and I was told "to do supervision now." I had to go face it - I couldn't put it off any longer. When I got in the room with Sarah "I don't think I talked a lot initially. I remember feeling really uncomfortable, fidgeting, and not making eye contact." She eventually said, "You think you need to be perfect and no one's perfect." At that moment I was thinking, "This is awkward, I don't know what to say." To my supervisor I want to seem put together" and I don't know if I can admit that "I have perfectionist tendencies and that's why I get super stressed out easily." I tried to dance around the issue and not really admit what was happening for me because I didn't want her to see me as flawed or to see me be emotional again. Then she said something that really made a difference for me. "She self-disclosed a little bit about how she also has those same perfectionist tendencies when it comes to school and to work and constantly wanting to be the best and do the best for our clients." In that moment "I feel like we really connected." It was so helpful to me "to know she doesn't think that she's better than me, that she still struggles with things too. She was just very comforting and very down to earth and real." She told me how much she struggled with the same things, especially in her Master's program. "I wanted to be this perfect counselor" and I realized that this "was impossible to achieve." I realized that I am not the only one who is hard on myself. It was comforting to know that I could connect with Sarah in this way and be open about what was really going on for me. I was able to go into my next session feeling more comfortable and not as worried about being judged. I do still have fears about passing though. "I can't just make my perfectionist tendencies go away, they have

been there since I was little.” I keep thinking about having to do everything my supervisors say in order to pass, but “the feedback I am getting is something that I can’t fix right now.”

As I thought more about this supervision session throughout the day, I have reflected on my supervision experiences in my job. Before this I thought that supervision was all about the client and getting the necessary paperwork done. I never had experiences related to focusing on me as a person and me as a counselor. I learned “that there is a whole another part of supervision of growing as a counselor and talking about biases and talking about the perfectionist stuff that is going on and how that bleeds over not only as a counselor but also how that could affect me in the room.” With Sarah, I used to think that “she’s constantly busy doing something and that I was burdening her if I needed some sort of support or paperwork or whatever it was.” I think now that I can “open up more to her after seeing that she was invested in how I was doing as a person and as a counselor.”

I had another supervision session with Sarah today. “We really focused on that perfectionist tendency and if I have that about myself and how it might come off in the counseling room. I was much more open, she was much more open, it was much more relaxed. It was still supervision, but we were able to laugh or make a joke or say something funny or whatever. It just felt more like a relationship versus this awkward ‘forced to be here’ kind of thing. We talked about the pressure I put on myself and how it applied to counseling. She just felt more genuine and more concerned and empathetic, like her whole presentation felt different. I also think that I was more comfortable, so I viewed her differently. We talked about if I feel it’s not okay to cry, then how are my

clients supposed to be vulnerable and cry. We did talk more about how I didn't like crying in front of her because she has the final say in whether I pass or not. I was able to tell her how I felt when I was unstable and didn't have it all together. She continues to be super supportive and helped me see the positive in myself. I was really upset because I had these really high expectations that were not achievable for your first counseling session ever." I am learning so much about myself and even though this has been extremely difficult, I am grateful for the experience. I realize that they are not expecting me to fix my perfectionism right away but just to continue to be aware of it, how it might impact my presence in the room, and to continue to work on it.

We are nearing the end of the practicum course. I have continued to work with Sarah and our relationship has continued to improve. I have been able to be more open "because I know she's not going to judge me and because I know she has also experienced the" same struggles with perfectionism that I have. I have also learned "that it's normal in counseling development" to put this type of pressure on yourself, that many people experience this as they go through practicum. "As I have gotten more comfortable with her as a person, I got more comfortable discussing how my parents constantly wanted me to be this all-star child and talked more about that. We definitely talked way more than I ever thought I would tell her." I went from wanting nothing to do with her and purposefully avoiding her to having a relationship I could trust. "I feel like she has invested time and energy into my success and has been there to guide me. I have been able to come to a new understanding with myself. Sarah helped me understand that being perfect is impossible, especially in this field. I'm still learning and that's ok, that why I'm still a student. My acceptance of being imperfect has increased a lot." I know

that I can make mistakes because “that’s what will happen. You just have to let it go and move because if I just dwell on it, then I’m actually not supporting my clients or supporting myself.”

Anticipated Future

Practicum is over! My anxiety about failing this class has finally gone away! Even though I made tons of progress and it lessened as the course progressed, the anxiety was there the entire time “until I got my final grading and knew that I had passed. I feel relieved that practicum is over and I will have a bit more freedom” in the next stages of the program. I will “still be under the microscope but not brutally being videotaped and watched. I think I’ll probably still be my harshest critic and I did feel like practicum opened my eyes into how hard I am on myself. I will be more level headed around giving myself credit for things that I am doing well.” Sarah helped me see “that before I’m a counselor, I’m a human and humans make mistakes. I make mistakes in work, I make mistakes in relationships, I make mistakes in everything that I do and that’s how I learn. If I was perfect from birth, which is what I think that I should be sometimes, then what’s the point of even doing anything?”

I can’t thank Sarah enough and am amazed at the turnaround we made in our relationship. It went from me feeling “like she was condescending and unavailable, like she thought she was better than everybody. Therefore, I just avoided her. I didn’t want to ask for help because I didn’t want to get negative feedback or didn’t want to feel stupid, so I just avoided it. Once I started to perceive her as more equal, then I was much

more open, I was a lot more myself. I'm super quirky and weird and that came out a lot more once I was more comfortable with her. By the end of practicum, she would be very nurturing to me and played with my hair and we were able to goof around and joke around. It was a really positive relationship and I can see myself now reaching out to her. If I am struggling in Practicum 2 or internship and need someone to reach out to, I would probably reach out to her."

I have become more "comfortable and confident to approach my supervisor to discuss any topic or ask for support. I felt as though Sarah was warm and welcoming. I eventually learned I could be vulnerable in front of her without fearing judgment. Now I'm really excited to have a doc student supervisor next semester that I get to meet with every week where before that's what I was terrified of. I think that it will take me time to get comfortable with future supervisors. I realize that I may have a negative view of my supervisors due to this first experience. However, I also need to recognize my own participation in building that wall in the relationship. I also think that I better understand the supervisory relationship. Just like any other relationship in life, it takes time to be comfortable with each other. I am a lot more confident in how I see myself as a counselor. I have little anxiety going into practicum 2 and internship, which is really weird because I'm a very anxious person about really anything. The fact that I'm confident in my skills and my abilities to be a counselor I think is great."

I know that I need to keep working on my difficulties with perfectionism in order to become the most effective counselor I can be. I am going to start my own personal counseling. "In practicum, I learned so much about myself and how my past, especially

with family and relationships and perfectionist tendencies really are influencing a lot of different aspects of my life and I want to process through that.”

Miranda

Background and Demographic Information

Miranda is a 32-year-old white female who is in the second year of her counseling program. Her counseling program is structured in a manner where all of her classes are completed in a condensed format on weekends. Her practicum course occurred in a condensed format over four weekends. Based on her RSQ results, Miranda was categorized as a representative of the fearful attachment style. Miranda had a female supervisor who was the instructor of the course.

Past

“My advisor for my undergrad thesis is a really crazy, controlling person. He is refusing to write any letters for grad schools just because I didn’t drink the Kool-Aid and didn’t join the cult of his research team in the same way that others did. It is a really difficult thing to have this person that is supposed to be your mentor and supposed to be helping you with your future, to be then trying to undermine your future and really trying to ruin it for you. He’s very abusive verbally and emotionally to the people on the research team, sending us emails that we aren’t good enough. He says we are stupid, we are never going to make it in grad school.” I don’t know if it’s even worth it for me to go to grad school if the person I worked so hard for is going to belittle me and be a huge

barrier. How can I even trust any of my professors in the future if this is what they are going to do to me? I do know that I want to go to graduate school and I am going to do everything I can to get support from the professors I have had that respect me. I do know there are good professors out there and my advisor taught me to pay attention to professors who could be harmful to me.

It's also hard to trust myself after everything I've been through with school. I think about the first time I tried to go to college "right after high school and really screwed things up. I didn't know what the hell I wanted to do. Then I went back did culinary school and then worked for a while and thought, 'Is this what I want from my life?'" Then I decided to go back to school again this time around and do "psychology and wanting to do the best I could and seeing I actually could, seeing that I could make 'A's' because I actually cared about it. It is a great feeling to see the difference from when I first went to school right after high school when I was thinking that I was that smart and thinking that I could do very well." I worked so hard to overcome all those self-doubts and earn my grades. But now some of those thoughts are coming back to me all because my professor is treating me like crap. He doesn't see how hard I've had to work to get here. He doesn't know how bad it hurts to be told I am not good enough after all I've been through.

Practicum Experience

I've fought so hard and for so long to finally get here. I am starting my practicum course and am finally going to be a counselor. I am extremely anxious and my confidence has dropped. I have it afterwards when I get an 'A' in a class, "but it is like with every new class I think, 'Is this the one that I screw up?' Maybe this is partially just

my weird way of being motivating. This is the way I create motivation: to freak myself out, push myself. I am sure there is better ways to do these things.”

I am “really, really nervous and really scared that they’re going to discover I’m really crazy and shouldn’t be doing this and should just sent me off to some other program.” I don’t want them to decide I’m too crazy to be a counselor and kick me out of their program. I don’t think I’m crazy. I guess it’s like I have “the imposter syndrome. It is the fear of not being good enough and everyone somehow finding out that I’m not right for this line of work.” I am so scared that “everything that I’ve worked for—for years to get into grad school—to get to where I want to be and be doing what I want to do only to find out that I somehow made this huge mistake that I wasn’t fit for that.” I have been criticized so many times over the years, especially at my job. I get constant negativity from my bosses and the “feedback is not constructive feedback. I am afraid of the feedback” I am going to get about my counseling “and that it is going to make me cry.” I have to protect myself. I have to show them that I am good enough to do this, that I’m not an imposter. My “low self-esteem and the experiences that I’ve had send the message that I am not good enough or that I not going to be able to succeed.” I can’t let them see this, so I have to keep it together and try to believe in myself. I have to “work on my confidence and get that feeling that I know I’m supposed to be here. I’ve struggled with depression for a really long time in my life and I have my ups and downs like everybody. I always have that fear that people are going to judge me and put me down and assume that I’m just too crazy to deal with it.” They’ll think that I’m “emotionally unstable or any of those kind of things that people will throw at you,” the types of things that they have thrown at me before. These things are “especially true in a

counseling program because it is very much getting into your personal stuff. That's part of what we do. You have to know what that stuff is and you have to be aware of it and be working on it and somehow making it through with all your baggage." I worry that my baggage is too much.

We had our first practicum class today. We will have two weekends of in class education before we start to see clients, which is a relief to me. I did already start to ask questions to help ease my fears. I asked, "What's the feedback going to be like? What's that process like in supervision?" I feel like I have to prepare myself as much as possible so I know what they expect of me and how I can meet those expectations. I'm so worried feedback is going to be like it was with "my crazy adviser from undergrad or it's going to be like at work where feedback is usually negative." All I've ever heard is "this is what's wrong with you, this is what you can't do and this is what you suck at." Dr. Kellogg was good at "making sure that we knew that we're going to give you a feedback and even if things aren't going well, we're going to talk to you about it and we're here to support you. We're here to make you a better counselor and to help with that growth." This was good for me to hear but "I still have the fear." It was also good "seeing other people have the same kind of fear. It was good too being able to talk to the other people in the class and find out that they had the same worries about things." At least I am not the only one. I'm not alone. At the same time, I don't know if I will be able to hold these fears and these emotions in forever. I don't want Dr. Kellogg to see them. I don't want her to think I'm an emotional wreck.

I want to go into this with the mindset that I do not really need anything from her. "I am not sure if I really go into things with set expectations. I try to take things as they

come, try to observe, try to be open to what's going on. I really don't think I necessarily have needs of having to try to get met" from Dr. Kellogg. If I can just show that I don't need much from her, I think I will pass. On the other hand, if I show what is really going on inside me, she will think I am crazy and I will not pass and I will be told I should find another career. I can't have that happen after having tried different things when I was younger and not caring about them. This has been the one thing I have been passionate about, that I have cared enough about. Even if I did talk about it "I just don't know how it will necessarily be met by Dr. Kellogg, because this is more about me and my own shit."

I saw my first client ever. It finally happened. I finally did counseling. "It just went so well like I was just completely shocked at how well it went." I can't believe I actually did it right and that Dr. Kellogg thought it was good enough. She said, "'How many years have you been counseling and you didn't tell me? It's beautiful. I have nothing to teach you.' It was amazing to have that kind of response and it felt really good. It made me feel like hey, I actually know what I'm doing. I don't expect that kind of positive feedback from anyone really. So, it's nice when it actually does happen. I think it did help to alleviate the fears and doubts in myself. My nervousness melted afterwards because it went a lot smoother than I thought it was going to go. I feel a little more confident" even though deep down I still have all these worries about being a failure. Even when she says such wonderful things to me, I still question if I will be good enough and question what she is really thinking of me.

When I watch my tapes, I keep getting the feedback that "I was thinking in my own head I just didn't say to the client." There is the expectation that counseling is a

different kind of relationship than our typical day-to-day interactions with people. It is expected of me to be “interjecting myself” more with the clients. This is really hard for me because “I was taught to be polite and it’s rude to interrupt people and jump in.”

What they are asking me to do does not fit with my values or how I was raised. I need to be “building that confidence and being able to just say what I’m actually thinking because a lot of times I’m being told that it is actually the right thing or it’s a beneficial thing to say.”

I am enjoying my time with Dr. Kellogg and our supervision together. We have been “talking about personal things. We are able to share stories and learn about the other person.” This has helped me “to see her as more of a human being than just the supervisor. We got to talking about how she met her husband in our supervision sessions and you know just telling me about how her and her husband got together and she was older when they met and when they got married. And I think that makes me feel really a lot better because I’m older and have no prospects” in terms of relationships. She is “not putting on the academic professor façade, so I am actually able to see her as a human being. I feel comfortable being able to go and ask questions and ask for clarification” about counseling issues. My fears of being found out as an imposter are still there, but building this kind of relationship helps my fears lessen.

I had my midterm evaluation with Dr. Kellogg and she told me to keep “working on my confidence in myself, in what I’m doing and using the skills. It’s definitely something that I need to work on, and I think it’s kind of always going to be there.” On some level, I think I always going to question myself with “am I good enough? Am I going to be good at this? Am I going to succeed? I’m more comfortable, but there’s still

always that little piece of me that is like not comfortable in the questioning from a supervisor. I will continue worrying about that same kind of things, like are they going to figure out of that I'm just crazy and shouldn't be here."

I've "caught myself at times with the positive things that she would say about me and I'd be thinking, 'Does she say that to everybody or is she just saying that to make me feel better? Does she really mean it?'" It's nice to hear these positive things, but I don't think I can really fully believe it. There are times where I get really uncomfortable with her when I get a "little choked up or teary talking about something. I also don't share things that would get me to feel that way. I try not to or talk about things in a way that I'm going to start crying. I am more hesitant to say things because fear that people are going to just think I'm weird or stupid, so I sometimes hold myself back from saying things because again it's that fear of how is that going to come off or are they going to reject me for it. I'll try to just kind of lock it inside and not get too deep into things because she's not my counselor, I can go into that in my counseling session." No matter what I am feeling, "my default is to cry. Whether I'm happy, sad, angry, or frustrated—any kind of extreme emotion I just cry. I've always been told I was too sensitive. I've been given so negative messages related to showing emotion, especially if it's crying. So, it is really hard and isn't comfortable to feel emotional or to be looking emotional with Dr. Kellogg because it's that worry that she's going to think I'm too emotional, too sensitive, or emotionally unstable, or who knows."

There have been times where I have gone to her to answer specific questions for me. Like today, "I had questions about like my case notes because I'm very wordy and I'm just trying to cut them down. I had one of the doc students look at the note and I still

wasn't sure about this one section. So, I went to find her and asked, 'Can you look at this and make sure I'm actually doing this okay?' She said, 'It's beautiful, don't worry about it so much, you're okay.' I know that this is my own stuff of not wanting to bother her, not wanting to annoy her, or not seem like I am needy or incompetent."

This is already the last weekend of this class, as there are only two days left. These weekend classes go by so quickly, but it feels like we just started. I had a supervision session today with Dr. Kellogg. After meeting with her, I realize how much I am focusing on wondering "what she thinks of me. I guess worry that I'm coming off as unprofessional." When I am in supervision with her, I feel "nervous and a little anxious because that's when you've got to put this professional hat on." I think that she understands what I need because she is constantly "being really supportive and reminding me that 'I'm here to support you.'"

I realize that throughout the class I have been "I guess hesitant or being more aware of what I am actually asking or how I am wording things." I don't want to be seen as a person who is "asking silly questions." "I am always the type of person who likes to sit back and observe and try to figure things out" probably because I don't really trust anyone at first, especially if they are in a position of authority over me because of all the bad experiences I've had in the past. Even though I want to trust Dr. Kellogg, I have been this way with her too. "I don't want to be 'that guy' who says something stupid. Even though in practicum I know there is really no right or wrong but there is a better way to be doing things." I see other people asking lots of questions "and in my head I'm like, 'There's something behind that.'" They are showing there is something wrong with them. They will ask "questions where the answer is there if you look for it and they just

haven't looked for it. I would rather have all the information I can get first and then ask questions. I do that with everything in my life." I have been doing it with supervision. I am constantly "trying to figure things out from all these different sources and basically doing my research." I am "just trying to find as much information as I can on my own. I don't want to be asking questions I can find myself." I think Dr. Kellogg "expects people to be more nervous and just goes along with it. She has never said anything" about this anxiety, but I think she must see it. "I don't think it is that big of a problem because I do deal with my stuff, I do keep things in check and not let things incapacitate me." If she is not saying anything, it must not be that big of a problem. This issue of being able to interject more and assert myself with my clients keeps coming up. "I don't want to be rude and interrupt people. It is also hard for me to be confrontational because it may be more my perception, not necessarily the truth because it is up to them. Maybe to them that isn't something that they see as an issue, so who am I to say, 'Hey I hear you are doing this, but you are saying something different.' Also I think that the level that I'm at now as a developing counselor is more difficult just because everything seems awkward. I definitely lack confidence to be able to do this."

I feel like I have to apologize to Dr. Kellogg for not being able to do this well with my clients. I keep telling her that it "was my upbringing that you have to be polite, you should be considerate of other people, and you don't ever interrupt." I agree with her and "I know I need to do this," but I don't want to be rude. To me, being rude is hurtful. "I don't want to hurt somebody, I don't want to hurt their feelings." Dr. Kellogg keeps telling me "it's something you need to work on and it'll come" with time. She wants me to build my confidence enough to be able to actually say the things that are going through

my head. It is really hard for me when she sees my lack of confidence and talks about it with me. My lack of confidence has been an issue for me “for a very long time.” It makes me always think of “personal relationships because people say things like ‘guys like a girl that is really confident.’ So I think, ‘Fuck you, I’m not confident! Sorry, I guess you don’t like me.’” So whenever my lack of confidence comes up in supervision I am thinking, “Oh god, I’m going to cry.” I just want to hide myself from it and not talk about it in this setting.

This is why I have been going to my own counselling. Some of the things that have come up in supervision “I thought about and it got to me afterwards.” It is helpful “to talk to my counselor about it and she would be give me different a perspective, such as, ‘What if this was Dr. Kellogg’s intention behind this?’” I know that I cannot talk about these concerns directly with Dr. Kellogg, so it is helpful to have some outlet. “I share with my counselor what I am not going to share with my supervisor that I don’t really know.” I don’t feel like supervision is a safe place to talk about how much some of these things hurt.

There are times where I start to believe in myself somewhat. I start to think, “I got this, I am good at this.” But I never want to be a person that thinks, “I am awesome, I’m great,” when other people are thinking, “You are not that great.” There is constantly this message running through my head saying, “You might not be as great as much as you think you are.” “Especially if I am in a depressed place thinking, ‘What does it matter what I think about myself when everyone else hates me.’” I worry all the time that this is what others are really thinking of me. Every time I start to think things are going well and I am doing ok “something kicks my legs out from under me and then it is like,

‘Yeah why was I thinking that, I fucking suck.’” “I always hate being put on the spot” and I feel this way a lot in supervision with Dr. Kellogg. I try to get her to tell me what she thinks I did well. I hate it when she asks me open ended questions like, “‘What do you think you did well?’ There are things I think I do well, but then my mind goes blank and all I can force out of myself is, ‘Umm I don’t know.’ I feel like I lose some brain cells when I talk to her in supervision and I feel less articulate,” like I can’t even get my true thoughts out because I’m so worried about saying the right thing. I’m so worried about proving I belong here. “I don’t like looking a complete idiot” and I especially do not want to appear that way in supervision. She is grading me and that puts even more pressure on. She is “in a place of power where she can make or break me.” Make or break my career. People in a position of power like this “can fuck with your life” and they have fucked with my life in the past. I could end up having to have an entirely different career path and life if I say the wrong thing. I know with people in general I am often “just being cautious” about the things I am saying or doing, but it feels even more intense in this situation with Dr. Kellogg because there is so much on the line. “I worked my ass to get here and went through a lot of shit to get here.”

Anticipated Future

All of these struggles actually got *a lot better* as the semester has progressed. “I am not a very confident kind of a person” and that has really been present throughout this process. But at the same time “with the positive feedback that I got I did feel better like, ‘Yeah, I am good at this, I do have skill and I do have that ability it does come naturally.’” Dr. Kellogg pointed that out—my natural way of being does fit with being a counselor. When I’ve gotten feedback about skills I am using I have realized it is

“something that I do naturally. That has been not appreciated in my real life.” I have been able to be open about my experiences in the real world being straightforward, direct, and open with people and how others reacted to me negatively. This way of being has been “definitely appreciated and useful in counseling. My self-supervision was pretty on point with what they were giving me. The things that I was thinking in my head like, ‘Oh! Gosh, I should have done this, I should have done that or why do you say that?’” These were the same things supervisors were saying on the tapes of my sessions when giving me feedback.

Dr. Kellogg has been easy for me to read and I know where she is coming from. Although there have been things she has said to me that I didn’t like and that hurt me, I am glad they didn’t come up too frequently. She has been there for me and I know “it can’t be all the time” with the size of the class. I always knew there were *two* doctoral supervisors “that we could go to if we needed to.” Dr. Kellogg often “joked that I could always find her if she wasn’t around. If I wanted to find her, I found her and she was always willing to talk to you about things or answer questions. I have been able to talk to her about my concerns and share things in supervision. She was open and understanding and supportive.”

“It’s hard with the class seeming so short” in a weekend format. I wish I could have more time to build my relationship more with Dr. Kellogg. It “would be nice to be able to get to know her better and her to get to know me better” because I like her, but I know that I am still somewhat uncomfortable with her. I don’t think our relationship has been able to grow in the way I have wanted it to.

I know there are some positive things I can believe about myself. “I am empathetic, I am really good picking up on feelings and reading people. There are the natural things that I do in talking to people like expressing anything direct and using ‘I’ statements. Those are things that I can appreciate in myself and that I can use in being a counselor. I finally have somewhere where I can do these things that I have been shit on for doing in my personal life. I know that I have a lot to learn still and a lot to practice, but that’s the point of what I am doing right now is learning, practising, getting better and honing those skills. I know that I am not always confident, but I guess I have slightly more confidence in my ability. Doing well in the classes where I am actually doing counselling has given me a little bit more assurance and I am actually getting good feedback that I am doing a good job. I just have to keep trying to build up that confidence that I know what I am doing, listening to my instinct, listening to what is going on in there and trying not to question myself as much as I have.”

There are some things I struggled with when it comes to supervision. “I always feel a little nervous with new people and when it is professors who are grading you it can be more anxiety provoking. I had a lot of worry that I would look stupid or that they may think I shouldn’t be a counselor. The short format of the class also makes it more difficult to get to know people because it seems so quick.” This made it hard to develop the relationship I wanted with Dr. Kellogg. “She helped to make me feel more comfortable in approaching her to ask questions, ask for advice, or clarification. She seemed to be a genuine, empathetic, and nice person so made it an easier experience getting to know her and feel more comfortable as the semester went on. She has a good sense of humor as well, which always helps me to connect with people.” I know that I

am will have to have other supervisors in the future. “I think I would be open to learning from them and hope to have a good relationship. However, it would take a little while in the beginning to feel comfortable with the supervisor until I get to know them better. I have had so many negative experiences with past supervisors and that makes me a little leery at first until I see what they are like.”

I have heard so many positive messages about myself throughout this course. Dr. Kellogg, the doc students, and my peers were “giving me all these nice things and telling me all these nice things and it is just me having a hard time hanging on to it and not discounting it. So it is something that I worked hard on in myself. I want to continue to not discount what they said but hang on to it, not let myself talk it down.” I want to continue to work on this in my own counseling. I want to really believe it, to really know that it can be true. I passed the class and got the grade that was so important to me. Maybe I’m not crazy. Maybe I’m not an imposter. Just maybe.

Jennifer

Background and Demographic Information

Jennifer is a white female who is 30 years old. She is in the second year of her counseling program. She completed her practicum course in a typical 16 week format. Based on her RSQ results, Jennifer was categorized as a representative of the preoccupied attachment style. Jennifer had a female supervisor who was the instructor of the practicum course.

Past

During class today, we started counseling role plays with other students in the class. I was videotaped for the very first time, which was a very anxiety provoking

situation because I do not want to be seen as an ineffective counselor. I don't really believe in myself. I do not want others to know that I question myself and my ability to be a counselor. I was so nervous to do this, as it is all so new and so scary to feel the judgment of another peer. This is the worst part because I was paired with John. Throughout the program, John has always presented as arrogant and condescending, especially to females. It is the worst possible outcome to be paired with John and have to experience his pompous attitude when I'm just trying to learn and grow. He completely deflated the hope that I have for becoming a counselor and learning to trust myself. The first thing he said when starting my session was, "I wish you had a couch in here because I'd rather just sit down and take a nap than have this session with you."

My anxiety shot through the roof after he said that. I didn't want to show it because I didn't want to give him more ammo to judge me with. I had to protect myself from him. I didn't know how to respond, but I tried to just continue to be the nice person that I am. But the whole time all I could think about was how much he was judging me. I have enough of a hard time believing in myself without having to deal with people like him. I have to keep moving forward and become a counselor, but I don't know how I will do that now. I don't know if I will ever make it through. I don't know if I'm cut out for this.

I made it through the semester. Somehow I was able to do it. I couldn't have done it without the help of Professor Jones, who helped me work through the issues I was having with John. Dr. Jones and I spoke many times throughout the semester and she tried to help me see that I am going to be ok and to not take John's attacks personally. I think that it has helped alleviate some of my fears, knowing that the faculty still support

me and care about me. It has been a really difficult semester, but I think I am ready to move forward.

Practicum Experience

Two days until I start practicum. I am having so many mixed emotions right now. Part of me feels terrified. All those old self-doubts and criticisms are coming back again. I am starting to question again whether or not I can do this. I know I have the tools to be successful; however, I ask myself “can I be a counselor. I keep saying to myself, ‘Oh my gosh! I finally am going to do this. Can I do this? This is really scary, I’ve never really done this before.’” I am “going to be working with real world clients and this is terrifying to me because a lot of the experience I had was with either made up or exaggerated scenarios for the purpose of practice.” I don’t know what to expect. “In the classroom, for the most part, I’ve already had relationships with these people because it’s a relatively small program. So I’m in a lot of the same classes with the same people. And so applying that to practicum, and creating the relationship from ground zero is scary, whereas in practice with students I’ve already had that relationship built.” On the other hand, I am also feeling a sense of excitement about starting practicum. “It is really exciting to finally approach that light at the end of the tunnel that I’ve been working so hard to get to. Right now, there are a lot of emotions involved, a lot of anxiety, a lot of excitement and self-doubt.”

