Association of working alliance with attachment styles in clinical supervisory relationship

Shakir Iqbal, Muhammad Tahir Khalily, Irshad Ahmad

Department of Psychology, International Islamic University, Islamabad and University of Wah, Pakistan

Objective: This study aimed to explore the role of attachment anxiety and avoidance of supervisory dyad and their perception about attachment styles of others on supervisory working alliance.

Methodology: Data were collected from a total of 175 participants belonging to different universities of Pakistan which includes 134 supervisees and 41 supervisors of clinical psychology program. Experiences in Close Relationships: Relationship Structures Questionnaire (ECR-RS) and Supervisory Working Alliance Inventory (SWAI) were used to measure attachment and working alliance respectively.

Results: There was a significant association of working alliance with attachment anxiety and avoidance (p<0.01). Perceived attachment

anxiety and avoidance were related to working alliance for supervisee (p<0.01) and not for supervisors. Attachment anxiety, attachment avoidance, perceived attachment anxiety and perceived attachment avoidance scores were significantly higher for supervisors than supervisee (p<0.001). Rapport, client focus and SWAI scores were significantly higher for supervisors as compared to supervisee (p<0.001). Conclusion: These results emphasize that reflection and understanding about the attachment styles should be incorporated in a supervisory training. (Rawal Med J 202;45:577-581)

Keywords: Working alliance, clinical supervision, attachment styles.

INTRODUCTION

Clinical supervision is a main factor of the training of young professionals^{1,2} in which senior clinicians supervise young professionals.³ Within supervision, supervisor supervises both: the supervisee development, and the progress of a client in the treatment.⁴ It is essential to discover how supervisor-supervisee relationships are designed and retained, as supervision has direct impact on the health of a client.⁵ The outcome of healthy supervisory relationship is a better working alliance. Working alliance is teamwork for modification that includes common contract and understanding between supervisor and supervisee on the (a) goals of supervision, (b) tasks of supervision, and (c) emotional link between the supervisor and supervisee. The dynamics affecting health of a relationship are necessary to be studied.⁷

The application of attachment theory to an employment context was part of a wider movement to use theories of personality psychology to guess workplace outcomes.⁸ Previous studies have associated attachment styles with differences in

counterproductive work behaviors,⁹ identified significant relationship of secure attachment with workplace productivity,¹⁰ and is related to better learning.¹¹

Previous researches had mostly focused on attachment styles of individuals and that too from the perspective of single element of dyad i.e. supervisor. Attachment is a two-dimension, dichotomized model of self and others. These two dimensions are combined to form four prototypes: secure, preoccupied, fearful and dismissing. Fearful attachment is to feel unlovable and distrust others. Fearful attachment establishes high grades of anxiety along with a high degree of avoiding handy relations. In current study, the working alliance in a supervisory relationship is studied in the context of attachment theory.

METHODOLOGY

The study included 134 current clinical psychology students who were matched on currently enrolled in the master's programs or in advanced diploma as part of their degree requirement at different institutions of Karachi (n = 30), Lahore (n = 32), Peshawar (n = 35) and Islamabad (n = 37). In addition, 41 of their clinical supervisors, 11 Supervisors from Islamabad and 10 supervisors from each city (Karachi, Lahore and Peshawar) were included. Purposive sampling technique was used. The study was carried out from March 2018 to Jun 2019.

Relationship Structures Questionnaire (ECR-RS) ¹³ was used to measure the attachment styles. The questionnaire contains on 9 items and was rated on a 7-point Likert scale of strongly disagree (1) to strongly agree (7). The ECR-RS contains two subscales, Avoidance (α = .88 to .92) and Anxiety (α = .88 to .91).

Supervisory Working Alliance Inventory (SWAI)¹⁴ was used as