It is going to be such a quick jump from being a student in a classroom to actually seeing clients. I am only going to have a couple of days to prepare myself after having just finished summer classes today. “I don’t really have a lot of time to sit with those

emotions.” I don’t have a lot of time to process what I am feeling, and it feels so quick and I don’t know if I am prepared. “Maybe I should seek out my own counselor to have a session before I jump into all of this.”

Today was the first day of practicum. My anxiety is of course still very high. “We did talk about it a little bit” as a class and I learned that I am not the only one feeling this way. “Everyone was anxious, but everyone was feeling very supported and everyone was excited.” I guess I am excited too. We all did a sand tray exercise to explore our emotions. “It was really helpful to do that activity, but I think for me, individually I could have used a little bit more, maybe.” The sand tray made me get the sense that Dr. Anderson was asking “what can we do to support you in this? How can we help alleviate some of that anxiety? However, that being said, this was not a group therapy, this is practicum.” This is another reason why I am thinking I should go see my therapist because I don’t want to make practicum about my personal issues. It is all moving so fast and I don’t know if I will have time to go see her. I know that “this anxiety is a little silly, but it’s normal to feel this way. I know that I have a high level of anxiety and I don’t take care of it.” Maybe I should. “I am just wanting to learn as much as I can and take in as much as I can and apply the feedback and criticism and praise where it needs to be applied. Yet I can’t keep myself from thinking of my fear of failure and not passing practicum.”

I am glad that I have Dr. Anderson as my supervisor. “I’ve had a good relationship with her before practicum started because I had her as a professor several other times.” It helps me feel a little more comfortable because she and I have gotten along well together in these previous classes.

I am noticing that I am feeling more confident at the on-site clinic than I am at the off-site clinic where I have to conduct group therapy sessions. “I think this is because school is such a nurturing, educational, supportive environment, whereas the other site does not feel as supportive and educational. My needs feel fostered more at school. I get a lot more feedback here at the clinic and so I often feel more confident when I am here seeing clients versus when I am facilitating a group at my site because I don’t get as much feedback there.”

I am so sick of people telling me that I am too nice. When did it become such a bad thing to be too nice of a person? Do we now live in a world where it is better to treat others with disrespect? People have told me this throughout my life and it gets old. I especially have a hard time hearing this from Dr. Anderson because I don’t know how to turn this part of myself off when I am being a counselor. I am just trying to be me and it bothers me that part of me feels like it is not good enough to be a counselor. The feedback is getting harder. “I am very nice, a very nice person and my biggest struggle so far has been with interacting and redirecting and sort of challenging my clients.” My supervisor keeps giving me this feedback. She keeps saying to be “more assertive as a counselor.” She told me that my “client sees me as a granddaughter figure. I don’t know how to filter that professionally and channel this power that I have as the counselor in the room, when I’ve never been in a position of power. I don’t know how to be a powerful person. It’s my biggest challenge, learning how to speak up, learning how to interact and redirect clients when they kind of like go off on a tangent and bringing them back to the here and now.” It’s so hard to be able to do this, and it causes me so much anxiety to keep hearing this from Dr. Anderson. It’s such a challenge because “with one of my

clients specifically if I didn't ever speak up, this client would talk this entire time and we will get nowhere. I've been taught for so long that you don't interrupt people, you wait for them to finish what they are saying." I don't want to be rude and I don't want to have to change who I am.

"As I've gained confidence, I am not worried about" my fear of failure anymore. I've had to deal with these fears in order to make it through. It's been really helpful to get "support from my peers and other friends that I have in the program who aren't in the same practicum section as I am." I've been able to seek support from them and it's been really helpful just talking about it with others who are going through the same thing. "I knew that in time my anxiety would pass as I became more confident, but in the moment I was at that place and time there wasn't really anything that I could have done to diminish that fear." I have not really talked to Dr. Anderson much about these issues because I don't think I've had to due to the support I get from my peers.

I have been able to talk to Dr. Anderson about what to do with my client that I am struggling with. It was the first client I ever had and it has been difficult to figure out what I am doing. For "three weeks of supervision it was always kind of like, 'Help, like I don't have the skills for this, I don't know what to do with this, its way too intense for me.'" It feels safe to be able to talk to her about what to do next with my client because I value her feedback around these issues and trust her experience. Dr. Anderson "did a really great job of reassuring me that I do have these skills" to be a counselor. "I know I need to work on my ability to speak up and redirecting and interrupting my clients" but this continues to be a challenge. It is very difficult to hear this feedback and I feel that I have to change who I am as a person in order to be an effective counselor. I know that

Dr. Anderson is right about this, but I just don't know if I am able to make this switch. She keeps telling me, "This is not as difficult as you're imagining it to be and making it out to be. You really need to trust yourself."

I am glad I have Dr. Anderson because "if I need to work on something, I want to know that I need to work on something. I don't want a supervisor to talk in circles around something I need to work on because they don't hurt my feelings like that direct feedback increases. Dr. Anderson is very direct and very succinct and there is no sugar coating anything; it's just like whatever comes out of her mouth is what comes out her mouth, and it's good for me to have that matter-of-fact feedback." Her way of giving feedback "makes me more confident because I know if she is giving me feedback, whether it's positive or negative. It's legit feedback, it's not someone just being nice and patting me on the shoulder. It really helps elevate that fear of failure for me because if I were in a position where I was just a really crappy practicum counselor she would tell me right away and then I would be more afraid. But that's never happened for me, so it helped alleviate that fear a lot more quickly."

I did seek out Dr. Anderson to have "a quick conversation in passing before my next client was here in five minutes." Her comments about being too nice continued to bother me and I wanted get more concrete feedback about what I need to do differently. I told her that this is "my personality, I can't change that about myself. So what specifically am I doing or not doing that isn't working for me as a counselor?" Once she explained that being more assertive meant only as a counselor and I didn't need to change my whole personality, I understood better what she meant. However, "I don't know if I will call it resolved—my assertiveness is something I'm still working on. I know that

she'll give me feedback about it in the future. She'll continue to provide feedback about it if it continues to pop up." I know that it will continue to pop up because it is so hard to change and it is so confusing about who I am supposed to be. Is my counselor self and my personal self separate or are they one in the same?

My practicum experience continues to progress and my comfort level is growing. In terms of my comfort level receiving guidance from Dr. Anderson, "on a scale from one to ten, it's a ten. I trust her, I look up to her, I value her feedback." However, I have noticed I am more apprehensive with her about some things. Since she is so direct in her feedback, I do have some reservations about being completely open with her about my emotions. If "I were ever extremely emotional or upset or crying, I would not go to her for comfort because I know that she's going to be like 'You'll be fine, get over it, wipe your tears and move on.' And maybe that's not what I need in the moment if I'm extremely emotionally distraught." I feel much more guarded with her about sharing my emotions because I experience her as somewhat of a cold person. I think I would need something much different than what she would provide me if I were to go to her with difficult emotions. I think I would need someone that is more empathetic to what I am experiencing and would validate my emotions rather than someone who would tell me to get over it.

Even though I do feel more confident overall, I continue to struggle with my one client. I don't know if I am being effective with him. Dr. Anderson has not told me that I am being a bad counselor, but I doubt myself at times. I am just not sure if I am being effective with him. I am not sure if what I am doing is producing any change. I feel like every week is a repetition of the previous week, almost as if we are a car stuck in the mud

and we just keep spinning our wheels, like my wheels are spinning and I can't get any traction. This is so unfamiliar to me and I don't know where to go next or how to break this pattern with the client. I'm trapped.

We are still stuck "and I don't know where to go or why we were stuck." Dr. Anderson "pulled me aside and had like a really informal one-on-one and brought up a connection she saw between me working with this client in particular" and John from the Techniques class in 2015. My current client is an "older male who is essentially micro aggressing me because I'm a young female and he has very strong opinions about females. Even though he is referring to me as the expert in the room, he is still much more knowledgeable than me about life in general, and he makes that clear every single session." This is the same pattern that played out with John last year. John constantly tried to make it clear that he was better than I, and I won't ever forget what he said to me: "I wish you had a couch in here because I'd rather just sit down and take a nap than have this session with you." When Dr. Anderson made the connection between John and my current client, it really hit me. I felt like my life was over. "It immediately deflated me. Dr. Anderson said, 'You need to challenge yourself and you need to challenge your client more. You are not stepping outside of your comfort zone. You've been put down so many times and consistently by these two men.'" I was dumbfounded and didn't know how to respond. It was as if I were frozen and couldn't move externally yet at the same time the pressure and anger and fear was all building internally. "I became physically ill. She's saying I'm not good enough and that's hard to hear. My biggest fear is not being an effective counselor. She was essentially saying, 'You're not being an effective counselor.' It really hit me and it hurt. You can't cut me any deeper than that."

“She doesn’t really know the whole story” about John. “She wasn’t my professor at that time.” I know she knows about what happened between John and me because Dr. Jones told her, but she wasn’t there, she doesn’t know how I handled it in the past. And now she is accusing me “that I didn’t address that issue when it was happening for me.” She had the nerve to say to me, ““You maybe should have done this differently and you wouldn’t have had this issue. That’s why you’re stuck now because you never addressed this issue and you should have brought it to Dr. Jones’ attention more.”” Once she said this I immediately became defensive and I felt like she was attacking me. Throughout the semester, “she has been hyper-attentive to me with this specific client.” I didn’t say how I really felt but just listened to what she had to say. I was thinking, “Well, lady, where do you get off saying that these two events are the same and how are you connecting these?” But all I could do in the moment is be very agreeable with her and all I could say is, “You’re right. I never put that together.” The whole time I didn’t “know if I was going to throw up or if I was going to cry. I was defensive and I was mad and I didn’t address it. She gave me the space for it and I didn’t address it. I think she saw how upset I was, so she kind of eased up a little bit. By the time it was visible to her, it was already 10 times that for me internally.”

“So I shut it all down to protect myself until I was in a safer environment.” I left campus feeling so overwhelmed. I had to keep it all in until I left the building. Once I got in the car I began to cry. “I was trying to rationalize it at that point.” Telling myself, “Slow down. Take a step back.” I started reaching out for help. I called my two friends in the program. “They both know my supervisor and have had the same experience of her that I’m having.” I called my counselor on the way who I have not seen since last

year. I left a message telling her, “I’m having some countertransference issues and I need to talk to you about it.” I hope I hear back from her soon because I really need her help with this. I have been doing fine the past year, but now I don’t know if I can handle this without her support.

I am so mad and hurt by Dr. Anderson. “My ego is bruised.” I have to sit with my biggest fear that I am not an effective counselor. I have to work through this in order to get better, in order to be the counselor that I want to be. It’s so hard to hear that I’m not being effective, so I have to learn to speak up for myself if I am ever going to make it in this field.

Luckily, I was able to get in and see my counselor. It was so helpful to get all of my feelings out about what has been happening. She always has been able to ground me and help me see things clearly. I was able to see how everything that has happened relates to issues from the past I haven’t dealt with. I was able to admit to her that “I’m not seeing it myself” and I need support in seeing it clearly.

Even though I am hurt by what she said and mad by the way she said it, I know now that Dr. Anderson is right. After addressing it in counseling I was able to see that “my perception of her didn’t change because I have a good relationship with her and I know she’s direct. I do value her opinion and I trust her judgment. It was more of personal reaction, I’m mad at you and my feelings are hurt, but I’ll get over it.”

I have a few more days until I have to go back to supervision and face Dr. Anderson. Thankfully, it will be triadic supervision and since our class only has five students, it has basically turned into group supervision with the whole class present. “So by having everyone there it will be a little safer. My peers can serve as a buffer and the

feedback she will give won't be as direct, it will be more indirect for everyone in the group.”

I had to face Dr. Anderson again today after such a difficult week last week. “I think I was still protecting myself a little bit. My feelings were still a little hurt.” It's hard to get over it when it's “my biggest fear that she pointed out plainly in front of me and said, ‘You're not good enough.’ Essentially that's how I interpreted it was, ‘You're not good enough. You're not being effective.’” As a result, my approach to triadic supervision was that “I didn't want to re-traumatize myself. I'm ready for this week, but I'm not ready to bring that up again because I'm still working on it. I know I'm not going to talk to my counselor one time and this problem is going to be fixed. This is something I need to continue to work on. Thank you for bringing it up. That was really shitty. I'm not ready to talk about it because I haven't sorted it all out. I've only sorted it out as far as what I need for today.” It was such a relief to have everyone else there so I didn't have to confront the issue directly with her. The specifics of what happened between her and I and the difficult thoughts and emotions I've been having all week didn't have to come out. I was able to manage facing her and do what I needed to today for my clients.

I am so thankful I didn't have to bring it up with her or meet with her one on one. I know that if I did have to dig deeper into it with her that “what I think I would have gotten was an apology. I don't need an apology. I need to work on the shit that she brought up. I don't feel it important or necessary for me to address her about it.” I can continue to go on with what I am doing and working it out with my counselor and she never has to know how I felt.

As a result of everything that has happened and working on myself in counseling, I am learning to be more forthright with my client. “I brought up those microaggressions and pointed out to him, ‘I don’t know if you realize you’re saying this, but every session you are very demeaning and you put me down and it’s very subtly.’” I knew the client wasn’t doing this intentionally, but I finally had to do something about it. I finally had to say something and assert myself. Once I addressed this with him we have been “able to move past it and make more progress in our relationship. Then outside of our relationship, the things he was doing in his life and his outside relationships were changing as well.” I am finally beginning to feel like I truly am being an effective counselor. This has been such a difficult client and we were stuck all semester, but now we are getting somewhere.

“Our last few sessions together were the best sessions that we had all semester long.” This is such a relieving feeling. I know that I am now handling the situation with the client effectively and I am growing as a counselor. It is such a rewarding feel to know that I am being effective.

Anticipated Future

Well, the most trying and emotionally draining semester of my life is over. All I can say is that I am grateful for the experience despite the challenge. Looking back on the challenges, especially with my supervisor, I see things a little bit differently. “I’ll be forever grateful to Dr. Anderson for bringing that up to me because of how it then changed my relationship with my client and my opinion of my effectiveness and my effectiveness in general. I wish that it would have happened sooner so I could’ve addressed it sooner, but I’m also a big believer in things happen when they need to

happen.” I was given the perfect client that would make me face my past. I was given a supervisor that was direct enough and honest enough to be able to point the issues out to me. “I appreciate her even more because not everyone would’ve stepped up and said something like that.” The personal feedback she gave was “imperative to my growth as a student. My experience of it was that it was hurtful. It can be difficult to hear but once I processed it and took out my immediate emotional reaction to it, there is a lot of benefit in it.”

I don’t know how I would’ve handled it without my counselor. I don’t know if it would have ever been addressed because “one on one I am a little more guarded because I’m sensitive to her feedback. I’m sensitive to her communication style.” I needed my counselor because I could have never gone to Dr. Anderson and been emotionally vulnerable because I feared how she would respond. I know that “I never sought her out for that. I don’t know if I ever gave her that opportunity. If I would have approached her about it, I know that she would have been able to address it with me. But, I don’t know if she would have been able to do it in the way that I needed her to because of her directness and my sensitivity, emotionally.”

On the last day of the semester, “I thanked her for bringing that up. I told her, ‘I was really glad that you did because I wasn’t seeing that and it’s something that I’m apparently still struggling with. I need to work through that.’” She told me that things happen when they need to. I know now that when I reacted to her feedback I wasn’t “dealing with it in the healthiest way.” I know that with the help of my counselor I can “respond to future situations better and with an open mind.”

“I’m a lot more comfortable in my role as a counselor. I just feel more comfortable in my skin in my role as a student counselor intern.” I know that I didn’t make changes for my clients directly, but I was able to facilitate their change. I was able to help them to start making changes toward the goals they set for themselves. I know now that I can go to my supervisor for answers that I don’t have to extensively research something before seeking support. Before, I believed “I’ve got to have all my ducks in a row and I need to be prepared before I go to her. And now I’m like, ‘I’m stuck, help me.’ By practicing my assertiveness I discovered this is as much about the clients as it is about my own learning experience. So I don’t have to have everything I need to go to her with a question. The question is all I need. I’m not going to have all the answers and that’s ok.” I know that I have changed and am more comfortable approaching a supervisor now. Dr. Anderson was always consistent in her approach, but I have learned to be more comfortable with myself. I no longer “doubt my judgment or my knowledge or my ability to be to be effective.” I’ve learned that I need to be more assertive, not just as a counselor but as a person.

Ellen

Background and Demographic Information

Ellen is a 27-year-old white female who is in the second year of her counseling program. She experienced a traumatic event in her youth that had a significant impact on her experiences in practicum. She completed her practicum course in a typical 16 week format. Based on her RSQ results, Ellen was categorized as a representative of the dismissing attachment style. Ellen had a male supervisor who was the instructor of the practicum course.

Past

Something horrific has happened to me. It is so traumatic that I don't even want to write the words on paper because then it will make it real. I don't want it to be real. I don't want to believe that it actually happened. I have to keep it to myself, go on with my life, pretend it didn't happen, and never tell anyone. I have to keep myself safe.

Practicum Experience

It is coming to the time of the pivotal moment of my counseling program where I have to take the practicum course. At least they tell us how pivotal it is. "My perspective on it is that we're going to arrive there and it's going to be shitty and it's going to be awesome and so why get worked up about it beforehand." My cohort is so annoying. They are "extremely neurotic" to the point that it's "obnoxious." "And so I've tried to distance myself from that. And so I just don't really want to dwell on it before it even starts. I don't really want to think about it beforehand so I do not have that anxiety and that worry. It just seems like a waste of energy to be concerned about something when you have no idea what it's really going to look like." I have heard so many different things about what practicum will be like—"that it's scary and it's exciting and it's wonderful and it's the worst thing ever." It's hard to know which of these is true, "so I'm just not going to play that game."

I started practicum today and I have a well-established and experienced professor, Dr. Smith, who will be supervisor. I have not had class with him before, but he seems like a fairly nice guy that I might be able to get along with. On the other hand, I will likely keep my distance because "everything is temporary and this is not a forever relationship. This is just my outlook on relationships in general. I don't go into them

expecting them to be eternal.” I know that I will likely keep my distance from him. “I feel like, ‘Why do you deserve to know me. You should earn it.’ Even with instructors, I am going to test you first. I’m going to feel this out, watch from the wings a little bit and be kind of robotic. I am going to see if you’re somebody that’s worth my time and if you are going to put any energy into actually know me.” We will see if he is able to pass the test.

When going into practicum, just like most situations in my life, “it is important to me that I am perceived as put together, that I can speak coherently and I am well-traveled. I can’t be crazy” or perceived that way. It is “a pretty common theme in my life that when I enter something it’s important that at least I am perceived as perfect. I know that I’m not, but they don’t need to know yet and then they can earn that right” if they play their cards right.

I got my first client and completed their intake today. I knew right away that this client was going to be a massive problem because her history is the same as mine. She has experienced the same trauma that I have experienced in my past. All I am feeling is “absolute fear because we have shared this” experience. I am scared that “I am going to fuck her up. I am going to be too hard, be too easy, talk about it too much, not talk about it at all. I am just going to mess up.” “I know that I have to talk to Dr. Smith about it and tell him and get his feedback.” I don’t want to do this, I can’t. I’ve been “spending so many years keeping this a secret,” I can’t let it out now. On the other hand, I will “explode if I don’t tell him. It’s going to be a problem if I don’t say something.” Not only have I never told anyone about my past, but I’m supposed to be a counselor. We are supposed to “fix other people’s problems and we aren’t supposed to have any.” How can

I go to Dr. Smith and basically say, “I was fucked up like that girl in there and I need you to tell me whether that’s okay or not.”

“I know that if I hadn’t have said anything, if Dr. Smith had no idea that I had any sort of experience with what my client is going through, I would feel like I was lying. I would feel like I was being deceitful. It was scary,” but it had to be done. I couldn’t go through the whole semester lying to Dr. Smith, lying to my client, and lying to myself. It was terrifying to tell him because “I was like a deer in the headlights.” I made my disclosure to him and was asking myself, “What are you going to do? What’s going to happen right now? I just said this is my experience with this and I’m telling you this so that you can watch me very carefully and make sure that I’m not being too easy on her because of this or pushing too hard.” I told him that you “need to watch me in this” because I don’t want to do anything to damage her. Dr. Smith “was very, very understanding and extremely appreciative that I told him. He told me, ‘You didn’t have to disclose that to me and I’m so proud of you for doing that and that must have been very scary and uncomfortable.’ After that I felt just immense relief.” At the same time I am still scared as hell because I have no idea how I am going to handle myself with this client week in and week out for the next three months.

I saw the client again and then met with Dr. Smith right after the session. “I couldn’t even really speak. I felt so lost on what to do with this client. I said, ‘I don’t think I can do this.’ I feel like we spent the entire hour with Dr. Smith counseling me. I know I wasn’t being receptive” to him, but it felt like counseling. “I was paralyzed, I remember not being able to speak. I was on the verge of tears. I didn’t cry, which felt like I had done one thing right at least. Dr. Smith cried, but I was just silent.” I was

caught off guard to see him cry and be emotionally vulnerable with me. I am not used to something like that, especially with a professor. With “all these walls I had up, he just kept on, he was treating me like a client because I was behaving like a client.” By the end of the session, he said, ““You know Ellen, we can’t spend 50 minutes with me being your counselor.”” He said he has three roles to me: counselor, teacher, and consultant. He said he can’t spend all of our time just serving one of these roles. All I could think was, “Fuck you buddy! Don’t tell me that right now. Don’t tell me how messed up I am. I know!” But I knew that he was right and that I couldn’t rely on him to be my counselor. I will call someone next week to get into therapy. I know that I need to deal with this.

Dr. Smith has been very accommodating “since I told him that I wanted additional support surrounding the client” that is difficult for me. “He let me move my supervision time, so it’s before my session with the client. It’s like he is allowing me to design my world in the practicum in a way that I feel I can be more effective.” I feel like I need “my supervision now before that client, because I need a pep talk” to get me ready to see her. When I think about making the disclosure to him now “I felt it was scary going into it and it was scary doing it and I don’t regret it for a second. I don’t feel like I need a second opinion on how he has handled the situation. I really trust his judgments.”

It is such an intense and draining process to meet with this client. Dr. Smith has been helping me to keep it together and navigate through the process. “It definitely has caused me to be more cognizant of all of my behaviors. I just don’t have to watch myself as closely with other clients. I have this connection to her in my mind, at least. I feel like I spent a lot of the week priming myself for this one hour on Saturday mornings. And it’s

not like I'm not planning what's going to happen in session. It's not like I'm like deciding all the things that we're going to talk about, because it's up to her, it's really weird, I have to prepare myself to be emotionally vulnerable so that she can also be emotionally vulnerable which is a horrible experience—it's just horrible.”

I think my preparation is working because we had a great session this week and it feels like such a high. I believe I am actually making a difference for her and that I can actually do this counseling thing. Even though we are not talking about the major core issue, I think we are getting closer to uncovering it and having her be honest about what happened to her. Since it is the same thing that happened to me, I keep wondering if I should self-disclose. I wonder if that is ok to do. I have been told so many times throughout this program that it is not a good idea, so I just shut myself down every time I get the impulse to tell her about me. Even though I think it is what my client needs, I have to shut myself down because it is not allowed.

My client no-showed today and didn't call to cancel. Last week we “had a really intense, just a really incredible session and the next week she doesn't come.” I don't understand what happened. I don't understand what went wrong. “I took it personally when she didn't show up and I had to call her. She said she was sick. I didn't know that that would have affected me like it did, because I've waited all week to have this moment and time with her and she wasn't there and it felt like a failure on my part.” I went to Dr. Smith and told him how I was feeling and reacting to her not showing.

When he saw the hurt and disappointment I was experiencing when I found out she was not coming, Dr. Smith went above and beyond for me. “He saw that I needed to talk about this” and he gave me an additional hour of supervision instead of my normal

one hour. This was “not something that he by any means owed me” and I feel grateful that he puts in the extra time and effort to show me that he is here for me. My emotions “were validated as normal and Dr. Smith helped me come to terms with the fact that this is not the last time this is going to happen. He said, ‘When a client doesn’t show up, it’s not on you, it’s on them. Clients don’t leave because you do something wrong; they leave because you do something right, like you’re supposed to get the clients out of the door, you’re supposed to move them onto the next step and this is going to happen.’”

Even though Dr. Smith was there to support me through this, I am devastated by the fact that I was on such a high last week after a great session, then I spend all this emotional energy all week like trying to prepare for the intensity of seeing her and all that it triggers in me, and she doesn’t show. I wonder what I did wrong and how I am going to move forward with her. This is so emotionally draining and I don’t know how much more I can take. “I feel like I am lying to her because I am not telling her even though I know that there are reasons for her sake” not to ever self-disclosure this to her. “I still feel like there is this huge thing that is being talked around” and it doesn’t feel right. I wish it didn’t impact me so much to see her. I wish I didn’t have to face this every week.

It was another exhausting week. I spent the whole week worrying whether or not she was going to come back. “I couldn’t decide if I was angry with her for not showing up or me for the last session, maybe I pushed her, maybe I didn’t push her hard enough. If I had done something right she will be here, it’s my fault somehow, I was just angry at myself. And then I was angry at myself for being angry at myself, it’s just stupid. All week I felt like I was failing at this” and it is so exhausting.

After all that worry and anger all week, my client did come back. Maybe I wasn't the horrible failure I was making myself out to be. But now I am facing another challenge. Dr. Smith has had us do a process journal about our experiences each week. He emailed earlier today and said, "There is no journal due for you guys this week, go and do something for yourself." He said that he was having a really hard week himself and couldn't send us the prompt. "So I'm sitting here and thinking, 'The journal was what I do for myself!' I really, really need to write stuff down to get it out of my head." At the same time it made me see that there are "moments when he needs to check out for a second. It made me see him as more human" who has his own life going on and that he is not just my supervisor. He has been there for me throughout this process and I see that he has to take care of himself too. I have come to rely on him and his feedback and support and I wonder if I need to find other ways to cope with this emotional roller coaster. I have my counselor but "I really don't like her very much. It's good for me, but I would a million times out of a million times go to Dr. Smith over my counselor."

I had my midterm evaluation with Dr. Smith this week. "He asked that I be more open." Not just with him, but especially with my peers and being able to be honest with them. He said, "I think you are doing great with the cognitive stuff. You've got excellent focus on connecting themes and patterns. But where are you? Why isn't the person that I see being human not in there with that client?" He wants me to be the self that is more genuine and able to joke with him and be real. But I start to think, "Well, that's not what were supposed to do. We have to draw that line. We have our fun awesome self that is really engaging and really invested and really cares. Then we have the counselor self." These two selves are different. "With the individuals in my

practicum that I'm less close with and really care less for, I will give them feedback, but I'm not super invested in it because I just don't really care. The people that are important to me, I want to help improve and it's not that I don't want to help these other people improve, but it's just less of a priority. So I think I'm struggling with that." Dr. Smith pointed this out to me and I agree with him even though I don't want to agree. I have enough of my own shit to deal with and it makes it hard to be open with people, especially if I don't care about them personally. He really challenged me by saying "that I needed to be more myself."

After getting this feedback and thinking about it more, I realized that even my relationship with Dr. Smith has been somewhat detached. He's been there and he's supported me and I've revealed my deepest secret to him, but there are still barriers between us. I keep questioning the relationship thinking, "How close are we allowed to get, how close we supposed to get?" How honest are we allowed to be with one another? I think I am doing a lot of tip-toeing around just because when you are getting used to somebody all of those niceties and weird social mannerisms exist in the relationship. These seem unnecessary once you've become close with someone" and he is challenging me to overcome this. He is pushing me to be more real with him and with everyone. I hate to admit it to myself, but he is right. I need to be real.

Dr. Smith wasn't here this week. "He had to go to a conference, and so he was gone for the weekend and I hadn't noticed up to this point that I need him. I've realized that now that he was inaccessible for the week, I have created this unhealthy attachment. I depend too much on that one hour of supervision. Having it proven to me how much I

depend on him is very scary because I am fiercely independent and so there is this kind of horror” to know that I need someone else, that I have to depend on them.

“I only saw it because he was gone and I was like, ‘What do I do? Who do I yell at right now? How do get that release?’ He’s been watching all the sessions and he knows the story. It feels like he is the only other person that I can trust to give me authentic answers or to give me an honest look at what’s happening and he knows me at least pretty well. I feel like being able to vent or being able to have our supervision was like a recharge. It reminds me that this is doable and it may suck a lot, but at least it is not all pent up.”

I still don’t know what to do with my client. I don’t know how to handle all these feelings. “It still feels like this weight that I am carrying because every time I walk into session with her, I know what she needs to talk about and I can’t get her to talk about it. We just kept going around in circles and circles, and the circles would get concentrically shallower and closer and then we will veer way the fuck out. It is so frustrating. When we get closer I get really excited especially because I don’t have to burden her with my own history in order to make it happen. I feel at this point that self-disclosure is something that our professors have told us was almost 100% no, you can’t do it.” They have always said self-disclosure should be used “very rarely, you have to be calling in like all of the last resorts” before you go there. On the other hand, “I feel like I am keeping a secret from her and it probably makes me dig less deep, not push her in certain ways because I felt like if I were to do so she would know. I would be self-disclosing by default because she would start to think, ‘How is she asking these questions? How is she

guessing these things?’ I am basically doing everything I can think of beside self-disclosure and it is driving me nuts, it is so stressful and so unsuccessful.”

This has been an emotional “roller coaster because some weeks we would get super, super close and then like oh, 50 minutes is up. So then I have a week between and we were so close and we were on the cusp” of finally breaking through the barrier that was between us, opening up about the elephant in the room. We will “have a very, very successful week and I think that I am seeing her clearly and I think that she is seeing me clearly. Then, the next week it’s like a stranger walks in and I feel like a complete failure.” Then I start to doubt myself and think, “Is anyone watching this? Am I crazy?” Did we just get really close to the breakthrough I am trying to achieve? It is like “an absolute high when we would get so close and then I get to the next week and it would just be disappointing.”

Dr. Smith continues to be there during these times to let me get it all out and process how I am managing this emotional roller coaster. He’s been there every step of the way. “We mostly just talk about the experience of the last week. Usually he’s ten steps ahead and so I don’t have to even really say much, he can just predict what I need. He knows my strengths, he knows my weaknesses. At this point he’s seen me do excellent work and really shitty work, and he is, at the end of day, still my supervisor and still super supportive. It’s like a feedback loop with Dr. Smith. It’s like I get what I need from him, I expend what I have in session, I get what I need, I expend what I have” and it is really starting to feel unhealthy for me. At this point, I know that I can go to him with anything.

It's 2 a.m. right now as I am writing all this. I lie awake with my secrets, spinning around my head. "I have a million arguments against going through with self-disclosure. It would be selfish. It would be for me, it wouldn't be for her." But I can't keep lying to her either, as it's stopping us from really getting to where we need to go. It would help her to know. The things that we're concealing will never let us grow. I have to self-disclose to her. I have to talk to Dr. Smith about self-disclosing. Right now I am "giving zero fucks about building walls and fences." I have to start tearing them down. I will tell him tomorrow.

"I've spent probably nine or ten weeks telling myself no, knowing a million reasons why it's no," don't self-disclose to her. I've thought all this time "there's no way I can do it, I will not be able to get the words out of my mouth." I think I wanted Dr. Smith to tell me, 'No, you can't do it.' But when I told him what I wanted to do, "his response was, 'So how is it going to happen?' I was like, 'Fuck! Wait a minute? Maybe I should have kept my mouth shut.' There was definitely some shock in him condoning such abhorrent behavior like self-disclosure." At the same time, it "was a relief because this is a decision that was hanging over my head for ten weeks and now the decision is made. I started laughing in the supervision and he was like, 'Why are you laughing?' It was because I'd just recognized that when I tell her I am telling everyone in the class watching the session and I don't actually care that much" anymore. "We don't tell people things for a reason, we store or keep things secret to protect ourselves and I figured that if this is what she needs, it is a risk I am willing to take." I am going to disclose to her tomorrow when I see her.

I went to the viewing room in the clinic at 10 a.m. when class started and I expected all my peers to be there to watch the session. But “all of my peers were writing their papers and it was just Dr. Smith and the doc student that were there.” I had so much fear and anxiety prior to the session starting. “Oh my god, it was horrible.” Dr. Smith came up to me and he said, “You’re going to do awesome.” I just nodded but in my head “I was like, ‘Yeah, I fucking know, don’t talk to me right now.’” I went into the session and I just let go and did it. “When I was actually saying the words I was shaking so badly my heart was just racing. I felt like she could probably see it and I remember I was bracing myself, it was a chair that has arms and I was bracing my arms against it so they wouldn’t be shaking so much. It felt like they didn’t even have bones in them, it was terrifying. It was the scariest thing that I’ve done in a long time. She was receptive to my sharing with her and we both just cried a lot. It was awesome. It did exactly what I was hoping it would do. It gave her permission to admit some things to herself and to me, but to herself mostly.”

“After that session I walked into the viewing room and the doc student and Dr. Smith were like, ‘Let’s go to a room and just talk about this.’ They had both been crying and they just had the most like encouraging and uplifting feedback about the session. Dr. Smith was saying a lot of complimentary things and he said, ‘If this is how you are going to work, if this is how you are going to do this job, we need to figure out how you’re going to take care of yourself.’ I thought all this time I am thinking about her and of course he is thinking about her,” but I was his first priority. It “showed me that he is concerned and he has a lot of care for me” as a person. It was such an uplifting feeling to have him show that kind of care for me.

Since my session and the supervision I got afterwards “I have felt the whole week like I am stoned. I just feel like I am high, like I am not on this planet because of the relief that came after being able to have her open up in that way and not feel like I am lying to her anymore.” I cannot even put into words how freeing and relieving it is to let go and just be real, to let my true self show.

Throughout this program and learning to become a counselor, “the feeling I was getting was you need to not be yourself, you need to be stoic and incredibly intelligent, but not super engaged in that really raw human way.” I believed I was being taught to detach. “That just felt so empty, but that’s just what I felt like they were telling us to do. That seems like just an abject failure, that it doesn’t help anybody. I mean may as well just be talking to a wall.” It thought that was what they were trying to teach me and “that detachment that was just so prevalent for me.”

But now I have changed. “I was given permission” from Dr. Smith to connect with someone, to connect with myself and just be me. “It’s okay to care about your clients and to really care, to think about them for the week and worry about them and to tell them that. When I started to authentically be myself in the room, things started changing for the client. I could see them, I could see them, **I could see them!** But the profound thing is that I could see them because maybe they were seeing me, the real me. It takes a lot of effort to keep those barriers, to compartmentalize how I am behaving with different people. It’s been such a freeing sensation to just be one Ellen all the time. I am just going to be this one person all the time and if you don’t like it I hope that you tell me about it and not just paint me behind my back. I had to relieve some of that control of being different people for different people.” Being pushed by Dr. Smith to be me and

having acceptance from him was where it all started. It led to this “epiphany moment. It’s like, ‘Oh my God, it’s just me, that’s it, it’s just me.’ That doesn’t mean that the counseling now becomes easy I mean, it’s still fucking hurts now because it is me in the room. We are all broken, it sucks and that’s what makes us better at what we do because we are able to see that and know that. It’s what makes us alive. It’s exhausting to pretend that you’ve got it all together.”

With Dr. Smith, I started out with that façade that I had it all together, that “I didn’t have needs. I thought, ‘I know everything. I don’t even need to be in this course because I am a perfect counselor already.’ Especially now that we see each other as humans, I can go to him with my needs and he usually already knows them. In the beginning of our relationship there was a lot more surface conversation. I didn’t plan on giving him all of the details, I was going to keep him at bay. But now there is so much liberty in being able to not run a loop in my head before I speak, always thinking, ‘How do I translate this into something that’s acceptable in this environment?’ Now I can actually say what’s on my mind. The filter is gone and his is too.” We can just truly be real with each other.

Anticipated Future

“We had to write a letter to future prac students and I was talking about how students can engage in the practicum experience in one of two ways. One way is as a student. You get the grade, you write the papers, you reflect feeling, good note taking, all that bullshit. Or you decide to enter as a person where you engage as a person. If I didn’t have the supervision that I had, if I didn’t have Dr. Smith, I would have been a student, this would have been a class. I am different than I was in August. I think that I entered it

as a student and I transitioned into a person. If I was a student, I would help no one because I would still have all of those pretenses and all of those filters would still be in place and I would enter the room thinking that I was supposed to be detached and not care about my client in a deeper way. I would be a robot and no one would get better, even me.”

When I think of relationships now, whether it is counseling or supervision, “there is no hierarchy, we are both only people and the only way we are going to see one another is if we just own that authentic humanity, the raw broken parts of ourselves, all the shitty stuff. I feel that I take notice of things more readily than before and I appreciate things, I just feel more awake. It was awful, it was a miserable experience, I hated Fridays and Saturdays, it was just so hard and it was so worth it, it’s changed me.”

When I learned to put my walls down, Dr. Smith came from the “*position of a united front*” when I came to him for support. He approached it as “how are **we** going to diffuse this threat” together rather than trying to be “my all-knowing supervisor.” We were “side-by-side and there was no obstruction or barrier between us. He was always there when I chose to need him. I have an enormous amount of respect for him. He would just tell me to my face what he is thinking instead of holding that in. He became more comfortable with telling me what he is thinking and he asked that I’d be more open as well. He listened to and respected my desire to externalize and analyze cerebrally the problem at hand. However, while I was looking outside myself, Dr. Smith’s attention was entirely on me. I felt affirmation, support, and reciprocity. When he responded to my needs I felt an enormous sense of relief.” We grew closer together as the semester progressed, he gave me permission to be me, and he accepted me for who I am. He

taught me to accept myself. My relationship with him “was so overwhelmingly positive, my fear is that it will be a fucking hard act to follow.” But now I know that I can be genuine and real with any future supervisor or client, and most importantly, to be genuine and accepting with myself.

Eden

Background and Demographic Information

Eden is a 26-year-old white male who is in the first year of his counseling program. He completed his undergraduate degree at the same university he currently attends and has lived in the community for many years. It took him eight years to complete his undergraduate degree and he is a first-generation college student. He completed her practicum course in a typical 16 week format. Based on his RSQ results, Eden was categorized as a representative of the secure attachment style. Eden had a female supervisor who was a doctoral student in Counselor Education and Supervision and not the instructor of the course.

Past

Even after all I have been through, I am going to graduate high school. Even though there are so many problems in my family, I have been able to find a way through the chaos and complete something. I’ve spent the last two years living at friends’ homes and just trying to find a couch to sleep on in order to finish this. I’ve had to move four times in the past year alone. Despite who my parents are and what I’ve gone through, I’ve been able to finish it on my own. “My mom is a worthless alcoholic.” I didn’t need their help, I was able to do it for myself. And now I’m going to go to college and be the

first one in my family to try to finish. I've earned this for myself and no one can take it away from me.

It took me eight years, but I did it. I became the first person in my family to graduate from college. It took a long time, but I never gave up and I kept going. Now things are going to get real because I am going to keep going and go to graduate school for counseling. Now it's time for me to really grow up. It's time for me to become an adult. I have to get back on my ADHD meds because I don't "think that I can do fucking grad school without it, I barely made it through undergrad without it. People's lives are going to be in your hands soon and you have to be responsible and professional and very on top of things."

Practicum Experience

I finished my first semester of grad school over the summer. It's going well because it's not that much different than undergrad was in terms of the structure of the work. I go to class, listen to the lectures, complete my assignments, and take tests. Now, this semester everything is going to change because I will start to see actual clients. I have anxiety about really being on top of things. I have to double check my work, make sure I say and do the right thing, and leave no stone unturned.

I had my first day of my practicum class today and it was "intense, very overwhelming because we looked at the clinic" and saw all of the things we'll have to be doing this semester. Not just seeing real life clients and having their lives in my hands, but all the paperwork I will have to do. My career is now on the line. At least I am not alone as the rest of my classmates are "freaking out about everything we have to do." We even talked about the fact that "law enforcement could get involved" if we had to make a

mandatory report. The faculty really keep pushing this message that “you need to take this seriously.” There is so much on the line for me especially with my background and how I grew up. I can’t screw this up and need to see the gravity of the situation because that is what they are telling me I need to do.

I also met with my supervisor for the first time today. It is triadic supervision, so it included my supervisor, one of my classmates, and myself. It was somewhat nerve-racking what she had us do because it forced me to be vulnerable. “She had us tell our stories how we got there, what influenced us, what we want to do, our passions things like that. I think it really built a relationship with all of us, not only in terms of being close and being vulnerable and open with one another but also giving us some understanding of our perspectives how we view the world and sort of how we view ourselves.” The hard part of this was sharing my family background and where I’ve come from because I am not very proud of it, especially in this setting where I am supposed to be professional. I don’t want to be seen as an imposter, but my background makes me feel like I am.

The way we started off our relationship by sharing our stories right off the bat “wasn't something I expected. I think it's really a great experience to have that level of knowledge and understanding of a person for her sake and then also for ours too to see how she's viewing the relationship, what her expectations were and really getting to know that she cares about us as people first and professionals second. I didn't expect it to be that intimate and that caring. I thought it was going to be more of like the analytical check the boxes you either did this right or wrong, do it different later.” I didn’t expect

her to show a sense of personal care and compassion, especially right from the start of the relationship. I thought it would be more of a business-like relationship.

I continue to have this “anxiety of double checking the facts, making sure I say what I’m supposed to say.” I am placing a lot of importance on being a perfectionist, which is creating a lot of stress and I feel like I can “never make a mistake.” Thinking about being able “to apply what I know and being new when I do it is freeing in a way and also confusing because it is not something I am used to.” We are not seeing real clients yet, but we are already starting to practice counseling with our peers. I had my first practice session today and I was so nervous last night. All I keep thinking is “I have to be professional.” I was way more dressed up than the individual I was counseling and it felt very awkward. I was “really nervous, very rigid, stuck in my head a lot.” I feel like my psychology background from undergrad has resulted in staying in my head and being too analytical.

It’s week three of the practicum course and my anxiety is starting to go down. “Those overwhelming feelings or stressful feelings did get alleviated because we started learning things through experience. Getting hands-on examples and hands-on practice like writing a case note, doing diagnosis stuff, it started to sort of alleviate a lot of that stress.” The hands-on practice really helps me feel more comfortable.

Also, I continue to feel comfortable in supervision. I continue to have the expectation that supervision is a business-like relationship like the rest of my relationships with educators has been, but she continues to defy this expectation. A big part of me wants a more business-like relationship, but this is not what I am getting. She has given the message that she cares about me as a person and I want to believe this is

true, but I don't know if I really do. She gave me her personal phone number in the beginning of the semester and said "if I needed something I could text or call her. I think she's just being nice. They probably told her to do that."

"We were going over one of my videos and my supervisor told me to pause it and asked me what I might have been feeling in that situation. And she wanted to know what I was feeling in that situation because of the story I told her the first day, she was seeing something from that story come out there that I was unaware of in terms of my being and being very rigid, I was nervous, just stuck in my head and trying to be analytical and do the 'right thing.' She will ask me how I'm thinking or I wonder if what happened in my childhood has been influencing the relationship" with the client. This would have never felt ok to me "without that relationship that we developed" from the beginning and "that time she took to get to know us." It is still very hard because I have to keep bringing up my past and my background which continues to make me feel like an imposter and that I don't belong in this program and that I have to be the strict professional they need me to be.

As I continue to go through this process, I keep telling myself that I need to "grow up." I have to live up to the professional standards they are expecting of me, I really take this seriously. Jane [my girlfriend] "invited me out last Friday to go out to celebrate her birthday" and have a few drinks. I had to turn her down because "even if I am staying within the lines" I could see a client or other professionals in the community. I don't want them to "have a negative perception" of me. I have to take on "that professional role, not just while I'm at school but out in the community." It's a big life change for me to become an adult finally after all these years. "I care about how I present myself, how I

dress.” I don’t even want to go to “the gas station if I’m sick, looking like crap because if somebody sees me, I want them to see me in a positive light considering if they ever walk through that door one day and they’re my client,” that image of me looking like crap going to be there for them. “I want to leave a positive” image in their mind. I am trying to have an “understanding of who I am and being consistent across multiple dimensions such as school, work, personal relationships, friendships.” I have to be professional in all of these areas of my life in order to make it as a counselor.

I am trying to be confident and less rigid. I know that “I’m a pretty highest strung person, a high anxiety person.” As a result of this general high anxiety “I should be focused on certain things while I am counseling, such as like having a peaceful presence, being calm, being there in the present versus trying to analyze what they’re telling me. I see that as a challenge to not be as expressive as I usually am and as outgoing with my emotions.” I am trying to do everything I can to be prepared and have the right answers for my clients. “So even though I think I may be prepared, there’s still that worry that it may not be good enough or it may not be right for the client or they may not like me.” It’s almost as if I have to change who I am as a person to be a counselor.

Showing my tapes to my supervisor is scary because it creates a sense of vulnerability in me. Those thoughts that I am an imposter return. When I go into supervision, “I’ve been nervous in terms of like showing her my sessions because I’ve watched them and I know where I need to improve and so I’m a little nervous to be vulnerable in that sense.” I’m worried about my “analytical side and doing things right.” She helps alleviate my fears by normalizing the aspect of making mistakes and watching

the video is meant to help me grow. She has responded in a non-judgmental way that has helped me be less “nervous that it's going to be too much or too critical.”

I try to let my supervisor know some of my fears and she helps to increase my sense of comfort. We even talked about my fears of having to work with children. Part of my counseling program includes learning play therapy. “I've been more fearful of working with a child than if I had someone with like severe suicidality or like bipolar. I'd rather work with those really fucked up people than a child and play therapy where I do nothing but track their behavior and play.” I really hope that I do not have to work with a child, as it is one of my biggest fears, but I know it's a possibility and might be coming soon. Next week the clinic will be opening up. I will be done with my practice sessions with peers and will begin to see real clients.

Luckily I did not get assigned a child client, at least for now. However, I did get a female client, which I am also scared about. “I didn't have a mom growing up, so for me to develop and to make connections with women that I'm not romantically involved with is new.” I had my first session with her and I can already feel my fears in the room with her. I don't what this to be a problem, but I don't know what to do about it. I am scared about how all of this will turn out. I have so much going on, I'm “working two jobs, volunteering and going to school and trying to find time for myself.” I have to keep up on my readings and doing my assignments to be a good counselor. As long as I get ‘A's' and get on the honor roll like I did in undergrad, everything will be ok.

I keep wanting my supervisor to just tell me what to do and how to be better, but that is not what I am getting. She should “just check the paperwork, and make sure we're doing good as counselors.” I don't want her to “care about who we are because that's our

shit. Just do my paperwork, watch the videos, tell me how to improve and give me the concrete answers, then kick my ass out of the door, we're done! Tell me! Be a supervisor!" Instead, she is checking in with me and my reactions most of the time. She is pushing me to be aware of myself and why it feels stagnant in the room with my female client. I have to talk about my past and why I have fears about developing intimacy with a female.

I am starting to "feel worthless, feeling like I am not getting anywhere because I am not becoming a good counselor. I don't think 'me' fits in counseling because I am so upbeat, high energy, like I wake up and say 'Let's fucking do this!'" I can't be this way in counseling, I won't be a good counselor if I do this. I am "trying to calm down" to make sure I am good enough. It's so hard to try to change myself in this way. It's hard because "I am feeling worthless, stagnant, really not like myself." But who I am supposed to be? At the same time, I keep going to supervision with the mindset that "I got nothing this week, you already watched my tape," just let me get out of here. "What are we going to do for an hour and half." Even though I go into our supervision sessions with the mindset, she somehow "would slow me down and all of a sudden it would be an hour and a half later and we would need more time." She continues to ask, "How are you doing? and it makes me get on that self-growth, self-exploration level." She continues to show a "commitment to me as a human being," which helps me focus on my own personal growth. Yet, I still don't want to do it. I just want to be a good counselor.

I continue to not get "too much of the concrete feedback, which is a challenge from me because I like to have the right answer and do it the right way. Give me the right answers, tell me how to be a good counselor so I can go be a good counselor!

I'm saying there's nothing going on, but there is stuff going on and I need to accept it and deal with it versus trying to push it to the side." All this time I thought there was an easy way to do this. I thought "I was going to kill the academics that I was not going to have any problems." I'm starting to realize that "I'm not doing that good, I'm not being a good counselor, I'm not doing great on the skills." I have so much "fear that I will fail and fear that I won't be good enough as a counselor. I am trying to be too good and not being me." I want my supervisor to just tell me that I am good enough, that I am professional, and that I am checking all the boxes that make me a counselor.

She continues to point out to me that "I am not being genuine. She doesn't feel it is me because she knows me so intimately from our supervision sessions." All I want is for her to sign the paperwork and pass me. In my head I am saying, "Fucking sign it! God damn it, sign the papers!"

I am so scared "of failure, that I am not good enough. I am going to stagnate and end up getting bounced, I don't feel like I am good enough to be here." I am not getting anywhere with my client, "I don't feel like its working." With my client "I just feel stagnant like we aren't connecting. I could tell there's a level of discomfort, I don't know what it is. I think it is me failing. But if I act great, if I act like everything is fine," then it will be fine.

Instead of hearing from my supervisor what I want to hear, this is what our conversations are like:

Me: "Everything is ok."

Supervisor: "You're not being you. What's up?"

Me: "I'm ok."

Supervisor: “You’re not ok. You tell me you’re ok, but I’m not seeing you as okay. I’m not trying to pry. I’m telling you that I perceive something is going on and it’s up to you to figure out what that is.”

Me: “Shit. You can read me like a book.”

She keeps pushing me to think about me and my own reactions rather than just checking the boxes and trying to get through the semester. “She got me thinking about it and it just opened me up to the point where I talked to her about the stuff that was going on, that fear of I’m not going to make it. It wasn’t something that I intended to talk to her about. It wasn’t like I had a conscious decision to go talk to her about this stuff. Even though I felt comfortable doing that I just didn’t want to because I wanted to seem like I had my shit together. For her to reach out it allowed me to at least admit that I’m not doing the best right now. We explored why and it really has me thinking before the break.” On top of all this, I’ve been assigned a child client. My worst fear is coming true.

Thanksgiving break! I finally have some time to breathe. And to think about my conversation with my supervisor. “To talk to her about those things on that deep of a level, to open up about it when I had been denying myself” has me really thinking. “She saw right through my bullshit that I was feeding myself. She didn’t care that I was bullshitting her. She didn’t take it personally, she knew I wasn’t being true to myself and being genuine.” I am thinking that in terms of our relationship, “it changed the dynamic and it also changed the dynamic with myself, too. I want to give myself some slack and to make mistakes and finally not be perfect.”

“At first I believed she’s not taking care of what I need. Now I realize that’s because I was wrong, not her. I realize what I thought I needed wasn’t actually what I needed.” I am trying to accept that “she cares about me and she knows me really well to take the time to point these things out that I’m not even allowing myself to see because I’m so diluted in my own bullshit that I won’t see reality.” I was thinking “she is a supervisor, but she really is just a human being who cares about me and me being the best me I can be. She is doing way more than a supervisor should, she has been here the whole time and I haven’t accepted it.”

I am going to approach things differently. I have been “trying to overcompensate for my past.” I have been “seeing myself for who I am not instead of being who I am. I have been trying to be in grad school, trying to be a good counselor.” But reality is that “I am in grad school, I am a counselor. That’s who I am now and I didn’t accept that because I was scared of being me. I was trying to be a counselor instead of being me who is also a counselor. I was trying to take myself out of the equation.” I was so focused on being the most professional that I could be because I deep down I didn’t believe I belonged due to my past and my family history. “Trying to change who I am and not being myself to a client is doing them a disservice and myself a disservice. If I am not being true it’s not a real relationship.” I could not have gotten to this point without my supervisor. “She is there because she wants to help me be a better human.” She even took the time “to reach out when I was sick” a couple weeks ago and called me to say “hope you are feeling well, missed you in supervision.”

Even though I am scared of having a child client, I want to take this new mindset into that relationship. I want to be more of the real me. I am going to “reread my play

therapy book” and get excited to work with this kid. I don’t want to suppress my natural energy anymore. I am going to stop taking my ADHD meds because they are getting in the way of me being the real me. I don’t have to pretend I’m something I’m not.

Things really started to progress after the break. I went into supervision with the mindset of “we are not here to do the paperwork side of things. She is doing that on her own time.” She is sacrificing her own time to do those things “to take care of us.” It has “really dawned on me that she is fucking awesome.”

I had my first play therapy session. My supervisor checked in with me before the session to make sure I was ok, but I told her I was more “ok with making mistakes. I was the most alive I have been all semester.” I realized “it’s more natural to me to be working with children. My presence is more natural.” This helped me “in the adult room and that’s what I needed—not being scared of making mistakes.” I realized that a kid wouldn’t judge me if I reflected the wrong thing, that they would just correct me and move on. “And that is what clicked with me. That is the exact thing an adult client would do.”

I also met with my adult client later that day after seeing the kid. “I felt like we connected as human beings. I got done with it and almost wanted to cry because it was like, ‘finally, we broke through and we talked. We just talked.’ That’s when the fear of failure really went away.”

Anticipated Future

My supervisor and I watched my last tape from my adult female client. I will never forget what she said. She watched me in that counseling room and said, “‘There you are. You are bright. You know that you are you.’ She has really helped me be

myself. I needed this semester because of the way she helped me grow. I don't know how she did it but she did it. Her taking the time creating that comfortable environment allowed me to open up in ways that are deep. It helped me be more comfortable in my other relationships in counseling and try to develop that kind of relationship with my clients. She made all the difference. If I wouldn't have had her, I don't know if I would have made it through the whole semester because she kept me hanging on when I was feeling lost with that adult client."

"I feel more congruent and also more natural and not an imposter anymore. I also feel like I have gotten a solid foundation from my supervisor to work on those things personally that are going to help me." I have started my own counseling to continue to address these issues. "I am more excited to be a counselor. I am excited to just continue on the journey and hopefully end up being able to work with children." I have switched to the school counseling track because I believe working with children is where I belong and where I feel I can be me. "I was letting fear drive my path and once I stopped doing that it changed my life. I quit living in fear and accepted the things that came my way and it just helped me be a better person, which has then helped me be a better counselor and I think that trying to be a better person in my day-to-day life is more important than trying to be a good counselor. Trying to be a good person is what matters and that's how you would be a good counselor." I would have never learned this lesson without my supervisor showing me this is what I deserve. "She helped me understand myself in ways I never thought were possible."

Elizabeth

Background and Demographic Information

Elizabeth is a 37-year old-white female. Prior to beginning the practicum course, she had completed all other required coursework. She was previously an elementary school teacher and has the goal of becoming a school counselor. She completed her practicum course in a typical 16 week format. Based on her RSQ results, Elizabeth was categorized as a representative of the secure attachment style. Suzie had a female supervisor who was the instructor of the course.

Past

This is really happening. I have a classroom and students of my own. I've worked hard in my education to become a teacher and now it is finally happening. This is exciting and scary at the same time. What makes it harder is that "I don't feel like I have a lot of support as I have transitioned into the classroom" and learning to teach on my own. I have tried asking for help "and I wouldn't get it." In some ways, I don't want any support I don't "really want people coming in because if people aren't paying attention to me, it is a good thing," it means I am doing it right. Even when they do talk to me about how I'm doing, it is always negative feedback. I am an independent person anyway, so I just have to do this on my own. I don't really need them. I have always believed "I can handle myself, I don't need help," and this situation is not any different.

I don't want to be a teacher anymore. I love working with kids and I am passionate about it, but I now know that this is not for me. I had to learn how to be a teacher on my own without much support. "I was reluctant to seek guidance or support from a supervisor or someone in charge" and was able to figure it out on my own. It

“took several years of me trying shit out, and then I got it down. Then it took a couple of years for me to be like, ‘Oh, I’ve got this,’ and it took even more years for me to be like I was an expert in some ways and on some levels. I am going to leave a job I was good at” to become a counselor. I believe I can continue to have a positive impact on kids’ lives and have a career I truly love.

Practicum Experience

I am very “excited.” I am starting practicum and “I feel like I am ready. I feel like I have done the necessary coursework and have had the experience that I needed. I am ready to jump in. I know we are supported all the whole way through. So, it’s not like I can harm anyone. I feel more supported than I did when I was in a classroom” learning to become a teacher. “I’ve gotten much more support throughout this entire process in this program than in my last program. I know my supervisor Dr. Robinson and it feels intimate already. I’ve had classes with her before and so she already kind of knows me. I feel like she and I are very compatible.” I think this will help me make the transition into seeing clients and figuring out how to be a counselor.

I am looking forward to being assigned clients and begin doing counseling sessions soon. I have confidence in myself related to my abilities with kids, “I feel I can be pretty effective with kids. With kids, I feel like I know I’m doing most of the time. I feel less confident with adults, like I will be less effective, less certain, less confident.” Even though I will work with children when I become a counselor, I cannot ever separate myself from working with adults because working with parents will always be necessary. I was assigned an adult client and I will see him for his intake session next week.

I have a huge challenge in front of me. The client that I was assigned is going to be extremely difficult for me. “I don’t really like the word ‘resistant,’ but this guy is highly resistant. He said he didn’t have anything to work on.” He said that “he had to be there” because he is a counseling student as well and it is required for him to attend eight sessions. “He was pretty resistant, would not look me in the eye. I find him really challenging” already and I am not sure how this is going to play out throughout the semester. I don’t know how I am going to get through seven more sessions with him.

“I definitely feel kind of incompetent with this client and feel like I want to be defensive. I am feeling uncomfortable and just not knowing how much of it’s my old shit” that is influencing how I am reacting to him. “I was glad that Dr. Robinson backed me up in my perception of him, so that was nice. She actually saw his aggressiveness and resistance to me, I mean, even more glaring than I did. I wasn’t even completely aware of just how aggressive he was being and just kind of in my face.” Dr. Robinson really helped to validate what it was like for me in session with him and I was able to see it even more when “I was re-watching that tape with different lens.” Even though I have always been an independent person and wanting to do things on my own, “it feels comforting to know that someone is watching out for me when I need them” even if I “don’t think that I” do need them. “It doesn’t feel like someone is prying, it doesn’t feel that it is an invasion or that it is overstepping bounds or anything. It feels really necessary” to have Dr. Robinson watching me and helping me to become a counselor. “I do need support. I don’t always learn by doing, I do need help.”

Now that I have been validated about my experiences with my client, I continue “feeling silenced” in session with him because of the way he interacts with me. “I have

really strong feelings around him,” especially related to “the lack of empathy that he expressed for individuals who are suffering.” I feel “disgust, horror, a little bit surprised that this person is attempting to be in a counseling program. This is what you want to do? That’s how you feel about people?” When I am with him, I feel “defensive.” In session “I feel like I want to put him in his place and lecture him. Part of me wanted to just be like ‘fuck this’ and walk away.” He’s going to be a counselor, he should have a “sense of empathy and compassion and respect and care about others. I know I react negatively in general to men that present like he does.” I don’t know how I am going to deal with this as a counselor. “I feel so clueless in session, I am totally afraid to make all mistakes that I could.”

I know I should go to Dr. Anderson and get further help for this, but “in the back of my mind I am thinking, ‘Am I the only one that’s needing individual supervision?’ I don’t want to be perceived as being needy, clingy or needing more than other practicum students.” Even though I had these fears that I would be seen as the needy or irrational one in the class, I decided to go to Dr. Anderson anyway outside of class hours to get additional supervision. I’ve been thinking, “This is my learning. I didn’t just throw away a teaching career for nothing. I didn’t leave a job I was good at just to go do something that I don’t take seriously. I’m not going to just let this go.” I told her “I need help with this person and told her what I’m feeling in there and what I’m not doing in there.” Going to her reinforced my beliefs about her as she responded in a way that showed me that “my needs were valid. I feel like her response was really normalizing because other people’s reactions to this individual were very similar to mine. So, that was helpful” and it reassured me that I am not crazy about how he is treating me in session, that my

feelings were valid. Dr. Robinson was “just really warm and open. She seems very genuine and authentic.” Even though I didn’t want to be the first or only one to go to her for additional support, “she set the stage for me” to be comfortable in seeking her out and getting my needs met. I want “to interact with her more frequently on an individual basis and to reach out when I need her. I feel like this is very different than some of my supervisory experiences in the past where I wanted help and I really couldn’t ask for it or I’d ask for and I wouldn’t get it. I definitely feel like this is a little bit new for me because I do get to ask for help here and I’ve gotten it.”

I didn’t get feedback on my tape of my session from Dr. Robinson today. I went to go watch my session and hear her feedback on the tape, but it wasn’t there. “I was wanting that feedback. I felt ignored when I didn’t get it.” I was thinking, ‘What about me?’ The feedback wasn’t there for not only my very difficult client but all three clients that I have. “I was more disappointed because in previous sessions I’ve gotten a lot of feedback. I didn’t take it personally” because I think it had something to do with the computer system not working properly. I decided I needed to go to her and talk about this. There were some specific things I wanted feedback about, such as being able to bring a parent into the session with my kid client. I wanted to know if I handled this transition effectively and to see if there was anything I could have done differently. “I reached out to her and she responded right away that she was happy to meet with me, gave me a number of times. She made it very easy, it didn’t seem like this was an inconvenience to her. I felt like she was really responsive” to my request.

When I went to Dr. Robinson’s office to go over the feedback that wasn’t on my tapes, she suggested we then watch the tapes together. “I picked out all the spots that I

want to show her. She really gave me the range” to tailor our meeting to meet my specific needs. She was very open to the whole process and did not seem put off at all for having to provide the additional supervision. She seemed like she really wanted to be there for me. It was really a simple process and so different from my past supervisors when I was learning to be a teacher. “I asked for supervision and she was like, ‘What do you want?’ and I told her and she gave it to me. I don’t know if I necessarily would have done that in my first career. I feel more comfortable advocating for myself than I did in the past and it was met pretty well, so I feel like I would probably do that again in the future. I think Dr. Robinson set a stage for me to feel more comfortable” with advocating for myself because of the “goodness of fit” we have in terms of our personalities matching and how she responded so promptly and openly to my request. “I feel like I trust her.” I believe that I can “go to her with challenges I have and needing support or feeling excited about something. I think our relationship has been strengthened.”

I’ve continued to have struggles with my difficult male client. It has been “really hard to establish trust with him.” Dr. Robinson has continued to be there for me in my requests for additional help with him. He has “typically been the client I talk about in triadic supervision. I would typically talk about it more” after the session in group supervision. Then I would go to Dr. Robinson for additional individual supervision and this “was something extra I did on my own.” When I go to her for the one on one supervision sessions, “she will start by always opening it up to me and just letting me take it where I needed to. I tell her what I am struggling with and even then I feel like she would open up to me. She will ask me, ‘What are you wanting? What are your goals for this, what are you wanting to do?’” When she is open with me in this manner, it feels

like she understands me and what I need as she gives me the space to explore rather than being overly prescriptive. “I feel safe with her. I feel like she is dependable. I feel like she is fair and honest and is going to give me feedback that I would receive well and that feels accurate and that feels helpful. I feel secure, I feel less vulnerable as I seek more supervision it has lessened my sense of vulnerability. She is very available and just very caring.” She takes the additional time to meet with me during her office hours or before class and I know she doesn’t have to do that.

Dr. Robinson “knows my background” and pointed out that “I have been having trouble being more directive” in session with the client. She points out how “my previous career as a teacher was incredibly directive” and she reminds me that I have the skills to do it in a counseling setting as well. “I think I want the client to like me and that’s still my learning curve in counseling.” I am able to talk to her about “my feelings of incompetence, that I am being silenced in the counseling room, and the gender issues that he is completely oblivious to.” A big part of me has started to freak out but she has helped me believe that “I can do some of these things. I don’t have to freak out.” Dr. Robinson has really encouraged me and been “like a cheerleader, which I needed.” As I have tried to incorporate her feedback, “I feel like she has given me the space to do it in a way that felt comfortable for me, not in a way that feels forced.”

“I don’t feel like I am rushing myself in terms of how quickly I’m supposed to develop. And I really haven’t felt like Dr. Robinson has either, I feel like she meets us right where we are.” I don’t feel pressure from her that I have to have everything down all at once, that I don’t have to just snap my fingers and become extremely directive with my client right away. I feel the freedom to explore this on my own terms and to figure it

out in a way that works for me. It is comforting to know that she is giving me the time and space to work through these issues in a way that makes sense for me. “I think I feel more comfortable in a one on one supervision session and less guarded” compared to when the semester first began. “I feel more comfortable in supervision and in session with my clients just bringing a little bit more of myself into the room and feeling comfortable with that.”

Things are starting to change with my difficult client. “As we have connected more, I see less of an aggressive stance from him, he is more authentic, more vulnerable, more open. There is less of the power plays, the talking over me, trying to go over time.” He is learning to be more respectful to me in session because I have been able to incorporate the feedback from Dr. Robinson and to have become more directive with him. I have stopped worrying so much about being liked and to be more of a counselor to him. “I feel more connected with him now since I’ve been able to take that feedback and implement it into the next session. It’s been effective.” Even though he was required to only come to eight sessions, the client has decided to continue coming for the rest of the semester. I said to him, “Given that you only had to come to eight sessions and how reluctant you were to be here, I’m surprised that you’re coming for four more. Why?” He and I were able to process how his perceptions and stance with me have changed and how he has benefitted from the counseling process which was very validating for me. “I feel bad” when I think back to how strong my feelings of disgust were toward him and how I initially wanted to berate him for the way he was with me in session. I see him as a different person now.

Looking back, I learned through supervision and Dr. Robinson's help that "I was able to start to empathize with him and I had more positive emotions surface towards him. I did end up liking this client more than I thought I would." I eventually developed a sense of "not dreading sitting with him" through an entire session. Dr. Robinson's feedback "has felt comforting in a way. I have relied on it. It has been nice to get consistent immediate feedback when everything from the sessions was fresh. It felt like Dr. Robinson has been very attentive to meeting my needs and challenging me safely. She has tailored her responses in her feedback to me as an individual and that's something I really value. It hasn't felt like her suggestions were what she would do, it felt like it was more appropriate for me."

The more I think about it, the more I realize how much trust Dr. Robinson had to put in me. "She trusted me that I would come to her when I needed help even if it took a little bit of time. She trusted that I would implement what I needed to, to make changes in that room and see growth and actually form a relationship" with the difficult client that I had such a strong reaction to. The "space and trust that she afforded me was really valuable. I feel like she supervised me in a more effective manner than my other supervisor this semester because it was more tailored to my personality and how I am and how I like to work." She really understands me and what I needed and that was such a comforting factor throughout the process, especially when I was in the middle of feeling so incompetent with my difficult client and didn't know how to get past feeling silenced.

When thinking about my learning process with the difficult client, "I learned that I can still be empathetic and I can table some of my emotions and thoughts and reactions and go deal with those later." I can use supervision to process these reactions and get

support around them to ensure they do not interfere with the relationship I am trying to develop with a client, no matter how difficult they are. “I can still stay authentic and genuine. I have the skills and I have ways to not be overcome by powerful emotions. I can handle it. I feel better equipped to do that in a shorter space of time now.” I feel like with the difficult client this semester that “maybe it took me more time than I would need maybe the next time around. I’ll take it a lot less personally” with clients like him with “some of their behaviors or the emotions they elicit in me. I’ll have a little more distance with that.” Dr. Robinson helped me develop the necessary skills to manage situations like this more effectively in the future and to not feel so lost when they do arise. Even though Dr. Robinson has been there for me in so many important ways, I have felt like there were some things that I had to keep from her “because supervision isn’t therapy. Dr. Robinson doesn’t need to know about my whole family of origin dynamics. I don’t know if she wants to know details about high school” and how that related to my reactions with the client. “That’s not her role. I mentioned things with Dr. Robinson in a more vague way, like countertransference issues, things my client was bringing up. But I didn’t really go into any really detail, nor was I very emotional in her office. I was very unemotional. I didn’t necessarily want her to know just how angry my client made me. I mean, I thought he was a fucking dick, but I don’t know if that’s appropriate to say to my supervisor. But with my therapist I felt like I was able to explore in more depth the memories and issues that he was bringing up for me. Its work I’m still continuing to do, making meaning now of old things. It was really nice to have both Dr. Robinson and my therapist and I found both to be incredibly valuable.”

Anticipated Future

Looking back on the semester, “it has been this rite of passage, this coming of age where I can start to see myself as a professional, or a young professional novice (not young age-wise). It’s starting to make it feel more real, that I am becoming a counselor. It was hard the first two years of school.” I was “in my head” thinking, “‘I’m still a teacher. I am going to school for counseling but I’m still a teacher.’ I feel like practicum has been the doorway opening into where I actually get to say, ‘Oh, I am actually doing counseling!’ I am seeing clients, I guess I am a counselor now.”

It was a blessing having Dr. Robinson, “knowing that she was there and that I could go to her provided me with a sense of comfort and security similar to the child who knows his mom is there even if he can’t see her. There is anxiety around the fear of the unknown and learning something totally new.” Dr. Robinson was like a mother helping her son ride a bike. I was like the boy riding the bike and Dr. Robinson “represents the authenticity of reaching out for support from the stable base of the mother when things are scary or after falling. With my supervisor, I authentically sought support when I felt threatened and needed reassurance and guidance. My supervisor was a secure base for me to venture away from and do things on my own, but I knew she was there.” She was like the mother who would “comfort her child and wipe his tears and reassure him he could get right back on his bike and try again” after falling.

“I feel hopeful and really optimistic about my relationships with future supervisors. I’m excited and eager.” I know that I can continue to get my needs met when I face challenges as I continue to learn to be a counselor. I have been able to “define the kind of counselor I want to be. I know how I want to show up in a room.” I

know I want to work with children and this semester helped me clarify that even further. “It was nice to have a challenge and not just be in my comfort zone” and learn to work with adults. And I know where I belong. I was made to work with children. “I think it’s my niche. I knew it. It’s true.” I have completed my rite of passage and my future looks bright.

Data Analysis

The following section will provide an in-depth discussion of each of the emergent narrative categories, first providing a general summary of the category. The summary will be followed by specific data that emerged from the participants’ experiences within each category using direct quotations from the participants. The categories that emerged from the data include the following: Participant Personal History, Transition into Practicum, Internal Working Models of Self and Supervisor, Threatening Event, Attachment Strategies, Perception of Supervisor’s Response, Deactivation of Threat, and Relational Transformation.

Personal History

During the interview process, the participants acknowledged the significance of aspects of their personal history prior to beginning the practicum course that had an impact on their relationship with their supervisors. This category was present in all participants’ narratives despite the semi-structured interview questions not directly seeking this information. The significance of the participants’ personal histories was concerned with various factors that appeared to be unique to each participant. Included in the Personal History category are the scores from the Relationships Scales Questionnaire (RSQ) all participants completed at the onset of the study. These scores

are included in this category as they are derived from their previous life experiences and play a part in informing how each of the subsequent themes uniquely developed for each participant.

The factors participants discussed in their personal histories included past trauma, relationships with their parents, relationships with former supervisors or authority figures, and previous career decisions. Some participants also discussed the impact of what they have heard from or experienced with other students about practicum and how this altered their perceptions and emotions as they were preparing to enter the course. The participants' personal histories were significant due to the influence they had on how they entered the practicum course, how they engaged with their supervisor, and how they impacted the activation of their attachment behavioral system.

Ellen. Ellen discussed the impact of a traumatic event that occurred previously in her life. This traumatic event was then a driving force for Ellen in terms of how she engaged in her practicum experience and engaged with her supervisor for the remainder of the semester. She had to continuously confront this piece of her past throughout the semester based on her client's presenting problem. Ellen did not discuss the details of her or her client's trauma; therefore, there was no relevant direct quote to highlight this theme.

Jennifer. Jennifer discussed the impact of a role play assignment she completed with a peer in one of her classes. Jennifer was the counselor in the role play and her peer said, "I wish you had a couch in here because I'd rather just sit down and take a nap than have this session with you." This incident was a significant event as it related to her

internal working model (IWM) as both a counselor and a person and influenced later interactions with her supervisor.

Elizabeth. Elizabeth's previous career as a teacher played a significant role in how she engaged with her supervisor throughout the semester. She reported not having a positive experience with supervisors in her previous career, especially when she began to teach in a classroom. She stated, "When I started psychology originally and went back to school to be a teacher I didn't feel like we got a lot of support when we transitioned into the classroom at all, like when it became real." These past experiences in her previous career ended up being a driving force in her working model of her supervisor and how she attempted to engage with her supervisor in the practicum.

Eden. The impact of Eden's personal history was related to his family dynamics and history. When discussing his family, he stated, "My mom was a worthless alcoholic." He added how this impacted his adolescence: "It's hard for me to believe that I finished high school in the last two years living at friends' parents' houses and moved like four times my senior year and I just lived in people's houses with a couch to sleep on to finish high school by myself." These historical factors had a large influence on Eden's IWM of self, particularly as it related to being a counselor.

Miranda. Miranda discussed historical events related to her relationship with her advisor during her undergraduate degree. She reported, "He refused to write any letters for grad schools just because I didn't drink the Kool-Aid, didn't join the cult of his research team in the same way that others did." The negative interactions she had with an advisor in an academic setting influenced her IWM in terms of both herself and how she viewed her supervisor.

Suzie. Suzie discussed the impact of her relationship with her parents when she was a child and how they spoke to her about achievement. She recalled statements her parents made to her such as, “You got second place, why aren’t you in first place? You only got on base five times this game, why weren’t you on base every time?” Her relationship with her parents and her perceptions of their expectations of her influenced her IWM’s for both herself and her supervisor.

Internal Working Models of Self and Supervisor

In alignment with Bowlby’s (1988) assertions regarding the Internal Working Model (IWM), the participants’ stories reflected ideas related to their internal representation of the external world, including their expectations of self, others, and relationships. Specifically, their working models reflected ideas about their views of self, both as people in general as well as how this influenced their views of self as a counselor.

The IWM of the self varied among participants and often included notions of self-doubt, attempts to achieve perfection, and a lack of confidence. These working models of self were significantly influenced by the elements of the participants’ personal history they chose to discuss in the interview process. Additionally, for several participants, there was a change in their IWM of self as the semester progressed as they were able to address concerns in supervision and deactivate their attachment behavioral system, which will be highlighted in a subsequent category.

Additionally, the participants highlighted their Internal Working Model of others, particularly as it related to their supervisors. These working models of their supervisors were often influenced by their working model of others in general. The participants generally viewed their supervisors in a positive light and wanted to be viewed in a

positive light by them. In some cases, the relationship with the supervisors took significant time to develop over the course of the semester after initial feelings of guardedness or distrust. Much like the participants' working models of self, their working models of their supervisors often altered over time as a result of the supervisors attending to their attachment cues and ability to assist them in deactivating their attachment behavioral system.

The Internal Working Models of both the self and others for the participants were significant as they played a large role in how they interacted with their supervisors. Specifically, these working models illuminated how the participants viewed their attachment needs related to the supervisory relationship and how they attempted to get these needs addressed within supervision. The needs participants identified as significant varied, which in turn contributed to how they attempted to get these needs met. In some cases, participants believed they should not have any needs or reveal them to their supervisor for various reasons. In other cases, participants were forthcoming about their needs with their supervisor. The ability to identify needs in supervision was dictated by both the participants' working model of self and the supervisor.

Ellen. In terms of her working model of self in general, Ellen had initial perceptions of knowing she has flaws but not wanting others to see them. She stated, "When I enter something it's important that at least I am perceived as perfect. I know that I'm not but they don't need to know yet and then they earn that right." When discussing the needs she perceived having related to supervision at the onset of practicum she reported, "I didn't have needs. I needed nothing." Ellen's desire to be perceived as perfect resulted in her being very guarded with her supervisor and not wanting to draw

attention to herself, fearing she would reveal her flaws. She pointed out, “I think that I took feedback, but I definitely didn’t solicit it. Yeah, I don’t ask for help.”

However, once disclosing her past trauma, Ellen discussed having high needs she desired to have her supervisor meet: “He was treating me like I was a client because I was behaving like a client. And at the end, towards the end of the session he was like, ‘You know Ellen we can’t spend 50 minutes [with me being your counselor].’”

Subsequently, Ellen was directed to begin seeing her own counselor to work through her reactions to the threatening event.

Ellen’s working model of others included significant distrust and hesitancy in relationships. For example, she stated,

I feel like why do you deserve to know me? You should earn it and so, I think that even with instructors it’s like I am going to test you first. Like I’m going to just kind of feel this out, watch from the wings a little bit, be kind of robotic because I can do that and I’m in a way to see if you’re somebody that’s worth my time and if you are going to put any energy to actually know me. So, I think that’s the hesitancy and it is not just I mean I know we are just talking exclusively about prac, but that could be any setting.

Jennifer. Jennifer discussed having considerable self-doubt and questioned herself in terms of being able to become a counselor. She indicated her general IWM of self included beliefs viewing herself as inadequate. When discussing her doubts about beginning practicum she stated she faced large barriers because of “my own self-image.” She added, “I tend to be an anxious person. I just have a lot of anxious energy” and not always taking care of herself to manage it more effectively. In terms of her own abilities, she noted, “I am very critical of myself. I doubt my abilities just because I am so critical of myself.”

At the onset of the semester, she discussed her supervisor in very positive terms. She stated, "I have a pretty good relationship with my supervisor, she was my professor and several other classes before she was my supervisor." In terms of receiving feedback she reported, "On a scale from one to ten, it's a ten. I trust her, I look up to her, I value her feedback." On the other hand, she pointed out that her supervisor has a very direct way of communicating, which could be challenging for her: "Two or three years ago I would have never been able to like take feedback like that, like I was maybe a little more unsure of myself." Additionally, because she perceived her supervisor as being very direct, she added, "I would not go to her for comfort because I know that it's going to be like, 'You'll be fine, get over it, wipe your tears and move on.' And maybe that's not what I need in the moment if I'm like, extremely emotionally distraught."

As the semester progressed, Jennifer's lack of comfort and trust with being emotionally vulnerable was significant. Her perception of her supervisor's direct manner of providing feedback became a triggering event for her which exacerbated her discomfort of being emotionally close with her supervisor. After receiving very direct feedback, Jennifer stated, "I was mad at her for about a week, but I was also working on it with my own therapist." Jennifer described having intense emotional reactions to her supervisor related to the feedback she received and this was never addressed directly with the supervisor for the remainder of the semester. Regarding the feedback she received, Jennifer noted, "You can't cut me any deeper than that. That's my biggest fear and you're saying it to me like, 'You're not being an effective counselor.'" This event reinforced Jennifer's IWM of her supervisor that she was not trustworthy enough to share her emotional reactions with her.

Elizabeth. In terms of her IWM of self as a counselor, Elizabeth displayed higher levels of confidence. She stated, “I feel pretty effective with kids. My perception of myself as a counselor with kids is that I’m pretty effective. I feel like I know I’m doing most of the time. I feel less confident with adults.” She had increased confidence with children due to her time working as a teacher and less confident with adults due to her lack of experience. This lack of confidence would play a significant role in the threatening event she experienced as her semester progressed.

Elizabeth displayed beliefs about herself that included a strong desire to actively seek out additional support, believing her needs mattered. She reported, “I feel like we definitely have to be, you have to ask for what you need.” She discussed the importance of being proactive in getting her needs met, in part because counseling was her second career. When discussing her needs further, she stated, “The perception I have for myself and being in the program is I take it seriously, like I’m not going to just let this go. This is my learning and I spent—like I didn’t just throw away a career for nothing.” Elizabeth’s career change increased the importance of her seeking out feedback and utilizing supervision in a way that directly met her needs.

Regarding her working model of her supervisor, Elizabeth reported having high levels of trust and confidence in her. She was excited to be working with this supervisor in particular because they had a pre-existing relationship from previous classes. She also looked up to her supervisor because of her background with play therapy and had respect for her as a teacher, feeling they were a good match for each other in terms of personality. When discussing her comfort level with her supervisor, Elizabeth noted, “I think she is incredibly experienced and she is unbiased and she cares about—like

genuinely cares about us. And actually she seems trustworthy and dedicated. And so, I feel very comfortable reaching out to her, I don't feel like it puts her out or anything like that.”

Eden. Eden's personal history had a large influence on his IWM of self, particularly as it related to his beliefs about himself as a counselor. Eden focused on the high levels of professionalism he believed he needed to possess and display to others.

When doing role play sessions with peers, he stated,

I first went in very serious, very sort of that—I don't know if I want to say business professional—but definitely more geared to the professionalism I would show going to interview for the program versus you know like counseling a peer. It was apparent and like my dress was way more dressed than the client, really nervous, very rigid, stuck in my head a lot.

Adding to the importance he placed on professional behavior, Eden believed this extended to all facets of his life. He reported,

I care about how I present myself, how I dress when I go out. For instance, like I very rarely I even go to the gas station, even if I'm sick looking like crap because if somebody sees me I want them to have a—I don't care how they see me—but I want them to see me in a positive light considering if they ever walk through that door one day and they're my client that's going to be there and I want it to be positive.

Eden believed he needed to be professional at all times in his life, even to the point he would have fear of being seen in public if he were sick or not fully dressed in a professional manner because of the image it would display to others. Overall, he believed he needed to be a certain type of person to be a counselor and this was incongruent with his authentic self. Therefore, he began forcing himself to fit into the professional mold of a counselor he perceived to be true.

Regarding his relationship with his supervisor, Eden discussed the importance of completing exercises early in their relationship where they processed their personal

histories and reasons for wanting to become a counselor. Eden reported this exercise increased their level of intimacy and impacted their relationship positively, stating, “She really makes it known that we come first as humans and that as humans we make mistakes, need to grow, we have problems.” He described the intimate nature of their relationship from the beginning of the semester helped increase his level of trust in her and his belief he could potentially go to her for support with anything. He stated,

Establishing that relationship with us the way she did opened up that comfortability because I know, or I know her on a very intimate level and I know her well enough that if I had a very serious problem that I brought up to her, I would know how she would respond based on that. And that gives me a sense of freedom in terms of I have the freedom to go to her with any issue I may have and be heard and be understood and respected much like you would expect from a counselor.

This high level of intimacy, trust, and respect with his supervisor would be a significant factor for Eden as he progressed throughout his semester.

Miranda. Miranda’s beliefs about herself largely focused on a lack of confidence and self-esteem. She expressed a desire to constantly be working on improving in these areas but having difficulty stating, “There’s times where I could think ‘yeah, I got this’ and there’s those times in life where you’re thinking that and something kicks your legs out from under you and then it is like ‘yeah why was I thinking that, I fucking suck.’” Related to her views of herself and becoming a counselor, she generally discussed a sense of being an imposter and not wanting to expose parts of herself she viewed as incongruent with counseling. She had worries of being found out, asking, “Are they going to figure out of that I’m just crazy and shouldn’t be here?” When discussing how she wanted to be viewed by others, she reported, “It is not like please, make them happy, just I don’t know, not like looking a complete idiot. Or, yes there is the imposter thing,

look like an idiot or like I said, kind of we have the worry of, what do they think of me?” As a result of not wanting to be seen as an imposter or incompetent, Miranda had a belief that her needs were unimportant related to the supervision relationship. She stated, “I am not sure what... kind of if I really can go into things with set expectations. I try to take things as they come try to observe, try to be I guess open to what’s going on and so I really don’t think I had necessarily needs of having to try to meet.” She added, “I just don’t know how it will necessarily be met by somebody else, because that is more about me and my own shit.”

Miranda’s desire to go into relationships without the expectation of having needs reflects both on her working model of herself as well as her model of others. She does not believe her needs should be revealed due to fears of being an imposter. She also believes if she were to reveal her needs to others, particularly those in authority that she would be hurt, stating, “like if it is somebody that’s has power over me for them to be judging me or deciding that I am not good enough or unfit to or whatever. If you don’t know me, then don’t assume that you do, and people do that. They make judgments of people without really knowing anything about them.” Miranda had past experiences in her personal history with authority figures where she felt judged and, as a result, has significant fears regarding trust with authority figures. This translated to her relationship with her supervisor, impacting her progression through her practicum course.

Suzie. Suzie’s beliefs around herself focused on her setting very high expectations for herself and striving for perfection. She discussed the impact of her early childhood and her parents’ expectations of her influencing how she saw herself. She discussed her belief that she never sees herself as good enough: “I have high expectations

and I don't like to fail and I like to be the best and the thought of failing is terrifying.”

She discussed how this influenced her views of herself as a counselor, reporting, “[a] counselor is supposed to be all put together and you're supposed to not be biased which is impossible. But you're supposed to be put together all the time.” She recognized her model of perfection resulted in her not being able to be human as a counselor and an expectation to always be “put together.” When anticipating becoming a counselor, she stated, “My confidence was like rock bottom. I was like I don't know, I don't know if I can do this, I don't know if this is for me, what am I doing?”

In terms of her working model of others, Suzie had very strong reactions that were specific to her supervisor at the onset of the semester. She developed an initial distrust of her supervisor as a result of how she perceived her supervisor's presentation, stating, “Initially, it felt top-down kind of condescending, very much like she was the expert and I was the mouse.” Suzie initially had a very guarded view of her supervisor, which was largely driven by her expectations of herself to be perfect. Her expectation of perfection influenced that way she viewed her supervisor as she stated that even when she receives positive feedback from others, she believes “it's not good enough.” Therefore, she began the relationship with her supervisor believing she would never live up to the expectations she perceived her supervisor to have of her. She stated, “I'm self-conscious and I avoided asking for help because that makes me invulnerable and I don't want to be vulnerable because I want to cover up my insecurities.” Suzie's beliefs about herself and her supervisor played a major role in how she transitioned into the practicum course, and in particular, how she reacted when she began seeing clients.

Transition into Practicum

The participants discussed the transition of entering practicum and how this was different than other educational experiences they have had in a classroom setting. The experiences, perceptions, and emotions of the participants varied as they entered their practicum and this often appeared to be impacted by the information they disclosed about their personal histories. The majority of what the participants reported was connected to feelings of stress, anxiety, and fear as they made the transition into practicum related to failing the course or finding out they are not meant to be a counselor. In addition to these fearful emotions, some participants reported a sense of excitement about the transition due to reaching a major milestone toward the end of their program and excitement about working with clients. These findings echo the thoughts of Ronnestad and Skovholt (1992), who suggest that practicum students experience both enthusiasm and insecurity about transitioning into clinical work. Early clinical practice and engagement in supervision often elucidates anxiety, threat and dependence (Ronnestad & Skovholt, 2003), resulting in the likelihood of attachment behavioral system activation (Fitch et al., 2010). How supervisees managed the transition into practicum was informed by their specific IWM of self and supervisor. Therefore, the theme of transition is important, as it often played a significant role in the factors resulting in activation of the participants' attachment behavioral systems.

Ellen. Ellen expressed a variety of emotions as she transitioned into practicum, stating, "It's scary and it's exciting and it's wonderful and it's the worst thing ever." When more specifically discussing her reactions to beginning practicum, Ellen discussed attempting to avoid her emotional reactions, noting,

I didn't really think about it a lot before the course began. And I think that's because I was watching all of my peers, the rest of my cohort just completely—I don't even know. So overwhelmed and stressed out about the thought that I just kind of managed it and decided to not have any expectations and to just go into it when it was time whatever that was. So I didn't really—I don't know, I didn't really have—I didn't really think about it beforehand, which was nice to not have that anxiety and that worry. My cohort is extremely neurotic to very obnoxious. And so I've tried to distance myself from that. And so I just didn't really dwell on it before.

Ellen's response to her emotional distress of beginning practicum appears to align with her high levels of attachment avoidance noted in her RSQ results. She did not want to interpersonally engage with the others around her and had the desire to independently cope with what she was experiencing.

Elizabeth. More than any participant, Elizabeth felt a sense of excitement and higher levels of comfort and confidence related to beginning practicum. She reported, "I felt like I was ready. I felt like I had done a necessary coursework and had that experience that I needed prior to that. And I was ready to kind of jump in. I know we were supported all the whole way through. So, it's not like I can harm anyone or anything." Elizabeth went on to discuss the support she felt and compared this to her previous career where she felt she got little support when she entered a classroom and started to become a teacher. She discussed the overall sense of comfort she had with her program as a whole, as well as the importance of having a pre-existing relationship with her supervisor. She noted,

I know my supervisor and I think part of is that the program is small. So, it feels a little more intimate already and I've had classes with her before and so she already kind of knows me. I feel like she and I are very compatible and I feel like she gives me enough space but like if I need her she's there, but she hasn't been like micromanaging things.

The high levels of trust and comfort Elizabeth felt toward her program and specifically toward her supervisor had a significant impact on how she attempted to seek proximity and get her needs met throughout the semester.

Threatening Event

All participants experienced one or more threatening event or factor throughout their practicum experience. This threat was the catalyst for activating the attachment behavioral system for each participant. For some participants the threat included a specific event that occurred within the practicum setting. For others, the threat included a series of events that accumulated over the semester. Lastly, for some, the threat was more general in nature related to perceptions connected with their Internal Working Model.

The threatening event is a significant focus of the study and one of the research questions under consideration. The research question posed at the onset of the study states, ‘What factors contribute to the activation of supervisees’ attachment behavioral system in their first practicum?’ The threatening event for the participants was specific to each individual and the context in which he or she engaged, which was informed by his or her personal histories and IWM. As a result of this context-specific information and the importance of this theme, each participant’s threatening event will be described in full.

Elizabeth. The major threat Elizabeth reported experiencing had to do with her interpersonal interactions with a particular client. She described the client as a domineering male who had a significant lack of empathy for others. She stated feeling as if she was being silenced in the room with the client who was unaware of the gender

dynamics that were occurring between them. Elizabeth described intense emotions surrounding this client, which were exacerbated by the fact he was another counseling student in the program. She discussed having a history of reacting negatively and aggressively to males that present in the way the client did. Underlying the triggering event were her descriptions of an IWM of herself that included a lack of trust in her ability to manage the client and beliefs that she was incompetent. She stated, “The really personal part was about what it was bringing up for me, like my feelings of incompetence or that I was being silenced in the room and the gender issues that he was completely oblivious to.” Regarding her initial emotional reactions to the client, she added, “Part of me wanted to just be like ‘fuck this’—and like walk away.”

Jennifer. Jennifer discussed having a threat that was present through a significant period of the semester related to feedback that she was too nice and had difficulty confronting clients. The threatening event reached its peak when her supervisor discussed an incident that occurred in a previous class in the program and related it to her current counseling practice. During a role play with another student in a previous semester, Jennifer was role playing the counselor and another male student told her, “I wish you had a couch in here because I’d rather just sit down and take a nap than have this session with you.” Jennifer’s supervisor brought up this previous incident, stating she would not currently feel stuck and unable to confront current clients had she ever addressed this past incident involving the role play. This incident was related to the underlying IWM of herself that includes high levels of self-doubt and self-criticism, questioning whether she is good enough or effective enough as a counselor.

Suzie. The major threat experienced by Suzie was related to the high amount of pressure she places on herself to achieve what she perceives as perfection. She reported being fearful of making mistakes and she would be told she is not good enough to be a counselor. This threat reached a climax after her first session with a client where after the session she burst into tears in front of her peers and supervisor believing she failed as a counselor. After her first session with a client she recalled her thoughts: “You’ve failed. That was the worst thing you could’ve done. I’m not going to be a counselor. I’m a failure.” This threat appeared to develop based on her relationship with parents when she was a child, as she reported they placed very high expectations on her related to achievement. This historical factor influenced the development of her IWM that she must achieve perfection in order to be worthy of care or support from others.

Eden. The major threat for Eden appeared to be present for the majority of the semester that was related to fears of failure and a belief he was an imposter and did not belong in a counseling program. The threat reached a climax toward the end of the semester as a result of a variety of contextual factors, including his belief he was failing his clients and having difficulty connecting with them, particularly a female client. Eden reported struggling with close relationships with females due to not having a mother as a child. Eden discussed the additional contextual factor of working outside of his time in the counseling program and feeling overwhelmed and experiencing high levels of stress due to not taking any time off for himself from either work or school. Additionally, he stated he did not turn in an assignment on time in another class and feared he would get a ‘B’ in the class. These issues resulted from Eden’s personal and family history that included a difficult childhood, as he stated his mother was an alcoholic and he left home

as a teenager and slept on friends' couches to get through high school. He added that he was a first generation college student and that it took him eight years to complete his undergraduate degree. His history resulted in an IWM consisting of the belief that he did not belong in a counseling program because of his family background and, as a result, he believed he overcompensated by attempting to be as professional as possible in every situation throughout the semester, thus being inauthentic in his interactions with his supervisor. For example, he stated, "I just might have had poor views of success or like I said really was living out of fear. I think if anything, fear that I would fail and fear that I wouldn't be good enough as a counselor and so I was trying to be too good and not being me."

Ellen. The major threat for Ellen arose from a specific event that occurred during her intake session with her first client. During this session, Ellen discovered her client had experienced the same type of trauma she experienced personally in her past. Ellen had never disclosed this past trauma to anyone but decided to do so with her supervisor immediately despite her desire to avoid doing so and her IWM consisting of keeping others at a distance and not wanting to reveal her true nature to others. She stated,

But we fix other people's problems and we don't have any. So to go to a very established and well-known professor and say I was fucked up like that girl in there and I need you to tell me whether that's okay or not. Was—yes, it was scary, yeah. And after that I felt just immense relief. I know that if I hadn't have said anything, if to this day he had no idea that I had any sort of experience with what she is going through, I would feel like I was lying. I would feel like it was—I was being deceitful.

The threat persisted throughout the semester as Ellen struggled with her own emotional reactions to meeting with and preparing for the client week and grappling with her desire to disclose her experiences to her client. She strongly desired to disclose to the client but

was conflicted as a result of negative messages she heard throughout the program about using self-disclosure with clients, thus her IWM of her self as a counselor consisted of not being allowed to share the personal parts of herself with her clients.

Miranda. The major threat for Miranda appeared to be ever-present for her and it was related to her fears of being judged by others. She viewed herself as an anxious person who is very self-critical and had fears of others seeing this in her and believing she was mentally unfit for being a counselor. She feared that people would judge her inaccurately and this would interfere with her ability to become a counselor. She particularly feared this with supervision due to the evaluative nature of the relationship. Regarding her approach to supervision she reported having fears of judgements from others: “What people think of me where they are in place of power where they can make or break [me].” This was also exacerbated by her past history with her advisor from her undergraduate program, who she perceived as being emotionally abusive towards her and judging her unfairly. Underlying Miranda’s concerns was her IWM that consisted of viewing herself in a negative light and as a person who continuously lacks confidence and doubts herself.

Attachment Strategies

In response to the threats participants experienced, they utilized a variety of attachment strategies that were based on their unique contextual factors. These responses to the threat did appear to be largely connected to the participants’ attachment style based on the RSQ results as well as their IWM. All participants’ responses to their threat will be discussed in terms of the primary attachment strategies and secondary attachment strategies Mikulincer and Shaver (2016) note in their model of adult attachment.

Ellen. Based on her attachment style and her IWM of how she tends to approach relationships, Ellen had the desire to distance herself from her supervisor until she felt he had earned her trust. However, once she recognized her client had a presenting concern that was related to her past, she made a conscious decision to seek out her supervisor.

She stated,

Immediately upon meeting the client the very first session, I was like thinking to myself this is going to be a problem. It's going to be a problem if I don't say something. So I talked to both my primary supervisor and the doc supervisor separately and I just said this is my experience with this and I'm telling you this so that you can watch me very carefully and make sure that I'm not being too easy on her because of this or pushing too hard on the situation or her.

Ellen recognized the conflict that could arise in her ability to effectively work with her client and utilized the primary attachment strategy of seeking proximity and disclosing her past to her supervisor.

As her relationship with her supervisor continued to progress, it appears Ellen began using hyperactivating strategies. She discussed how she would utilize supervision as a means to continuously address her emotional needs. Regarding the focus of supervision sessions early in the semester, she stated, "He [supervisor] was treating me like a client because I was behaving like a client." This resulted in the supervisor recognizing the high emotional needs Ellen had and suggesting she seek her own counselor to get further support.

Conversely, Ellen also utilized deactivating strategies at times. As the threat remained present for her for a large part of the semester, she had many thoughts about her desire to utilize self-disclosure with her client. She seemed to ruminate on these thoughts for several weeks without discussing them with her supervisor before ultimately deciding to address it with him. She started hearing messages from her professors in her head

about the dangers of self-disclosure and having “a million arguments against going through with self-disclosure. It would be selfish. It would be for me, it wouldn’t be for her.” She did ultimately decide to address it with her supervisor and discussed the difficulty in doing so, and the surprise at his reaction: “There was definitely some shock in him condoning such abhorrent behavior like self-disclosure.”

Jennifer. During her experience of threat, Jennifer utilized deactivating strategies related to her supervisor. When she received very direct feedback about her difficulties with her client, Jennifer described her experience: “So I’m like becoming like physically ill. I’m like, I don’t know if I’m going to throw up or if I’m going to cry. But that I’m like shaking because I don’t, I can’t control these emotions, and I don’t know what’s going to happen and I just can’t possibly sit here any longer.” In terms of how she managed this in relation to her supervisor, she stated, “I was defensive and I was mad and I didn’t address that. She gave me the space for it and I didn’t address it.”

Jennifer did further address her experience related to this feedback; however, she did not do so with her supervisor directly. After receiving this feedback she sought at her own personal counselor, who she had seen previously but not in her recent history. She reported addressing her reactions with her counselor but never addressing it with her supervisor and what it meant for their relationship. Related to the supervisory relationship, Jennifer stated she focused on addressing the difficulties she was having with her client in general during group supervision but not discussing her relationship with her supervisor. Jennifer discussed her decision to discuss the issue in group supervision: “So by having everyone there it was like a little safer. It was more of a buffer and the feedback that she gave wouldn’t have been direct.” By discussing the

issue in a group setting and focusing on the client as opposed to the supervisory relationship, Jennifer continued her use of deactivating strategies to keep a distance between her and her supervisor.

Elizabeth. Elizabeth described her experiences with her supervisor related to the use of primary attachment strategies. She sought her supervisor's support and perceived her to be readily available and responsive to her needs. She experienced her attachment needs as being met and did not encounter a situation where she utilized secondary attachment strategies.

In the early stages of the semester, Elizabeth was reviewing her videotapes of her sessions and noticed she did not receive feedback from her supervisor. As a result, Elizabeth contacted her supervisor to notify her of the situation and seek out additional supervision around specific questions she had about those sessions. In addition to this event, Elizabeth perceived herself as reaching out to her supervisor to seek support around her reactions to her male client who caused significant emotional reactions. She recognized having difficulty with the client and needing additional support: "He needed to be confronted on all kinds of issues and incongruences and I was struggling to do that." She sought out additional supervision to address these concerns that went above and beyond the required amount of supervision. She stated she was able to express her emotional reaction to her client with her supervisor but was conscious of doing so in a professional manner.

In general, Elizabeth initially believed she might be seen as too "needy" or "clingy" if she went to her supervisor; however, she quickly realized she was no different than her peers and they all needed high levels of support, just surrounding different areas.

She did express it was necessary to make herself vulnerable with her supervisor and seek out additional support, despite her fears around being the first one of her peers to do so. She perceived herself as being able to speak up for her needs when she felt it was necessary.

Eden. Although Eden had high levels of trust and comfort with his supervisor from the onset of the semester, his belief he needed to have high levels of professionalism at all times drove the way he approached his supervisor. He discussed how his supervisor continued to make attempts throughout the semester to address his internal reactions; he continued to want to focus the logistical issues of supervision and her providing him with the answers on how to be a counselor. He stated, “Give me the right answers. Tell me how to be a good counselor so I can go be a good counselor!”

Eden continued to experience significant distress and fears about being able to become a counselor. He noted, “I am going to stagnate and end up getting bounced, I don’t feel like I am good enough to be here.” Despite having such thoughts build throughout the semester, he continued to try to keep them from his supervisor. When she continued to point out he was not being himself, he would respond with, “I’m ok.” He did not want to address what was internally occurring for him due to his fears of being kicked out of the program. He reported how his supervisor’s continual attentiveness to what was occurring for him eventually led him to open up to her. He pointed out, “For her to reach out it allowed me to at least admit that I’m not doing the best right now. We explored why and it really has me thinking before the [Thanksgiving] break.” Eden began to realize the high levels of care his supervisor had for him and led to eventually use a primary attachment strategy and open up to her about his thoughts and feelings.

Miranda. As Miranda believed she did not have needs that needed to be addressed in supervision, she largely used deactivating attachment strategies where she would distance herself from her supervisor. She did not feel comfortable exposing parts of herself she believed she could be judged for, which resulted in her trying to say as little as possible with her supervisor. When discussing her fears of being vulnerable with her supervisor, she stated,

So, like I've always been told I was too sensitive or so I was—it's a lot of negative messages related to showing emotion especially if it's crying. So, it is really hard and wasn't comfortable to feel you know emotional or to be looking emotional because it's that worry that they're going to think you are too emotional, too sensitive for emotionally unstable or who knows.

Miranda added that she would intentionally suppress her emotional reactions and tend to keep them hidden from her supervisor, stating, "I'll try to just kind of lock it outside and not get too deep into things because they're not my counselor."

Miranda was able to recall one instance where she did consciously seek proximity with her supervisor regarding the content of her session note with her client. She reported, "So, I went to find her and kind of, like, can you look at this and make sure I'm actually doing this okay?" She discussed her fears around seeking proximity, stating, "It's my own stuff, I'm out there, not wanting to bother, not wanting to annoy and/or not seeming like I am needy or incompetent and that sort of thing." Miranda generally kept emotional distance from her supervisor and was only willing to discuss more content based issues such as her session note, as opposed to any of her internal reactions.

Suzie. In the early stages of her relationship with her supervisor, Suzie utilized deactivating attachment strategies. As she did not have trust with her supervisor and viewed her as condescending, she purposely attempted to avoid interacting with her. She

stated she “purposefully ask the other [doctoral] supervisor to view my notes to avoid” having to talk to her supervisor. She added, “I didn’t want to ask for help because I didn’t want to get negative feedback or didn’t want to feel stupid, so I just avoided it.” She continued to utilize this strategy until the time of her first session. Immediately after her first session, she utilized a hyperactivating strategy. Her supervisor was present and available to her but did not view her as responsive in the moment which resulted in her strong displays of emotion.

The following day when Suzie returned for supervision, she again began utilizing deactivating strategies, stating, “I don’t think I talked a lot initially. I remember feeling really uncomfortable, fidgeting, not making eye contact.” However, once her supervisor disclosed having difficulty with seeking perfectionism too, Suzie began to see their relationship differently. This interaction led to ongoing discussions Suzie was able to have about perfectionism and how it related to her counseling ability. For the remainder of the semester Suzie was able to utilize the primary attachment strategy of continuing to be open and have ongoing discussions of how her striving for perfection can impact her work as a counselor.

Perception of Supervisor’s Response

The participants’ narratives highlight the importance of their own perceptions about how their supervisor attends to their attachment strategies. Essentially, these perceptions are directly related to the effective caregiving strategies Feeney and Collins (2004) outline. Feeney and Collins discuss effective caregiving as including: attentiveness, availability, sensitivity, and responsiveness to the individual’s attachment needs. Even if the supervisor appeared to be effectively attending to these concerns, it

did not always necessarily align with the individual supervisee's perceptions. Therefore, this section highlights the importance of supervisors having high levels of personalized knowledge about supervisees, their personal history, and their IWMs. Having such knowledge about supervisees would be useful for supervisors to have in order to respond to them in a way they will perceive as effectively attending to their attachment needs. The following examples will highlight the importance of the supervisees' perceptions to the way their supervisor responds to them.

Jennifer. Jennifer still viewed her supervisor in a positive light despite the rupture that occurred between them. She reported initially having anger towards her supervisor and that she was being told she is not good. She did not like the manner in which her supervisor addressed the issue with her due to her own belief of herself as a "sensitive" person. As a result, she was hesitant to further address the issue: "I don't know if she would have been able to do it in the way that I needed her to, because of her directness and my sensitivity, emotionally." Overall, Jennifer perceived her supervisor as insensitive to her needs and thereby did not further attempt to process the threat with her.

However, after continuing to process the issue in her counseling, Jennifer was able to work through her anger and was ultimately thankful to her supervisor for bringing the issue to her attention. At the end of the semester, Jennifer reported making the following comments to her supervisor:

I wrote about that in my paper because I was so thankful that you brought that up. And I'm still working on it. I wish I would have happened sooner because I would have liked to make more progress with my client. But I was really glad that you did because I wasn't seeing that and it's something that I'm apparently still struggling with I'm like need to work through that.

Jennifer recognized that the feedback her supervisor provided was needed for her continued growth as a counselor. However, due to her perceptions of her supervisor as insensitive to her needs, she felt insecure about addressing the threat further with her supervisor, which potentially could have limited her opportunities for learning and personal growth.

Miranda. Miranda did perceive her supervisor as attending to her needs effectively. Miranda wanted to keep distance from her supervisor and not expose parts of herself she believed to be incongruent with being a counselor. As a result, their interactions focused on issues that felt safer to her. Miranda stated feeling comfort with her supervisor: “like just school and she’s a cat person,” as well as a conversation about the supervisor’s marriage. Discussing these types of issues created comfort because it drew away from having to uncover her reactions about what was really occurring for her in practicum. She added, she felt comfort in hearing positive aspects of herself stating, “For me I like lots of reassurance, reassurance is good. So, I guess you know there’s always room for more of reassurances.” Miranda had strong desires to be given this type of positive feedback and ultimately faced challenges with believing the feedback to be true. She stated, “I caught myself times like the positive things that she would say, I’d be thinking like does she say that to everybody or is she just saying that to make me feel better, does she really mean it and that kind of thing.”

Elizabeth. Elizabeth utilized primary attachment strategies to attempt to get her needs met from her supervisor. This was especially evident when Elizabeth attempted to seek extra supervision related to not getting feedback on her tapes or wanting additional support with her client that challenged her. When recalling her perceptions of how her supervisor responded to these requests, Elizabeth stated, “I reached out to her and she

responded right away that she was happy to meet with me, gave me a number of times. She made it very easy, it didn't seem like this was an inconvenience to her meeting. And so, yeah, I felt like she was really responsive to that.”

Additionally, Elizabeth described an increased sense of comfort that aligns with Mikulincer and Shaver's (2016) concept of broaden-and-build cycle of attachment security, which will increase the likelihood one continues to engage with an attachment figure through the use of primary attachment strategies when previous attempts have been successful. Regarding the increased comfort she felt based on her supervisor's responses to her, Elizabeth stated it “made me more likely to go to her in the future if I ever have something come up. I think just set a stage for me to feel more comfortable with that.” She initially described a fear of being needy if asking for additional support, but this quickly dissipated based on the manner in which her supervisor responded to her.

Deactivation of the Attachment Behavioral System

When supervisees perceived their supervisor as utilizing effective caregiving strategies, it resulted in a deactivation of their attachment behavioral system. As a result of this deactivation, they were able to explore parts of their counseling identity that previously had been a source of uncertainty for them. However, not every participant appeared to have this deactivation occur for them, or in one case, the deactivation occurred as a result of engagement with an attachment figure other than the supervisor involved. The aspects contributing to the deactivation process will be described below.

Eden. Eden discussed how his supervisor remained attentive to his needs and was persistent to continuing to push him to challenge himself on a deeper level. He stated, “She didn't care that I was bullshitting her. She didn't take it personally anything

like that. She just knew. I wasn't being true to myself and being genuine. And it really just like it really clicked I think then that she cared about me deeply as a human and not as a supervisor or supervisee." As Eden continuously felt cared for on a human level, he was able to address internal concerns and his focus on professionalism. As a result of this being addressed, he was able to explore parts of his counseling identity related toward working with children.

Jennifer. Jennifer's story was unique in the sense that her attachment behavioral system did appear to become deactivated; however, this was the result of her work with her counselor as opposed to anything that occurred within the supervisory relationship. As opposed to addressing the rupture in the supervisory relationship, Jennifer sought out her own counselor to manage her emotional reactions to the feedback her supervisor provided. She reported she spoke of her "counter-transference" issues she was having with her client and addressed her reactions to her supervisor. This appeared to deactivate her attachment behavioral system and she returned to practicum the following week ready to discuss how she can improve her ability to be more confrontational with her client. However, the rupture with her supervisor remained present and was not addressed further.

Suzie. Suzie began to experience her supervisor's use of effective caregiving on the night after her first counseling session. As the supervisor continued to attempt to engage with her that night, Suzie reported, "She patted me on the back and said, 'It's ok. Can I do anything for you? Remember, you did fine.' She said very comforting things and then it felt better than it did initially." The following day during supervision, Suzie's supervisor continued to remain attentive and sensitive to her needs as she disclosed her

own difficulties with perfectionism to Suzie. This resulted in Suzie's perceptions of her supervisor changing dramatically, which allowed them to process her striving for perfectionism for the remainder of the semester. She noted, "Once I started to perceive here as more equal, then I was much more open, I was a lot more myself. I'm super quirky and weird and that came out a lot more once I was more comfortable with her." Suzie was able to explore how these personal aspects of her life influenced her work as a counselor. She stated, "I got more comfortable discussing how my parents constantly wanted me to be this all-star child and talked more about that. We definitely talked way more than I ever thought I would tell her."

Relational Transformation

Although it was not a specific aim of the study, data emerged reflecting the participants' development toward a cohesive professional identity. The participants demonstrated varying degrees of integrating their personal and professional selves and reaching a more cohesive identity. The participants struggled with reconciling beliefs about internal working models of themselves and others within counseling and supervisory context. They grappled with two major questions: Am I allowed to have these parts of myself be a part of my professional self? What will my supervisor think if they see this part of myself I believe to be incongruent with the profession? Some participants showed greater levels of success in answering these questions as they explored them in supervision. This is similar to the parent-child dyad as children begin to explore their world and test what is acceptable behavior that will result in their caregivers' ongoing attention to their needs.

Ellen. Over the course of the semester, Ellen's perceptions of herself began to change. For example, she stated,

My perception of myself has changed in that, in recognizing that I am the tool, that the only reason counseling works is because it's two human beings in a room. It has made me feel like I have the right to request help or to ask for what I need and that it doesn't mean that I am incompetent or that I am unintelligent it just means that thankfully I figured it out—an area where I can improve and I have the resources to improve.

Ellen was able to recognize and experience that her past trauma did not prevent her from being a counselor. More importantly, she was able to share this part of herself with a client after deactivating her attachment behavioral system through supervision. She became more confident in her ability to trust and utilize herself in the counseling room as a means to assist her clients. She reached a higher level of authenticity and genuineness as she was more willing to accept parts of herself she previously saw as incompatible with counseling.

Eden. As Eden struggled throughout the semester with meeting the high demands of professionalism he placed on himself, he wanted to approach the supervisory relationship in the professional manner he envisioned. However, through his supervisor's ongoing approach to him with regard for care to his needs, he was able to recognize his inauthenticity to himself. He was given the space to explore how his authentic self would fit within a counseling context, ultimately leading him to make significant life and career decisions such as no longer taking his ADHD medication as well as his desire to pursue counseling with children, despite this being his biggest fear at the beginning of the semester. He stated,

I am excited to just continue on the journey and hopefully end up being able to work with children or maybe find another niche that I didn't know existed because I was letting fear drive my path and once I stopped doing that it changed

my life. I mean I quit living in fear and accepted the things that came my way and it just helped me be a better person, which has then helped me be a better counselor and I think that trying to be a better person in my day-to-day life is more important than trying to be a good counselor. Trying to be a good person is what matters and that's how you would be a good counselor.

Miranda. Miranda continued to grapple with questions about her self-esteem, confidence, and mental health throughout the semester. These questions remained unresolved by the semester's end. Due to her belief of not having needs, she engaged with her supervisor throughout the semester in a manner that focused on protecting herself, fearing she would reveal something about herself that would result in her no longer being accepted in the program. She perceived her supervisor to be attending to her; however, this is within Miranda's framework of approaching supervision in a way that will be safe. As a result, Miranda was not challenged further to address the factors that drove her insecurities throughout the practicum course and they remained unaddressed by semester's end.

Suzie. Suzie was able to make significant changes in the way she saw herself and the ways she saw supervision. She stated, "there is a whole other part of supervision of growing as a counselor and talking about biases and talking about the perfectionist stuff that is going on and how that bleeds over not only as a counselor but also how that could affect me in the room." She discussed the changes she was able to see in herself: "I learned so much about myself and how my past, especially with family and relationships and perfectionist tendencies really are influencing a lot of different aspects of my life." Suzie stated that as a result of what she learned in practicum, she sought out her own counselor to continue to work through her ideals around perfectionism, recognizing it will be an ongoing process.

Researcher Reflexivity

The following section will briefly summarize the steps taken to enhance researcher reflexivity in addition to the greater detail provided in Chapter III. I wrote reactions to participants after each interview I conducted with them. My journal reactions of each participant were given to the external auditor, who read them prior to reviewing the transcripts of the interviews and viewing the open and axial coding I created. The external auditor was made aware of my reactions to the participants so she could determine if my reactions biased the data that was collected or the way I interpreted the data. After reviewing all the necessary data, I met with the auditor to discuss her impressions of my interpretation of the data.

Role of the Auditor

The external auditor was provided with all the data collected from the study, beginning with the data obtained from the RSQ. In order to mask my knowledge of the participants' general attachment styles prior to interviewing them, she was given the task of choosing participants to contact to complete interviews after viewing their RSQ results. The data from the rest of the study were given to the auditor once interviews were conducted and transcribed and the participants' journal responses from the photo elicitation were collected. She was able to see the open and axial coding procedures I utilized, including all the notes in the margins of the transcripts I made as well as coding into the final eight narrative categories as these categories were color coordinated and highlighted on the transcript documents as they related to the responses of the participants during interviews and their photo elicitation journal responses.

It was important to me that the auditor was a doctoral student in Counselor Education and Supervision and had completed coursework in both qualitative research and supervision. By the auditor having education and experience with clinical supervision, she could be better equipped to identify biases that may emerge in my interpretations as a result of my beliefs around supervision practices. Additionally, it was important she have a general working knowledge of attachment theory. Having possessed this knowledge during the auditing process allowed her to further understand any biases of mine that may have emerged throughout the course of the study. She was able to analyze the data collected, the coding procedures I utilized, and view my reactions to the participants to ensure the accuracy of the interpretations I made in each participant's narrative.

After reading all the data, the auditor concluded in general that each participant's narrative accurately captured what they reported based on the interview process, their journal entry, and my researcher journal. The auditor stated she believed that the narratives were complete in that they were not missing relevant information. The auditor also reported she felt like I remained free of bias related to not adding any additional information that was not included in the data or that I was not attempting to speak for the participants in any manner.

The auditor did have several questions regarding the participant Ellen. The auditor reported that Ellen's narrative seemed to focus extensively on the traumatic incident that occurred in her early life. She discussed her own views about this creating an uneasy feeling for her as she felt Ellen was being labeled as victim and this victimization appeared to be central to her identity in the narrative. The auditor

wondered why there was not more data related to Ellen's upbringing in her family or other earlier life experiences that had an impact on her attachment style.

The issue related to the auditor's feelings about Ellen's narrative was discussed thoroughly by myself and the auditor. We discussed the rationale for Ellen's narrative to be written in the way it was. First, the narrative element of each participant's personal history and past was something that was not explicitly intended to be sought during the interview process. However, this was an element that emerged for participants and appeared to be directly related to very specific elements of their personal history that emerged as salient for them throughout the semester. Ellen did not make any mention of any other characters or plot lines in her personal history during the interview process or in her journal entry. Second, during the member check process with Ellen herself, she responded with endorsing the narrative as capturing her experience accurately. She responded in an email stating, "Wow, powerful for me to read that looking back... thank you for including me in your research. Truly, reading this through has an incredible time-capsule-like feel." In a follow up email, I asked, "Does it all seem accurate? Any changes you think should be made?" In response to these questions, Ellen stated, "Terrifyingly accurate."

This feedback from the auditor was important information as it was another perspective that I had not considered previously. It was not my intention to portray as having an identity that revolved around being a "victim." It was my intention to demonstrate how relevant it was for her that her client had a similar experience and how it caused strong emotional reactions for her throughout the semester. The auditor and I further discussed how our views on this matter may be shaped by gender differences. As

I am male and both the auditor and Ellen were female, the auditor stated how this may have further shaped her views and strong emotional reaction to her narrative. As a result of Ellen's endorsement of the narrative, it was determined that no changes would be made to it to ensure her experience was accurately portrayed in manner that felt truthful to her.

Member Checks

Member checks were utilized with all six participants on two separate occasions. The first member check occurred after the completion of the first interview. I created an interim narrative text that highlighted the narrative categories from the first interview that focused on the participants' initial transition into practicum, the bond with their supervisor, and elements of threat that began to emerge at that point in their semester. The participants received this interim text prior to their second interview and had the opportunity to verify my interpretations of the events discussed in the first interview or make any additions that were not discussed.

The second member check occurred after all the data was collected and coded. I then wrote each participant's narrative in the format of first-person journal entries. These narratives were sent to the participants upon their completion and they again were allowed the opportunity to verify my interpretation of their story. They were given the chance to make any corrections to the data the narratives contained or to express any concerns about elements of the story that did not feel true to their experience. One participant expressed concerns about a name I created for an individual that was part of the narrative and requested I change this name. No other concerns were noted by any of the participants related to the interpretations I made in their narratives.

Lastly, after all the interviews were conducted, each participant was sent data related to the results of their RSQ. The data were described in terms of their highest average scores in terms of each of the four attachment styles, as well as how this may influence their use of primary and secondary attachment strategies according to the model of adult attachment (Mikulincer & Shaver, 2016). Elizabeth was the only participant who provided a response to this data. Elizabeth stated she felt her RSQ results provided an accurate reflection of her attachment style and her related potential tendencies regarding the use of primary and secondary attachment strategies. No other participants provided any feedback regarding their RSQ results.

Summary

The participants in this study aided in the understanding of how supervisee's engage with their supervisors in their first practicum course from an attachment perspective. The participants' narratives provide insight into what can be occurring for supervisee's internally as they attempt to navigate the process of becoming a counselor and their understanding of the role their supervisors play in this process. Overall, the participants' stories highlighted the importance of how their past personal histories and their internal working models influenced the way they engaged with their supervisors. The participants' narratives unfolded in a unique manner based on the unique contextual factors they brought with them into the supervision relationship.

The data presented in this chapter reflect the personal details, thought processes, and emotional vulnerabilities of counselors in training and their attachment processes as they engage in their first clinical supervision relationship. The voices and internal processes from the supervisees perspectives have been absent in the research base

regarding attachment and supervision. The participants' narratives included in this study can inform supervisors and counselor educators about how attachment processes may influence how a supervisee progresses throughout their practicum course. The following chapter will provide a discussion of significant points that emerged from the data, followed by a discussion of implications for the field of counselor education, areas for future research, and limitations of this study.

CHAPTER V
DISSCUSSION
Introduction

In this chapter, I will discuss the results of the study starting with the data as it relates to the research questions of the study as well as a detailed discussion of the findings. The purpose of this narrative research study was to examine the lived attachment experiences of counseling supervisees who are engaging in their first supervision relationship, specifically regarding their attachment-related experiences, feelings, and ideations. In Chapter IV, I identified the following narrative categories that shaped each participant's narrative: Participant Personal History, Transition into Practicum, Internal Working Models of Self and Supervisor, Threatening Event, Attachment Strategies, Perception of Supervisor's Response, Deactivation of Threat, and Relational Transformation. Each section of the results will include detailed discussion and implications for counselor education training and curriculum. I will then address the limitations of the study and ideas for future research.

Research Questions

The overarching research question of this study was:

- Q1 What stories do supervisees tell regarding their experiences of attachment-related behaviors, feelings, and ideations within their first supervision relationship?

The interpretation of the data suggests that supervisees entering practicum shape their narrative of their attachment-related experiences with their supervisor based on the

contextual factors related to aspects of their personal history, their general attachment style, and their specific attachment bond with their supervisor. In general, when supervisees perceived their supervisor as attending to their attachment needs and responding with elements of an effective caregiver (Feeney & Collins, 2004), they were able to deactivate their attachment behavioral system and proceed in their counselor development, ultimately working toward a higher integration of their personal and professional selves. This aligns with the Attachment Caregiving Model of Supervision developed by Fitch et al. (2010) who argues that supervisees are able to engage in exploratory behavior and further learning when their attachment behavioral system becomes deactivated.

The following poem will be utilized to represent a grand narrative that is meant to provide a structure and format to further discuss the meaning of the results. I created this poem as a result of my own interpretations of the data I obtained from the study. This poem is meant to capture the general experiences of all the participants in this study based on the data that emerged from their collective narratives.

Who Am I?

I enter this world

Blind to the details of its landscape.
 I possess only a map
 That gives me a general outline,
 The borders I can and cannot cross.
 My goal: only to begin
 To understand and fathom
 What I am about to explore.

Sightless and searching,
 I anticipate the journey,
 Am wrought with intense emotion,
 A mix between excitement –

For having found this land –
And paralyzing fear
For the unknown
That lies ahead.

When entering this land
There is no way to remove
The weight of my previous journeys.
I carry them on my back
Inside a box only I can open,
The contents of which shape my thoughts
Of who I am
Who I am supposed to be
And who you are to me.

In this land, you are my guide.
I am often unsure of your purpose,
As you know the terrain
With a greater clarity and wisdom
And also hold the key
That opens the gate,
Allowing or preventing me
From learning this world.

In this world,
I don't know who I am allowed to be,
Wanting to take the right steps
To prove to you
I am worthy.
Yet still I carry this box,
Unsure of what to do with it.

In the midst of my journey,
I begin to face peril.
Connected to what is in my box,
I must now choose –
Do I reveal it to you?
Do I keep it hidden?

You are a beacon of light
In this dark cold land.
I am a moth,
Sometimes fluttering aimlessly,
Drawn to your radiance
Yet hesitant of the heat.

Should I stay too long,
 I may get burned.
 Keep my distance,
 I will feel lost.
 Traveling through this land,
 I can come to you,
 Feel the warmth you emit,
 Creating comfort
 To go explore,
 Knowing I can always return.

To navigate this land,
 I must use you,
 Show you the parts of myself
 I fear the most,
 In hope you can know me
 And I can know you.
 I can truly be me
 And face the unknown
 That always lies ahead,
 Giving back to those I meet
 What you have given to me.

This poem will be utilized as framework to discuss and highlight more specific findings from the study. In particular, this poem will assist in structuring a discussion of the findings as they relate to the secondary research questions.

Secondary Research Questions

Activation of attachment behavioral system.

*In the midst of my journey
 I begin to face peril
 Connected to what is in my box*

A secondary research question of this study was:

Q2 How do supervisee's describe the activation of their attachment behavioral system in their first practicum?

At the heart of the participants' narratives was the element of threat they experienced as they began engaging in their work as a counselor. This threat was driven

by specific contextual elements of the participants' personal history, which informed their internal working models (IWM) of self and others. Their personal history and IWMs largely contributed to what they perceived as a threat and resulted in activation of their attachment behavioral system. These results fit with the theoretical propositions of Mikulincer and Shaver (2016) who argue that the activation of one's attachment behavioral system can result from psychological threats and that activation depends on the subjective appraisal of threat, not only the occurrence of actual threat.

The impact of the participants' past became a relevant factor as they progressed through their practicum courses and were connected to the psychological threats they experienced (Mikulincer & Shaver, 2016). As a result of connections from each of their personal histories, the factors that resulted in the activation of their attachment behavioral systems were unique to each of the participants. Their personal histories often appeared to be a source of anxiety, frequently related to fears about how their supervisor would perceive them if this history was revealed and often resulted in their questioning their fitness to remain in the field. This finding aligns with previous notions of the difficulties counselors in training face as they transition into practical clinical experience (Ronnestad & Skovholt, 1992).

*The contents of which shape my thoughts
Of who I am
Who I am supposed to be
And who you are to me*

Miranda feared sharing her past as it was connected to her working model of self, her lack of confidence, and her history of depression. She questioned whether such as history was compatible with being a counselor. She feared she would be perceived as unfit for the profession due to her past experiences. These findings echo past assertions

by Skovholt and Ronnestad (2003) who discussed major stressors counselors in training face as they bring their practical experiences. Many of the factors discussed by Skovholt and Ronnestad (2003) appeared to be contributing factors related to the activation of one's attachment behavioral system including: elements of performance anxiety (Suzie, Jennifer and Eden), evaluation and gatekeeping (Miranda), poor emotion regulation (Ellen and Miranda), and a lack of professional identity in terms of their view of self and their role as a helper (all participants). For participants, the activation of their attachment behavioral system appeared to be significantly tied to their personal history and often beliefs they held about what it meant to be counselor.

The activation of the participants' attachment behavioral systems were connected to their anticipated confrontation of their past within the context of supervision. For example, Jennifer had to confront her past experience with her peer in a previous class and how this was impacting her interactions with clients. Eden had to confront his family history and how he attempted to be hyper-professional in his interactions with others to compensate for this history, which resulted in his inauthenticity with his clients. The prospect of facing the past was made more difficult when in the context of supervision as participants often believed these parts of themselves would not be acceptable for the profession. These findings again relate to Skovholt and Ronnestad's (2003) ideas particularly related to novice counselors having a need for positive mentors. When the participants were able to openly confront their past history with their supervisors in a way they perceived to be supportive, it resulted in deactivation of their attachment behavioral system (Fitch et al., 2010).

Supervisors can be aware of the unique contextual factors resulting in the activation of each participant's attachment behavioral system by attending to their personal history and internal working models. As a result of the unique nature of the participants and their history, the activation of their attachment behavioral systems did not emerge in any uniform fashion. A common element for all participants was the fact that their pasts included events with a relational dynamic with either family, peers, or former supervisors/authority figures that re-emerged during practicum. The timing of this re-emergence was different for each participant, with some participants becoming activated right at the onset of the semester; whereas others became activated as the result of specific events that occurred with their clients. As the timing of activation lacked uniformity across participants, it can be argued that supervisors can be more aware of the unique contextual factors related to their supervisees' personal histories. Each participant's personal history appeared to be directly related to the activation of their attachment behavioral system.

Proximity seeking.

*I must now choose –
Do I reveal it to you?
Do I keep it hidden?*

Lastly, this study considered the following question:

Q3 How do supervisees describe their attempts to seek/avoid proximity to their supervisors?

The concept of attachment proximity should be considered within the context of the practicum course and how this influences the supervisory relationship. For example, for all of the participants, it was a requirement of their program and CACREP standards that they meet with their supervisor on a regular basis, thus making physical proximity

mandatory within the relationship. Therefore, additional considerations should be taken into account besides physical proximity such as the supervisees' willingness to disclose information, process personal reactions, express emotional vulnerability, and generally utilize their supervisor as a safe haven.

The manner in which the participants sought proximity with their supervisors was unique, which is described in detail in Chapter IV. In some cases, there were very clear cases of the use of primary attachment strategies initiated by the supervisee (Mikulincer & Shaver, 2016), such as when Elizabeth sought out her supervisor for additional sessions when there was no feedback on her tape or additional sessions to assist her with the male client that produced strong emotional reactions in her. At other times, the supervisor brought attention to particular issues they were noticing, leaving the supervisee with a choice to further disclose their reactions.

*Should I stay too long
I may get burned*

When confronted about her engagement with clients and lack of assertiveness, Jennifer was left with the choice of processing her reactions with her supervisor. Ultimately, she decided to keep these reactions hidden, believing she was being personally attacked. Therefore, she utilized a deactivating strategy, believing it was unsafe and unnecessary to openly address this with her supervisor. In the above noted example of Jennifer, the manner in which they managed proximity does not align well with what her RSQ scores would have predicted. For example, Jennifer was determined to have a preoccupied attachment style based on her RSQ scores. This would predict a greater likelihood of her use of hyperactivating strategies (Mikulincer & Shaver, 2016) in meeting her attachment needs, when in reality she employed the use of a deactivating

strategy with her supervisor and her preoccupied attachment style became more evident with a different attachment figure (her counselor). This suggests that one's general attachment style is not always going to align with theoretical predictions (Neswald-McCalip, 2001; Watkins, 1995) of how they will utilize attachment strategies. In the case of Jennifer, other contextual factors became relevant, such as a rupture in the supervision relationship that resulted in her seeking proximity with other attachment figures.

*Keep my distance
I will feel lost*

On the other hand, Suzie was determined to have a secure attachment style based on her RSQ scores. Compared to her preoccupation score, Suzie did have relatively higher scores on the dismissing subscale. Therefore, it would have been predicted she would have engaged in a deactivating strategy as opposed to the hyperactivating strategy she utilized in reality after the threat occurred. Other unique contextual factors influenced Suzie's use of hyperactivating strategies such as her own perceptions of her supervisor at that point in the semester as she viewed her supervisor as condescending and belittling. Additionally, the fact that her supervisor was a doctoral student may have played a significant role as Suzie initially viewed her as more of an equal as opposed to a stronger and wiser figure (Bowlby, 1988) who can provide her guidance and support.

The discrepancies between participants' general attachment scores and how they engaged in specific relationships with their supervisors is important to note as their general attachment style may not always predict how they respond (Neswald-McCalip, 2001; Watkins, 1995). Thus, supervisors should be cautious of assessing supervisees' general attachment styles and may benefit from also attending to measures of specific attachment between the supervisor and supervisee. Additionally, previous quantitative

studies provide evidence that supervisee insecure attachment styles will result in negative supervisory outcomes (e.g. Bennett et al., 2008; Deal et al., 2011; Foster et al., 2007; Kim, 1998; Renfro-Michel & Sheperis, 2009). However, these studies do not provide data about what is actually occurring in supervision relationships that produce these negative outcomes from an attachment standpoint, they only provide evidence that a relationship between insecurity and negative supervision outcomes exists. This study is able to in part provide this data and provides examples of how supervisee insecure attachment can result in either negative outcomes (Jennifer and Miranda) or positive outcomes (Ellen).

Discussion and Implications

In this section, I will discuss how the findings relate to existing relevant literature related to the topics of the impact of attachment in supervision and professional identity development. Within each of these sections, I will discuss the potential implications of the findings and how they relate to the field of counselor education and supervision. I will present how the findings can inform training and curriculum practices within the field particularly related to the practicum course and its design. The results described in Chapter IV related to each participant's narrative will be further expanded upon in terms of the relationship these findings have with the existing literature.

General and Specific Attachment

*I must now choose –
Do I reveal it to you?
Do I keep it hidden?*

The participants of the study reported high levels of care and admiration toward their supervisors. However, the trust component of the bond (Bordin, 1983) was

especially relevant in the cases of Jennifer, Suzie, and Miranda. Jennifer's trust with her supervisor was impacted negatively by the perception that her supervisor was harsh in her feedback and insensitive to her needs. Suzie initially developed a distrusting attitude towards her supervisor; however, this perception was altered after her supervisor attended to her needs after her first counseling session. Miranda's trust levels of others were generally low per her self-report and this appeared to be evident throughout the semester with her supervisor as she attempted to keep many of her anxieties and fears hidden. Suzie chose to reveal more of herself to her supervisor after experiencing her as a safe haven. However, Jennifer and Miranda did not experience their supervisors as safe havens, which influenced the shape of their narratives throughout the semester.

In terms of their general attachment style, Jennifer and Miranda both were categorized as having an insecure attachment style based on data from the RSQ. Therefore, the narratives of Miranda and Jennifer both give credence to the finding from the attachment literature that supervisee insecurity can negatively impact the working alliance, particularly the emotional bond of the alliance (Bennett et al., 2008; Renfro-Michel & Sheperis, 2009). Both Jennifer and Miranda had a lack of trust in their emotional bond with their supervisors. Jennifer did not trust her supervisor would be able to address the threat in a manner that was sensitive to her needs. Miranda had fears she would not be accepted for having high levels of emotion, thus she kept them from her supervisor. As a result, the supervisory working alliance in both cases were negatively impacted.

The findings noted above regarding Jennifer, Suzie, and Miranda align with the existing body of literature related to attachment processes in supervision. Research on

attachment in supervision has consistently demonstrated that supervisee attachment insecurity results in negative impacts on the supervisory working alliance, especially the emotional bond component of the alliance (Bennett et al., 2008; Deal et al., 2011; Foster et al., 2007; Kim, 1998; Renfro-Michel & Sheperis, 2009). The emotional bond Suzie felt with her supervisor changed drastically throughout the semester as her supervisor attended to her attachment needs through effective caregiving (Feeney & Collins, 2004) resulting in the deactivation of her attachment behavioral system (Fitch et al., 2010). Once the emotional bond was improved between them and they increased their mutual liking, caring, and trust, they were better able to establish the mutual goals and tasks of supervisor largely related to exploring the impact of her desire for perfection and how it impacted her identity as a counselor. Therefore, Suzie and her supervisor were able to attend to all three elements of the supervisory working alliance (Bordin, 1983).

As highlighted previously with the narratives of Suzie and Jennifer, the participants' general attachment style, as measured by the RSQ, did not always align with theoretical expectations (e.g., Neswald-McCalip, 2001; Pistole & Watkins, 1995) of how a supervisee with a given style would engage with or experience their supervisor. In the cases of Suzie and Jennifer, the way they perceived their supervisors' communication style altered the way they approached them. Alternatively, participants' relationships with their supervisors were positively influenced by a variety of other contextual factors outside of their general attachment style such as in the stories of Elizabeth and Ellen, for example.

In Elizabeth's case, she was consistently able to assert her needs and seek close proximity with her supervisor through the use of primary attachment strategies

(Mikulincer & Shaver, 2016). In addition to her secure attachment style as measured by the RSQ, her ability to consistently utilize primary attachment strategies (Mikulincer & Shaver, 2016) appears to have been aided by having had a previously developed relationship with her supervisor prior to practicum. Another contributing factor was the fact that counseling was her second career and she was highly motivated to be successful as a counselor, thus she placed a higher importance on taking initiative to seek the support she believed she needed to continue developing in a positive manner. This was reflected in quotes she made during interviews related to her desire to achieve success such as, "I don't know if I necessarily would have done that in my first career. I feel more comfortable advocating for myself." Conversely, in the case of Ellen, her RSQ scores indicated having a dismissive attachment style. Due to the contextual elements her client brought into counseling, Ellen made the choice to ultimately disclose her past trauma to her supervisor, thus initially breaking out of a pattern of avoidance that she indicated is present for her in typical relationships. In both Elizabeth's and Ellen's cases, they perceived their supervisors as effective caregivers (Feeney & Collins, 2004) and being attentive, responsive, and sensitive to the contextual elements they brought into the supervision relationship.

The findings described above provide further evidence for Bennett and her colleagues (2008) assertion that supervision specific attachment can have a higher predictive value of supervisory relationship outcomes as opposed to general attachment style. When taking attachment processes into consideration, supervisors and supervisees could benefit from attending to the unique contextual factors of the supervisees as they enter practicum in addition to their general attachment style. Based on the data from this

study, these contextual factors could include the supervisees' personal history and general working models, as well as their perceptions of supervisors' ability to effectively attend to their needs.

Attachment Caregiving Model of Supervision

*I can truly be me
And face the unknown
That always lies ahead*

All participants' narratives provide detailed descriptions of the factors contributing to the activation of their attachment behavioral system and the dynamics that resulted in either deactivation or continued activation similar to the process described in the ACMS (Fitch et al., 2010). The majority of the participants were able to engage with their supervisors in a manner that resulted in the deactivation of their attachment behavioral system. Ellen, Eden, Elizabeth, and Suzie all perceived that their needs were effectively attended to by their supervisor who provided them a safe haven. Fitch et al., (2010) described this deactivation process as being important because it increases the sense of security experienced by the supervisee. Once deactivation occurs, supervisees will then re-prioritize their exploratory system, thus focusing their energy on learning effective counseling.

For example, in the case of Eden, he began practicum from a place of believing he must be hypervigilant to his professionalism to overcompensate for his family background. He attempted to engage in avoidant behavior as he reported continuously stating to her, "Everything is ok." He added, "If I act great, if I act like everything is fine, it's fine." Through his avoidance behavior, he began interacting with his supervisor in a manner that was inauthentic. The supervisor was able to intervene in a manner that

resulted in the deactivation of Eden's attachment behavioral system, which allowed him to engage in exploratory behavior, enhancing his development and learning as a counselor. The supervisor's response and Eden's perception of it aligns with Feeney and Collins' (2004) assertion that effective caregiving requires responsiveness to attachment signals in a manner that considers the recipient's IWM.

As Eden gained awareness that his supervisor was seeing him as being inauthentic to himself, he was able to let go of his preconceived notions of professionalism. He arrived at a more authentic space, now recognizing his past as a gift to his work as a counselor, rather than a curse. This was important for Eden, as it allowed him to be more willing to let his natural self become part of his counseling, leading to his decision to pursue working with children despite it initially being one of his fears.

*Yet still I carry this box
Unsure of what to do with it*

In the cases of Jennifer and Miranda, supervision did not provide the safe haven function and effective caregiving (Feeney & Collins, 2004) to deactivate their attachment behavioral systems. For Jennifer, a rupture in the supervisory relationship was ultimately her major threatening event. Jennifer perceived her supervisor as lacking sensitivity to her needs related to the threat, stating, "She knew that I was struggling with it but I don't think she knew that it was as big as that was or she probably wouldn't have addressed the issue I was having as severely as she did." This perceived lack of sensitivity resulted in her seeking proximity to other attachment figures, mainly her own counselor. Fitch et al., (2010) note that in order to achieve deactivation of the supervisee's attachment behavioral system careful attention by the supervisor should be given to the supervisee's

needs. This can be achieved through supervisors having explicit conversations with supervisees at the onset of the semester related to their personal histories and IWMs and how this may influence how they expect feedback to be delivered. As Jennifer noted in her own statement, her supervisor may have been unaware of how the threat was resulting in intense reactions for her. As a result of Jennifer's use of deactivating attachment strategies, the supervisor remained unaware and the issue was not further addressed within the supervisory relationship.

Jennifer and Miranda both were categorized as having insecure attachment styles as measured by the RSQ. Both participants appeared to disclose less information, specifically around emotional vulnerability, and attempted to consciously hide these reactions from their supervisors. On the other hand, participants with secure attachment styles, as measured by their RSQ scores, tended to engage in increased levels of disclosure with their supervisors. For example, Suzie was ultimately able to disclose greater levels of information related to both her past as well as her emotional reactions after experiencing a perceived safe haven from her supervisor, thus deactivating her attachment behavioral system. This finding aligns with Gunn and Pistole's (2012) finding that supervisee secure attachment predicted increased disclosure in supervision. Furthermore, even when participants had an insecure attachment style, as measured by the RSQ, effective caregiving responses (Feeney & Collins, 2004) from the supervisors did tend to increase supervisee disclosure. For example, this is seen through the narrative of Ellen, who was continuously addressing her reactions to her client with her supervisor throughout the semester. However, it also builds on the findings of Gunn and Pistole

(2012) and provides support that supervisee disclosure can be increased through effective caregiving strategies even when the supervisee has an insecure attachment style.

*To navigate this land
I must use you
Show you the parts of myself
I fear the most*

Jennifer and Miranda both withheld from disclosing significant information to their supervisors about their reactions or their history. However, the motives behind their lack of disclosure appear to be different. Jennifer engaged in deactivating strategies (e.g., deter attention away from threats) with her supervisor as a result of a rupture that occurred in their relationship and impacted the emotional bond component of their alliance. This aligns with Ladany et al., (1996), who argue that 90% of supervisees withhold information from their supervisors as a result of negative impacts to the supervisory working alliance. However, for Miranda, her lack of trust appeared to stem more from her internal working model (IWM) of self rather than a negative impact to the supervisory working alliance or change in emotional bond with her supervisor. Her fears of being discovered as mentally unstable, fearing the evaluation process, and raising gatekeeping concerns (Skovholt & Ronnestad, 2003), as opposed to an event that negatively impacted the supervisory working alliance, was her motivation for withholding information from her supervisor. Miranda's fears of the evaluation process and desire to appear competent resulting in a lack of disclosure reinforce the ideas of Ronnestad and Skovholt (2003) who stated this is a common occurrence in novice counselors.

Therefore, counselor educators and supervisors may benefit from viewing the frequency and amount of disclosure by a supervisee as being impacted by not only the

supervisees' perceptions of the supervisor, but also by the supervisees' perceptions of self. The emotional bond component of the supervisory working alliances relates to mutual liking, caring, and trust (Bordin, 1983). Miranda reported high levels of liking and caring for her supervisor throughout her experience. However, her level of trust appeared to be consistently low not because of the impact of critical incidents in supervision (e.g., Ladany, Friedlander, & Nelson, 2005) or any ruptures in the supervisory relationship (e.g., Safran, Muran, Stevens, & Rothman, 2008), but also because of her own lack of trust in herself and her perception of being an imposter. In addition to utilizing the concepts of critical incidents and ruptures to understand supervisory disclosure and factors that have an adverse impact on the supervisory working alliance, supervisors could also attend to the internal processes of the supervisee related to their IWM of self, particularly as they transition into clinical practice and encounter the typical difficulties experienced by novice counselors (Skovholt & Ronnestad, 2003) as these difficulties were connected to the activation of the attachment behavioral system for each of the participants.

Relational Transformation

*I can come to you
 Feel the warmth you emit
 Creating comfort
 To go explore
 Knowing I can always return*

Several of the participants in this study were able to achieve a relational transformation that can be seen as a greater integration of their personal and professional selves. This integration was noted in my researcher journal related to the changes I saw in several participants between the first and second interviews. Based on the data and

their own perceptions, these participants were able to demonstrate significant development in terms of their counselor professional identities. Within the participants' narratives and descriptions of their IWMs there were data indicating an overlap of their general-self and counselor-self. This idea connects to the concept of the "person-of-the-therapist" (Aponte & Carlsen, 2009). The concept of the person-of-the-therapist includes the idea that the technical aspects of therapy cannot be separated from the personal aspects. This concept was present for the participants as they engaged in their practicum courses and with their supervisors. However, the participants appeared to have achieved varying levels of integrating their person-of-the-therapist into a more cohesive whole.

The strength of the integration of professional and personal selves may be related to the attachment experiences that individuals encounter with their supervisors. Participants often discussed difficulties they encountered related to merging their personal and professional selves. For example, in the case of Jennifer, part of her working model of herself included viewing herself as a nice and caring person. She stated, "I'm a nice person. I care about people. I mean what I say. My upbringing is very polite and you let people finish speaking before you speak." This aspect of herself and her values became incongruent with her counseling practice as she received feedback about being too nice and lacking an ability to confront her clients. Upon receiving this feedback, she utilized deactivating attachment strategies to avoid her emotional reaction to the feedback and her supervisor. This was never addressed further within the supervisory relationship, thus hindering opportunities to further integrate this aspect of her personal characteristics and values into her professional self.

On the other hand, some participants were able to demonstrate a greater integration of personal and professional selves after further addressing it in supervision. For example, in the case of Ellen, she was able to continuously seek out proximity and feedback from her supervisor, relying heavily on him to process her emotional reactions throughout the week and her preparation for each session with her client. Ultimately, this close proximity and her perception of her supervisor's continuous sensitivity to her needs resulted in her decision to gain support from him around disclosing her past trauma to her client. Therefore, she was able to integrate the personal aspects of the nature of the disclosure itself with the technical aspects of how to utilize the skill of self-disclosure effectively. Ellen initially believed that such an integration is not possible due to messages she had received around the dangers of self-disclosure. These examples resonate with the findings of Howard et al., (2006), whose study points out that counselors who had no prior practical experience had to make adjustments throughout the semester related to their conceptualizations of their professional identity. The data from the present study aligns with findings from previous studies related to the notion that professional identity development is enhanced by supervisors who help new counselors adjust to the counseling profession (e.g., Moss, Gibson, & Dollarhide, 2014; Dollarhide & Miller, 2006).

Participants in this study were at various points in their training, although the majority were toward the end of their training. The majority of the participants also appeared to achieve a greater integration of their personal and professional identities by the end of practicum. This aligns with the idea that professional identity development begins as early as the entry into a counseling program and culminates at the end of their

training programs (Gibson et al., 2010). However, two participants, Jennifer and Miranda, did not appear to reach high levels of integrating their personal and professional selves, which aligns with the idea that the integration of personal and professional selves of a counselor occurs later in their careers (Moss et al., 2014). The differences between Jennifer and Miranda compared to the other participants could relate to their insecure attachment styles, lack of disclosure, and processing with their supervisors around the aspects of themselves they viewed as incongruent with the counseling profession. This connects to previous findings suggesting that supervisees with secure attachment styles are more likely to engage in disclosure in supervision (Foster et al., 2007). Jennifer and Miranda were unable to work toward greater integration of aspects of their personal self related to low levels of confidence and assertiveness being integrated with their professional selves. This occurred as a result of their use of deactivating attachment strategies, which resulted in this information being withheld in supervision.

Parallel Process Considerations

*Giving back to those I meet
What you have given to me*

Elizabeth had intense emotional reactions to her male client that resulted in her feeling incompetent. She was able to address these issues in supervision and perceived her supervisor to be attentive, responsive, and sensitive to her needs, which ultimately resulted in her increased perceived ability to work with the client. Fitch et al. (2010) posit that when supervisees' attachment behavioral system remains activated, it can inhibit their learning and development. If Elizabeth had been unable to address her feelings of incompetence in supervision, her attachment behavioral system may have

remained activated, thus preventing her from further learning related to managing her sessions with a client she perceived to be difficult.

Elizabeth's narrative describes a progression in which receiving effective caregiving resulted in her ability to provide effective caregiving for her client. The counseling relationship parallels the supervisory relationship as both relationships can also be viewed as an attachment situation (e.g., Bowlby, 1988; Dozier & Tyrrell, 1998). Bowlby (1988) believes an effective therapist is similar to the role of a security-providing parent. Dozier and Tyrrell (1998) state a therapist should be responsible creating corrective attachment-related experiences, providing both a safe haven and secure base for the client during therapy, thus aligning with the concept of effective caregiving (Feeney & Collins, 2004). Collins and Ford (2010) note that optimal functioning of the caregiving system requires adaptive emotion regulation strategies and self-regulation strategies, adding that the system can be disrupted by social skill deficits, depletion of psychological resources, a lack of desire to help, and egoistic motives. Thus, attachment researchers (e.g., Collins & Ford, 2010; Mikulincer & Shaver, 2016) believe that attachment security is a necessary foundation for effective caregiving. Therefore, both counselors and supervisors should be knowledgeable about effective caregiving strategies and the factors that may inhibit their ability to utilize such strategies. Supervisors can utilize these strategies with supervisees, who can learn through modeling and/or explicit instruction, and in turn, utilize the same strategies to provide effective caregiving for clients.

In the case of Elizabeth, she was able to demonstrate attachment security with her supervisor through her use of primary attachment strategies such as seeking out

additional supervision that were able to deactivate her attachment behavioral system related to the threat of her male client. Through her use of primary attachment strategies, Elizabeth was able to demonstrate adaptive emotion regulation and self-regulation. As a result, it appears she was able to provide effective caregiving for her client as evidenced by the fact the client attended several more sessions than he was required to attend. This concept provides support for the propositions discussed by Bennett (2008a) who argued that supervisee's will be able to mirror secure base strategies that are utilized on them within the supervisory relationship. The purpose of the current study was not related to examining the caregiving aspects within the therapeutic relationship and this assertion is largely theoretical. However, this concept of parallel process may provide some insight into implications for the field of counselor education and the role of supervision, as well as indicate some areas of future research.

Counselor Education: Training and Curriculum Implications

The previous section discussed narrative categories found in this study and their connection to current literature related to attachment in supervision and professional identity development. In this section, I identify how these themes can be used in supervision to attend to the attachment needs of the supervisee. Mainly, I suggest specific strategies for supervisors to further attend to the specific contextual elements each supervisee brings into the relationship. By highlighting specific examples from this study, I will describe how attending to attachment needs can enhance the supervisory working alliance and advance the field of counselor education and supervision.

The results of this study can be utilized to further inform counselor education training and curriculum, particularly surrounding the practicum course and the practice of

supervision. The data gathered from this study can be interpreted to provide an expansion to the components of the Attachment Caregiving Model of Supervision Fitch et al., (2010), suggest. The ACMS offers a broad framework for addressing attachment related issues in the context of supervision. This study provides data that offers further detail concerning some elements of the ACMS, specifically related to the factors that activate a supervisee's attachment behavioral system, the role of the supervisee's IWM and its influence on proximity seeking, as well as the factors that contribute to deactivation of a supervisee's attachment behavioral system. Fitch et al., (2010), stress the importance of supervisors attending to specific attachment cues from a supervisee and responding in a flexible manner that addresses the unique needs of the individual. The data obtained from this study can improve supervisors' understanding of the specific needs of their supervisees as it highlights the supervisees' specific contextual factors they brought into the supervision relationship. Additionally, the data in this study highlights the internal thoughts and emotions supervisees experience as their relationship with their supervisor progresses throughout the practicum. The following section will discuss specific interventions supervisors can utilize to attend to the specific contextual factors that exist for supervisees as they enter practicum.

The narrative categories that emerged from the study can be viewed as a framework for addressing attachment related issues with supervisees. This framework can be thought of as a linear progression the supervisee progresses through over time (Figure 1). The contextual factors of supervisees' personal history and internal working models are present with supervisees as they progress through their practicum courses. This framework can assist both supervisors and supervisees in their awareness of

attachment processes as they progress through their practicum course. Such an increased awareness may lead to increased positive supervisory outcomes as well as greater integration of the supervisees' personal and professional selves. Use of this framework can lead to more frequent occurrence of the broaden-and-build cycle of attachment security (Mikulincer & Shaver, 2016). The "broaden and build cycle" of attachment security results in supervisees' attachment needs being met consistently, making it more likely they will return to that attachment figure in the future. This could increase supervisees' awareness of how to utilize supervision effectively to get their needs met, thus increasing the long-term benefits of supervision beyond the practicum course, which can also improve the services delivered to clients.

The following section will discuss the progression of the framework and how it would apply in a supervisory relationship. The case of Ellen from the current study will be utilized to highlight this framework. Hypothetical information will be added to Ellen's experience to highlight interventions supervisors can utilize that were not explicitly addressed by her supervisor. Also, specific examples from Ellen's experience will be utilized to discuss ways supervisors can implement the framework.

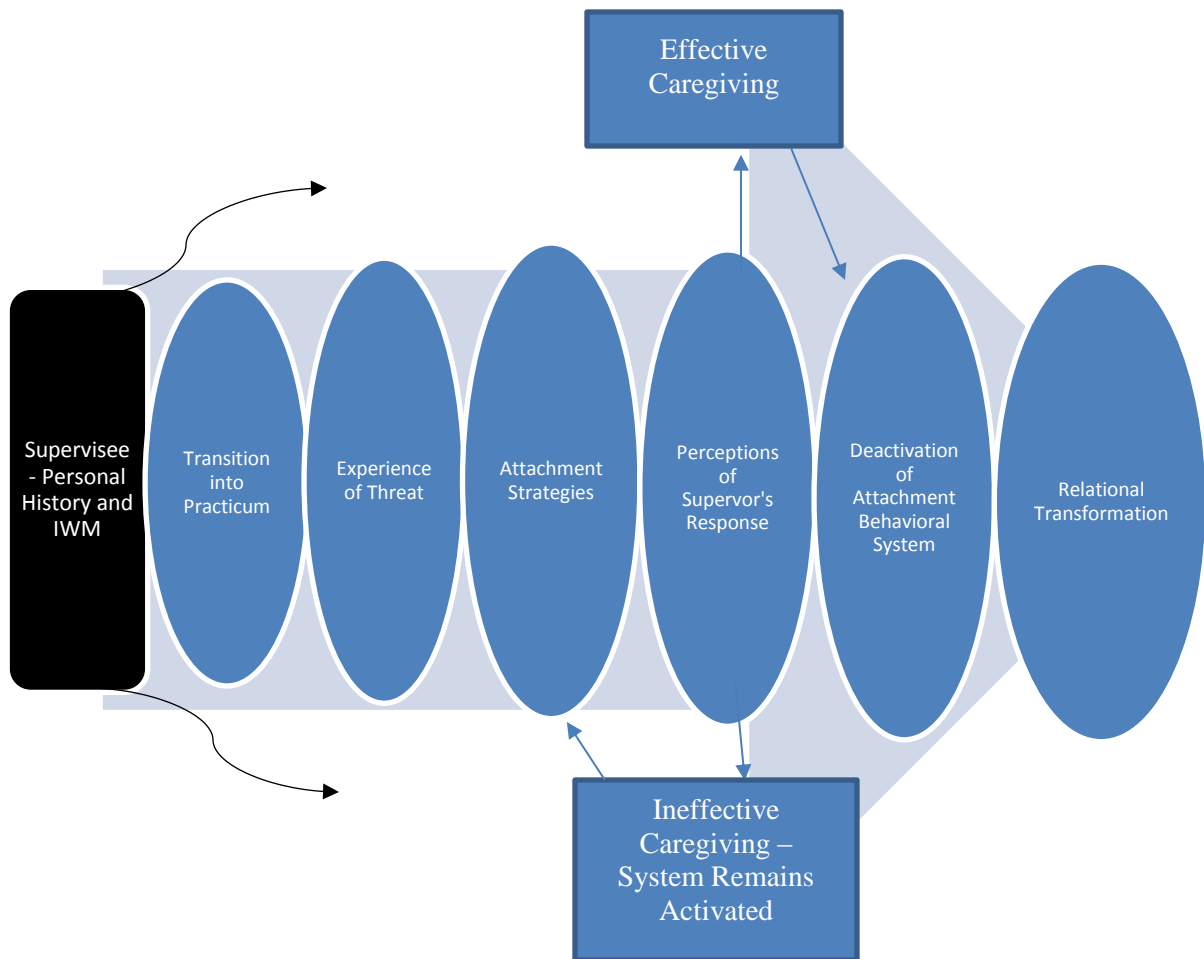


Figure 1. Framework of supervisee attachment experiences in practicum.

Personal History

In the present study, the participants highlighted the importance of aspects of their personal history and the impact it had on them. At the onset of the supervision relationship, supervisees could complete an attachment questionnaire such as the RSQ, which was utilized in the present study, to provide the supervisory dyad with information about the supervisees' general attachment style. Furthermore, explicit conversation surrounding the supervisees' personal history could assist the supervisor in beginning to identify contextual factors that are relevant to the supervisees' personal self that may influence their professional self. In order to build an effective working alliance through

processing the supervisees' personal history and attachment profile, the supervisory dyad could begin their relationship prior to the onset of the practicum course. This would allow the dyad time to collaborate around the process of developing meaningful goals and the tasks relevant to completing these goals, thus enhancing the supervisory working alliance (Bordin, 1983). This increased time developing trust within the supervisory dyad can also begin to enhance the emotional bond component of the supervisory working alliance, thus beginning to set the stages for positive supervisory outcomes. Due to the personal nature of the elements in this stage of the model, it is recommended that supervisors and supervisees schedule one-on-one meetings to discuss these issues.

Case example. Ellen and her supervisor schedule three-hour meetings in the summer before she is going to begin practicum in the fall semester. During these meetings, Ellen completes an attachment assessment and discusses the results with Dr. Smith. She highlights past personal experiences that may have contributed to her attachment style. Dr. Smith and Ellen begin to have discussions around how her history and attachment style may influence goals she would like to set in supervision and how they can collaboratively address these goals.

Internal Working Models

The supervisory dyad can further process the attachment questionnaire results and supervisees' personal history to begin understanding internal working models. The supervisors and supervisees can begin to collaboratively anticipate how these working models will inform the supervisees' transition into seeing clients, what factors may result in the activation of their attachment behavioral systems, and how they will engage with their supervisors during times of threat. Specifically, the supervisees' working model of

self can be explored to determine how they view their needs as it relates to their supervisor. In the narrative of Miranda and Ellen, they entered practicum with a view of themselves as not having any needs that would need to be addressed in supervision. Both of these working models were driven by self-protection for each of them, as they did not want to expose parts of themselves they viewed as incompatible with the counseling profession.

Alternatively, the supervisees' working model of others can be processed to determine how this may influence their perceptions of their supervisor and ultimately how they may engage with them. Eden had perceptions of others as being unavailable to him based on his personal history related to his family upbringing. Such a working model can result in "compulsively self-reliant" (Bowlby, 1982; Watkins, 1995) supervisees who believe their supervisors incapable or unwilling to attend to their needs. By both the supervisors and supervisees being more aware of the supervisees' working model, they can be better equipped to anticipate how it can influence the supervisory relationship as it progresses. This aligns with one facet of the discrimination model of supervision proposed by Bernard (1979) who stated supervisors perform three distinct roles including a counseling role. By attending to the attachment style of a supervisee, a supervisor would be utilizing the counseling role. When utilizing such a role, supervisors should remain cognizant of not becoming the supervisee's personal counselor, but rather "assisting the supervisee to take advantage of a critical moment for reflection" (Luke & Bernard, 2006, p. 284).

Case example. As Ellen discusses her personal history and attachment style with Dr. Smith prior to practicum beginning, they begin to identify specific working models

she possesses. They being to anticipate how these working models of self and others will impact the supervisory relationship. Ellen is able to recognize having both high levels of attachment avoidance and attachment anxiety and how this may make her both desiring high levels of support and guidance, yet she may also be fearful of becoming emotionally vulnerable with Dr. Smith. Ellen and Dr. Smith agree to pay close attention to signs she may be seeking high levels of proximity yet still being avoidant or resistant to supervision by withholding information or her internal reactions when sessions occur.

Transition

During the transition of supervisees beginning to have their first sessions, supervisors can encourage dialogue focused on the supervisees' internal reactions. In the present study, the transition into practicum itself was perceived as a significant threat for multiple participants. Should supervisory dyads complete the previous two steps prior to the beginning of the practicum course, they may be better prepared to understand the contextual factors that will influence the supervisees' reactions to making this transition. As the transition itself was a significant factor inducing threat for participants in the present study, it may be valuable for supervisees to have an established bond built with their supervisors to aid them in addressing the goals and tasks they have previously outlined. Considerations can be given to factors that may result in the potential experience of potential future threats such as supervisee anxiety, fear of failure, excessively high expectation, and client demographics or presenting concerns.

Case example. As the semester begins, Ellen and Dr. Smith continue discussing her personal history and IWMs as they relate to her facing the challenges of beginning to see clients. Ellen discusses with Dr. Smith how she has been distancing herself from her

cohort and her own emotional reactions. They examine what her true emotions about the process are and discuss the fears and anxieties she has around seeing clients and wanting to be perceived as perfect. Dr. Smith and Ellen collaboratively identify realistic goals for Ellen to achieve in her first sessions, while Dr. Smith reinforces the idea that mistakes are important for learning. Dr. Smith begins to educate Ellen about the attachment behavioral system and they create a list of factors that could potentially lead to activation for her, as well as beliefs she holds about the profession and how this may be incongruent with her personal self.

Threatening Event/Activation of Attachment Behavioral System

Based on information gathered in previous stages, supervisors could remain vigilant to potential triggering events. The supervisory dyad could begin to develop a list of factors or events that could result in attachment behavioral system activation. Based on the supervisees' general attachment style and internal working models, supervisors can pay close attention to the anticipated attachment strategies of the supervisees. A potential goal developed in supervisory dyads in the previous stages could be related to building awareness around activating events. One task to address this goal could be journaling assignments for supervisees concerning their affective experiences as the practicum course progresses as well as cognitive processes related to their IWMs. Specific attention should be paid to the supervisees' beliefs about their personal selves they perceive to be incongruent with the counseling profession.

Case example. Ellen is instructed to keep a journal as the practicum course begins. The journal will provide prompts that focus on Ellen's affect and cognition as they relate to events occurring in the practicum. Additionally, journal prompts also

encourage Ellen to examine her perceptions of whether her needs are being addressed in supervision. Ellen does complete an intake with a client who has a similar past to her own and completes her journal related to her reactions to this event. She identifies having significant fears about discussing this in supervision as it will elicit strong emotional reactions she tends to keep to herself. She is able to share her journals with Dr. Smith and they develop a plan of how Ellen will utilize supervision effectively to assist her in facing the challenges presented by working with this client.

Attachment Strategies

Through ongoing collaborative discussion, the supervisory dyad could identify attachment strategies the supervisees have utilized in the past. They could further develop ideas for effective strategies within the context of practicum and supervision that meet the unique needs of the supervisees. Supervisors should be attentive to the supervisees' attachment cues and willing to process the supervisees' use of attachment strategies during supervision. According to Mikulincer and Shaver's (2016) model of adult attachment, when attachment figures utilize effective caregiving strategies of attentiveness, availability, sensitivity, and responsiveness in response to an individual's primary attachment behaviors, the individual will experience a sense of security, relief, and positive affect. This use of effective caregiving strategies results in what Mikulincer and Shaver (2016) term the broaden-and-build cycle of attachment security, which creates a "cascade of mental and behavioral processes. This cascade enhances emotional stability, personal and social adjustment, satisfying close relationships, and autonomous personal growth" (p. 35).

Due to the demands of supervising in a practicum course with multiple students with various concerns and client issues, supervisors may not always be able to realistically attend to the primary attachment behaviors of all supervisees. Therefore, supervisors should also be vigilant to supervisees' use of secondary attachment strategies related to hyperactivating and/or deactivating strategies (Mikulincer & Shaver, 2016). In the case of hyperactivating strategies, this would include supervisees' sense of urgency in gaining their supervisors' attention such as consistently attempting to have supervision sessions continue past their allotted time. In terms of deactivating strategies, supervisees' behavior would include attempts at increasing the physical proximity with their supervisors or distancing themselves from the threat itself, for example by attempting to consistently shift the focus of the conversation away from the threat. Should supervisors complete the previous steps with supervisees they likely would have awareness of which strategies their supervisees would utilize.

Case example. Ellen and Dr. Smith identify that due to her fearful attachment style, she may vacillate between the use of deactivating and hyperactivating strategies at times when he is unavailable or she perceives him to be unavailable. She identifies that in past relationships she tends to keep others at a distance, yet she also engages in behaviors that may elicit a desire for proximity. She identifies she has been doing this in practicum by bending some of the expectations such as not taking a mid-session break. Additionally, she and Dr. Smith discuss her tendency to need high levels of support managing her emotions related to working with the client; therefore, they decide she would benefit from attending her own personal counseling to further address her needs.

Perceptions of Supervisor Response

Throughout the practicum course, the supervisory dyad can develop interventions aimed at processing supervisees' reactions to their supervisors. This may especially be relevant related to the feedback the supervisees receive. Proactive discussions related to the supervisees' preferred method of receiving feedback may be useful. Mikulincer and Shaver (2016) note that the activation of an individual's attachment behavioral system is subjective appraisal of threat rather than the actual occurrence of threat. Ellen perceived discussing the use of self-disclosure with her supervisor as a threat due to her internalization of the messages she received from others throughout her program. As highlighted in the narratives in the present study, the supervisees' perception of their supervisors' caregiving behavior can determine whether their attachment behavioral system is activated or deactivated. Therefore, supervisors could remain cognizant of the supervisees' perceptions and design interventions aimed at uncovering these perceptions.

Case example. As Ellen continues to complete her weekly journal entries, she examines her perceptions of whether her needs are being addressed in supervision. Ellen shares her perceptions with Dr. Smith about generally feeling her needs are being attended to effectively. She is also able to identify other needs she desires having addressed. She tells Dr. Smith she would like to have supervision prior to seeing the client each week as a result of the emotional toll she experiences preparing for each session. Also, they discuss setting goals for the week after the session related to how Ellen can manage her emotions as she prepares for the next week.

Deactivation of the Attachment Behavioral System

Supervisors can be cognizant of the ongoing attachment strategies utilized by the supervisees to determine whether their attachment behavioral system has been deactivated. Should supervisees continue to use deactivating and/or activating strategies, it is likely their attachment behavioral systems remain activated. Supervisors can attend to concepts Feeney and Collins (2004) highlight related to effective caregiving: attentiveness, availability, sensitivity, and responsiveness. Supervisees could be prompted to have ongoing discussions about their needs in supervision and the extent to which these needs are being met. As theoretically outlined (Mikulincer & Shaver, 2016; Fitch et al., 2010), once supervisees' attachment behavioral systems are deactivated, they will no longer be engaging in attachment strategies and their exploratory behavioral systems would be activated. Within supervision, this could then lead to discussions about the supervisees in session behavior or approaches with the goal of further developing the supervisees' counselor professional identity.

Case example. As Ellen continues to journal about her internal experiences and perceptions of the way Dr. Smith is responding to her, she begins to discuss the issue of self-disclosure with her client. Through her journals and conversations with Dr. Smith, she is able to identify beliefs surrounding the use of self-disclosure as being incompatible with what she has learned in her training. She identifies messages she has received from professors about the dangers of self-disclosure and how this has resulted in her being afraid to bring parts of herself into her counseling sessions. She identifies how she fears that using self-disclosure would not be accepted by Dr. Smith. Through discussing these fears and the internalized beliefs Ellen possesses around self-disclosure, she and Dr.

Smith begin to develop a plan of how she can effectively use this skill and integrate more of her personal self into her professional self. By Dr. Smith responding in this manner that is sensitive to her needs, she is able to deactivate her attachment behavioral system and fully explore the concept of self-disclosure and her intentions around attempting this with her client.

Relational Transformation

The supervisory dyad can identify incongruences within the supervisees at the onset of the semester related to their views of their personal and professional selves. Many of the participants in the current study held beliefs that parts of themselves would not be accepted into their professional lives. Howard et al., (2006) suggest counselors in training readjust their views of their professional identity throughout their practicum semester. Therefore, it may benefit supervisory dyads to engage in consistent dialogue regarding the supervisees' views of their internal working models of themselves and the aspects of themselves they see as incongruent with their professional identity throughout the semester. Additionally, this same dialogue could occur related to how they perceive their supervisors would react to the aspects of themselves they believe to be incongruent with counselor professional identity.

Case example. Ellen is able to utilize the skill of self-disclosure with her client and process the outcome with Dr. Smith. Ellen is able to further process her ability to bring parts of her personal self into her counseling sessions with her client, despite her previously held beliefs that this was not effective professional behavior and her fears around bringing it up in supervision. Ellen identifies how Dr. Smith responded to her in a manner that was sensitive to her needs, which resulted in her allowing more of herself to

be present during counseling and supervision. Ellen begins to develop beliefs around the power of using herself as an effective tool in counseling. Dr. Smith and Ellen create further goals of how Ellen can build on this experience and be her more authentic self in counseling.

Implications for Programming

To optimize the effectiveness of such an approach, several factors would need to be considered by counselor educators. First, it is a CACREP requirement for counselors in training to complete a graduate level course on human development. The human development course within Counselor Education programs could be structured in a manner that provides additional education to students about their own attachment styles and how this has the potential to impact their practicum courses and supervisory relationships. It could be argued that the more knowledge trainees have regarding their attachment styles and their implications, the better equipped they would be to engage in the collaborative process outlined above. This type of specific training could set the stage for developing common goals and tasks in supervision (Bordin, 1983) to enhance the supervisory working alliance. This training could also normalize the use of various attachment strategies and assist supervisees in recognizing that these strategies will not be viewed through a pathological lens.

In addition to curriculum changes that could be addressed in the human development course, counselor educators can also consider the timing of particular courses. The human development course could be completed in the beginning of the counseling program in order to allow the information gained to be connected to other areas of learning. For example, a skills course could be taken after the human

development course where students can examine aspects of their personal selves they do not perceive as being congruent with counseling practice. This would allow students like Jennifer or Miranda the opportunity to begin to process how they can implement their polite nature and fears of confrontation into their counseling practice. Lastly, they can also begin to plan how they will utilize supervision effectively, despite their attachment style, to begin to work toward an integration of personal and professional selves.

Implications for Supervisors

Greater consideration can be given to the pairings of supervisory dyads. Three participants in the current study had pre-existing relationships with their supervisors prior to practicum (Elizabeth, Jennifer, and Miranda) and all reported benefits to themselves as a result of their previous engagements. Therefore, it could be beneficial for supervisors and supervisees to be paired prior to the beginning of the semester when the practicum course takes place. This could allow for additional time to be spent addressing the components of the supervisory working alliance (Bordin, 1983), particularly the emotional bond, including the trust between the supervisor and supervisee. Based on suggestions made in the previous section regarding a skills course, it would be beneficial to have the same professor teach both the skills course and the practicum course to promote continuity. This would provide instructors a course framework that would allow them to dedicate the time, effort, and liability that is included with providing supervision.

The additional time and effort required in the above noted suggestions may be difficult for supervisors and educators to obtain due to the high demands already placed on them. Therefore, supervisors and educators may interpret and apply the results of this study in ways that align with the structure of their existing programs. For example, this

study can increase the awareness of supervisors related to the concept of attachment behavioral system activation. By taking time early in supervision relationships to examine a supervisee's personal history and internal working models, supervisors can be better equipped to anticipate the factors that may result in attachment behavioral system activation for their supervisees as suggested in the case examples above. By building these increased personal connections at the onset of the supervision relationship, supervisors may be better equipped to identify the attachment behaviors and cues of their supervisees as they encounter threat throughout their practicum experience.

When describing different types of insecure attachment, Watkins (1995) defines them as being pathological. While there are certainly aspects of insecure attachment that must be considered in a gatekeeping context as Watkins (1995) suggests, it may be a hindrance to counselor identity development to view these attachment styles as pathological. As previously suggested, participants of this study were able to reach a significant integration of their personal and professional selves despite what may be viewed as the "pathological" nature of their attachment profiles. This integration of selves appeared to be enhanced by increased attention paid to the attachment concepts during supervision. The more the interpersonal and attachment dynamics of the supervisees were addressed in supervision, the greater their integration of personal and professional selves appeared to be, as seen in the narratives of Ellen, Eden, and Suzie. Although some individuals may be unfit for the profession due to a highly insecure attachment style that may be deemed as pathological, it is suggested that the majority individuals do not reach this threshold. Therefore, it is recommended supervisors do not approach supervisees' attachment style with a lens of pathology, but rather approach it

with a lens of an opportunity for supervisees to have an attachment-related corrective experience with their supervisors, which may further enhance their professional identity and development as counselors.

Additionally, attending to attachment processes in counseling supervision can be utilized in a manner that enhances existing models of supervision and counselor training, rather than replacing them. For example, Ridley, Mollen, and Kelly (2011) discuss the recent criticisms of microskills training. They note that a major critique of microskills training is its focus on observable behavior and “the emphasis on teaching counseling behaviors has signified a disservice to the other critical components of counseling, namely, counselor cognition and affect” (p. 819). Therefore, adding an attachment component to microskills training could be beneficial as it can provide insight into supervisees’ working model of self which can impact their observable behaviors in session. Ridley et al., (2011) note that, “most counselor training programs fail to adequately cover counselor affect management” (p. 819). Therefore, attending to the supervisees’ attachment cues and responding with effective caregiving strategies can attend to supervisees’ affective processes and increase their use of emotion regulation skills. By having explicit knowledge and conversations regarding attachment processes within supervision, supervisees may further understand their professional role, particularly related to serving as attachment figures to their clients.

Limitations

One significant limitation of the current study is related to the limited response from participants in the initial round of sampling. During the initial phase of participant selection related to completion of the RSQ, only nine participants responded. The

purpose of this measure was to increase the variability of the attachment styles of the participants who would be selected to continue to the interview portion of the study. One of the participants who completed the RSQ was initially selected to potentially proceed to the interview portion of the study. However, this participant did not respond to further solicitation for ongoing participation. Therefore, an alternate participant was chosen whose RSQ scores were the most similar to the individual that chose not proceed. In terms of recruitment procedures, it may have been more useful to seek participation by speaking to students entering practicum directly in person. This would have potentially resulted in higher levels of participation in the first round of the study as students could have completed the RSQ in person rather than in the online format. These factors may have limited the variability in the attachment styles of the final six participants, thus potentially omitting a particular attachment profile that could have resulted in different data being obtained.

Previous research studies have indicated that supervision specific attachment style may have more predictive value when compared to general attachment style (Bennett et al., 2008). As a result, the current study could have benefitted from the participants completing the RSQ to assess their attachment style specifically with their supervisor at the end of the semester, in addition to their general attachment style which was assessed at the beginning of the semester. This would have allowed for an additional data point and further evidence of how individuals with an insecure attachment style can still form an effective supervisory working alliance, despite the inherent challenges associated with attachment insecurity.

Lastly, although it was a useful measure to identify participants of varying attachment styles, the data from the RSQ is limited in a sense due to it being self-reported data. As all the participants were in counseling programs, they have significant education regarding psychological concepts. As a result, the participants could have engaged in biased responses on the RSQ in attempts to portray themselves in a particular manner.

The photo elicitation component of the study allowed the participants to reflect on their relationship with their supervisor in an alternate manner outside of the interview process. This may have allowed them increased comfort levels in disclosing further information that was not obtained from the interview process. However, based on data analysis, although some useful data was obtained from the photo elicitation writing assignment, it appeared that this did not produce significant amounts of data that had not already been expressed in interviews. The lack of additional data may have been a result of the time commitment the participants already put forth towards the study and that the majority of the participants completed this portion of the study towards the end of the semester. This would be approached differently if the study were done again to attempt to obtain richer data from the photo elicitation writing aspect of the study by giving participants additional time to complete the written response after their semester had ended.

In this study, there were further limitations regarding the demographics of the participants. As all interviews were conducted in a face-to-face format, the geographical diversity of participants was limited to the Rocky Mountain region. Additionally, there was a lack of diversity in terms of the racial demographics of the participants, as all

identified as white. Lastly, the gender make-up of the participants was heavily weighted towards female participants, as only one male participated.

In addition to the demographic make-up of the participants, there was also a lack of gender diversity among the supervisors of the participants. Only one participant in the current study had a male supervisor. The gender of the supervisor is an important aspect to consider due to the origins of attachment theory being centered on females as being the primary attachment figure for individuals as they develop. Therefore, it can be argued that females may be better biologically equipped to serve as attachment figures. Had more of the supervisors in the current study been male, there is the possibility a different set of results could have emerged.

Another limitation of the study is related to the structure of the practicum course for two of the participants. Miranda and Suzie both engaged in a condensed format of training where their practicum course took place over the span of four weekends, while all other participants completed a 16-week practicum course. As a result of this format, both of these participants had already finished their practicum course by the time the first interview was conducted. The additional time to reflect on their practicum experience after its completion could have had a significant impact on the data that was obtained, particularly as both reported engaging in their own personal counseling to address issues that arose connected to the course. This may have changed their outlook on some of the events of their practicum and supervision experiences, thus altering the data.

The timing of the practicum course and its relation to the second interview may have particularly impacted data obtained from Miranda. By the time the second interview was conducted Miranda had started a new practical educational experience that

included having a new supervisor. During the second interview, Miranda did answer some interview questions where she compared her supervisor relevant to the current study to the new supervisor she had at the time of the second interview. This may have altered her perceptions of the supervisor relevant to the current study and biased her responses to interview questions related to events that occurred in the practicum course.

The current study focuses solely on understanding perspectives of supervisee's based on their attachment style and their perceptions of how their supervisor responds to their attachment behaviors. It is important to note that there are a multitude of other factors that have an influence on supervisory outcomes, the majority of which have focused on the supervisor due to the bulk of the responsibility in the relationship laying in their hands. For example, Bernard and Goodyear (2009) note several factors related to the supervisor that can influence supervision outcomes, such as: supervisory style; use of expert and referent power; use of self-disclosure; evaluative practices; and ethical behavior. These factors may be particularly salient for novice counselors due to the unique challenges they face. For example, it was previously noted that Miranda had fears of the evaluation process which were tied to her attachment style and resulted in a lack of disclosure with her supervisor. However, according to Ronnestad and Skovholt (2003), novice counselors generally have difficulty with the evaluative process and lack disclosure because of this reason. This is evident in this study as it was a common experience for the participants to withhold certain pieces of information with their supervisors regardless of their attachment style. Attachment theory provides one lens in which the supervision relationship can be examined. This theory and the

recommendations given in this chapter are not meant to replace other existing models of supervision.

Additionally, recommendations made in this chapter could be difficult to carry out and manage effectively by supervisors. For example, it was recommended the same professor should teach both a skills course and the practicum course consecutively to increase continuity and enhance the possibility of forming positive supervisory working alliances. This may not be logistically possible based on the structure of some counseling programs or due to the already existing high demands on faculty time and energy. Lastly, it was recommended that counseling students complete assignments in their program related to understanding their own attachment style and how it could potentially impact their counseling development. It was further recommended they utilize these results to facilitate discussions with their supervisors about their personal histories and internal working models. These could result in excessive stress on students due to the difficult and personal nature of these conversations, particularly if they were occurring in a group setting in a classroom. As previously noted, it is common for novice counselors to experience high levels of stress and anxiety around issues concerning evaluation and gatekeeping (Skovholt & Ronnestad, 2003). Supervisors and educators would have to structure such assignments and discussions in a manner that promotes confidentiality and autonomy around student self-disclosure, rather than making it a requirement. Additionally, supervisors should have explicit conversations with supervisees stating that assessment results regarding their attachment style would not be considered in the evaluation process and to give clear guidelines regarding what factors would be considered in their evaluation process.

Future Research

Despite recent increases in attachment research related to supervision, the role of attachment processes as it relates to the supervision relationship is still largely unexplored. There remain significant opportunities for researchers to explore these concepts using both quantitative and qualitative approaches. The following section will highlight some of the potential areas where future research on this topic is needed.

The data in the present study gives credence to the Attachment-Caregiving Model of Supervision (ACMS) that Fitch et al., (2010), suggest. In particular, the present study connects to the beginning stages of the ACMS related the activation and deactivation of the supervisees' attachment behavioral systems and the supervisees' perceptions of their supervisors providing the safe haven function. Further qualitative research could be conducted with the goal of providing more specific detail related to the latter stages of the ACMS concerning the supervisees' exploratory systems and supervisors providing the secure base function. Although it was not a primary focus of the current study, the data indicates that when exploratory behavior in supervisees occur and the supervisors were able to provide a safe haven, supervisees were able to achieve greater levels of professional identity development. Further research could be designed to answer questions related to effective caregiving and supervision strategies related to the secure base function of attachment.

Additionally, the ACMS was largely designed in a manner that focuses on counselors in the beginning stages of their development (Fitch et al., 2010). Similarly, the current study focuses on solely on counselors who are entering their first practicum course. Due to the unique challenges of novice counselors (e.g. Ronnestad & Skovholt,

1993), transferability of the results of the current study may not apply to counselors further along in their development such as those who have completed their graduate degree or those who have achieved licensure. Fitch et al. (2010) do discuss how counselors may experience activation of their attachment behavioral system as they continue to progress in their development beyond the initial stages. For example, a counselor may feel competent providing individual therapy and may experience the potential of conducting group therapy as a threat that activates their attachment behavioral system. However, the manner in which attachment processes remain relevant for counselors at later stages of development remains largely unexplored in the research.

Multiple studies have examined the connection between supervisees' attachment style and the supervisory working alliance (Bennett et al., 2008n; Deal et al., 2011; Foster et al., 2007; Kim, 1998; Renfro-Michel & Sheperis, 2009). It has been suggested that attachment specific to the supervisor as opposed to the supervisees' general attachment style has a greater predictive value (Bennett et al., 2008). The present study does provide some support for this idea, as several participants were able to engage with their supervisors and create security in the relationship, despite having a general attachment style that would be considered insecure. Therefore, it could be useful for future studies to examine the connection between supervisees' specific attachment style and various constructs. One such construct that emerged from the present study would be professional identity development. Quantitative studies could examine the predictive value of supervisees' attachment related to their professional identity development, particularly related to their progression through their first practicum course.

Previous research related to attachment in supervision has suggested the attachment style of the supervisors, as opposed to the supervisees, as having a greater influence on the supervisory working alliance (e.g., White & Queener, 2003). The present study examines the supervisees' perceptions of the supervisors, thus providing information about the supervisors' caregiving abilities and strategies (Feeney & Collins, 2004) and how this can influence supervisee development. Further research could be designed to assess the supervisors' attachment styles and the impact they have on the ability to provide caregiving behavior to their supervisees and ultimately the impact on supervisory outcomes as measured by the supervisory working alliance, for example.

As previously noted, both the counseling and supervision relationships can each be viewed as an attachment relationship. In a conceptual manuscript Bennett (2008a) provided insight into how attachment issues can influence the relationships in the supervisor-counselor-client triad. The idea of the parallel processes that occur within the triad can be explored further related to attachment and caregiving constructs. Specifically, research can explore effective caregiving behavior between the supervisors and counselors and the potential impacts this may have on the counselor-client relationship. Theoretically, when effective caregiving is provided and modeled to the supervisees/counselors, they may improve their own ability in attending to their client's attachment needs as the counselor can serve as an attachment figure and caregiver for the client.

Although attachment theory is one of the most researched concepts in psychological fields, its application to the counseling supervision relationship remains largely unexplored. Future research can continue to examine the role of attachment in

supervision to further inform both supervisors and developing counselors about how various attachment styles can be approached to produce optimal outcomes in counselor development. By utilizing information gained from such research, the individuals that make up the field of counseling as a whole can have greater knowledge about how to attend to the relational dynamics that occur in supervision and counseling relationships.

Conclusion

Through the narrative exploration of the experiences of six counselors in training entering their practicum courses, this study uncovered how the unique contextual factors of the participants influenced their attachment relationships with their supervisors. The unique contextual factors that shaped the participants' narratives centered on their personal histories, which included their general attachment styles, as well as their internal working models of themselves and their supervisors. These unique contextual factors set the basis for how the participants engaged with their supervisors related to getting their attachment needs met and their attempts at further developing their counselor professional identity. Limitations of the current study were discussed and suggestions for future areas of study were highlighted. Implications of the study were addressed to highlight specific interventions supervisors can utilize to attend to the attachment needs of their supervisees. Counselor educators can also use the data presented in this study to structure the curriculum in particular courses, as well as determine the progression of courses taken leading into practicum.

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APPENDIX A
FIRST INTERVIEW QUESTIONS

Semi-structured interview questions may include:

Questions Related to Beginning Practicum and Supervision

1. How do you feel about beginning practicum?
2. Tell me about how you anticipate your transition from the classroom to the counseling room.
3. Describe how you currently view yourself related to being a counselor.
4. Tell me about the challenges you expect to face in practicum.
5. Describe what you perceive to be the biggest threat related to beginning practicum.
 - a. How did/will you respond to this threat?
6. What is your opinion about the role of supervision?
7. Tell me a story about how you interact with your supervisor.
8. Describe your comfort level related to being able to rely on your supervisor for guidance.
9. Describe your comfort level related to being emotionally vulnerable with your supervisor.
10. Tell me a story about your perceptions of the availability of your supervisor.
11. Describe your emotional state/thoughts when you interact with your supervisor.
12. Describe your emotional state/thoughts are with your supervisor in a one on one supervision session.
13. Give me an example of what you expect from your supervisor.
14. Tell me a story about how you have utilized supervision thus far.
15. During times of threat, how do you believe your supervisor should respond to you?
16. Tell me about how you plan to interact with your supervisor in the future.

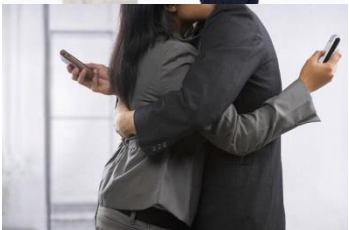
APPENDIX B
SECOND INTERVIEW QUESTIONS

Semi-structured interview questions may include:

1. Tell me about your transition from the classroom to clinical practice.
2. Describe the bond you have with your supervisor.
3. How has this relationship progressed throughout the semester?
4. Describe your perceptions about your supervisor's availability.
5. Discuss your thoughts and emotions when having a one on one supervision session.
6. Describe your views related to feedback that is related to your own personal characteristics or values and how it may influence counseling?
7. How does your perception of yourself influence your attempting to get your needs met from your supervisor?
8. How does your perception of your supervisor influence your attempting to get your needs met from him/her?
9. What has been the biggest threat you have experienced as you make this transition?
10. Tell me more about your emotional reaction to this threat.
11. Tell me a story about how you reacted to this threat.
 - a. What thoughts did you have?
 - b. What emotions did you experience?
 - c. How did you attempt to engage with your supervisor related to this threat?
 - d. What thoughts and emotions influenced the way you responded with your supervisor related to this threats?
 - e. What was your perception of your supervisor's:
 - i. Attentiveness
 - ii. Availability
 - iii. Responsiveness
 - iv. Sensitivity
 - f. What happens to your ability to learn/develop when experiencing threat?
12. Describe how you currently view yourself related to being a counselor.

APPENDIX C
PHOTO ELICITATION

Participants will be prompted in the second interview to choose one of the following photos as a representation of their perceptions of the supervisory relationship.











APPENDIX D
JOURNAL ENTRY PROMPTS

In the final interview with the researcher, you selected a photograph (or set of photographs) that represents your relationship with your supervisor. Based on the photograph(s) you have chosen, respond to the following prompts. Please provide detailed descriptions of thoughts and emotions related to your experiences pertaining to each prompt.

1. Describe why you chose each photo as a representation of your relationship with your supervisor.
2. Detail how each photo represents feelings of closeness with your supervisor.
3. Discuss how each photo represents your level of comfort in being your authentic self with your supervisor.
4. How does each photo represent the strategies you used to seek proximity to your supervisor during threatening situations?
5. How does each photo represent your perception of the way your supervisor responded to your seeking proximity with him/her during threatening situations?
6. Discuss how each photo represents your thoughts and emotions toward your supervisor based on your responses to the previous two prompts. (For example: what thoughts and emotions did you have when attempting to seek proximity to your supervisor?; What thoughts and emotions did you have after your supervisor responded to your proximity seeking?)
7. Based on your descriptions in the previous prompts, describe how you anticipate your relationship with future supervisors.

APPENDIX E
INFORMED CONSENT



CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: Examining Attachment Processes in Counseling Supervision Relationships
 Researcher: Kyle Lucas, MA, Counselor Education and Supervision
 Phone Number: (720) 237-7155 e-mail: kyle.lucas27@yahoo.com
 Research Advisors: Jennifer Murdock, PhD
 Phone Number: (970) 351-2544 e-mail: Jennifer.murdock@unco.edu
 UNC Institutional Review Board Approval Date: _____

I am researching concepts related to attachment theory in counseling supervision from the perspective of counselors in training as they engage in their first clinical and supervision experiences. As a participant in this research, you will be asked to fill out a brief survey related to your experiences in close relationships. You will receive the results of this survey which will describe your attachment style. After completion of the survey, you may be asked to participate in the second part of the study. If you consent to completing the second round of this study, you would participate in two interviews. The interviews will consist of examining the nature of your relationship with your supervisor throughout the course of your engagement in practicum. Additionally, you will be asked to write a brief journal entry of your experiences in supervision related to the above noted concepts. Each interview will take approximately 60-80 minutes. All interview sessions will be audiotaped and transcribed by a professional transcription service.

When completing the survey you will also be asked for demographic information such as your name, email address, age, sex, and prior experiences in the counseling field. The researcher and the research advisor will examine individual responses which will be stored on a password protected online survey website. If you complete only the first round of participation in the study, an email will be sent to you which will contain a document that describes your attachment style as determined by your responses on the survey. This document will not contain any identifying information; however it is important to note that confidentiality cannot be guaranteed when sending information via email.

If you also participate in the second round of the study, your responses in the interviews will be kept anonymous through the use of a pseudonym to hide your identity. However, it is important to note that although a pseudonym will be used, confidentiality may not be guaranteed. For example, if your supervisor were to read the final written dissertation, they may be able to know you were the participant. Your responses in your journaling will remain confidential and kept in a locked drawer in which only I will have access.

However, you will send these to me via email and confidentiality cannot be guaranteed when sending information via email.

Additionally, an auditor will be part of this study. The auditor's role will be to examine the data collected and review the interpretations made by the researcher to ensure these interpretations are accurate. The auditor will be bound to the same confidentiality as the principle researcher. Digital files of audio recordings will be stored on a password protected personal computer. Results of the study will be presented based on your responses to the interview questions you were asked as well as your journal responses.

You are entitled to withdraw from the interviews or withdraw from the study at any time without any negative repercussions from the researcher, your Practicum instructor, or that will result in a loss of benefits. Risks to you are no greater than those that occur in typical counseling supervision conversations. You might feel anxious about participating in the interviews due to the connection to the Practicum course; however, your participation or non-participation, or the results of the study will not be disclosed to your practicum instructor or your supervisor. The benefits to you include furthering your understanding of the supervisory relationship and how it relates to your development as a counselor. In addition, by participating in this, you may increase your awareness regarding how you can maximize the benefits of engaging in supervision.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Having read the above and having had an opportunity to ask any questions, please complete the demographic questionnaire if you would like to participate in this research. By completing the questionnaire, you will give us permission for your participation. You may keep this form for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

Subject's Signature _____ Date _____

Researcher's Signature _____ Date _____

APPENDIX F
EMAIL SOLICITING PARTICIPANTS

Dear Practicum Instructor,

My name is Kyle Lucas and I am a doctoral student in Counselor Education and Supervision at the University of Northern Colorado. I am currently in the process of completing my dissertation study and am writing to seek your assistance in soliciting participants for a research study.

I am requesting your assistance in providing information about this research to the students in your course. If any students are interested in participating in the study, I request they contact me by phone initially to ensure a greater degree of confidentiality. I can be reached by phone at (720) 237-7155. If they would prefer to contact me by email, I can be reached at kyle.lucas27@yahoo.com. My dissertation committee chair is Dr. Jennifer Murdock, who can be reached by phone at (970) 351-2544 or email at Jennifer.Murdock@unco.edu. It is important to note that this study has been reviewed and approved by the University of Northern Colorado's IRB committee.

I am seeking students who will be enrolled in your practicum course in the fall semester of 2016 to participate in my research. The study is qualitative in nature but includes two rounds of participation. The first round of participation includes filling out a brief online survey. Based on these survey results, I will choose a smaller number of participants to continue on in the second round of the study for interviews. During this second round, I will be examining the student's experiences with their supervisor over the course of the semester. Currently, I am seeking participants to complete the first round of the study which includes a brief online survey.

I have also attached the Informed Consent document for this portion of the study to this email to provide potential participants with more detail about the study and what would be required of them should they choose to participate.

I greatly appreciate your time and any assistance you can provide regarding this matter.

Sincerely,

Kyle Lucas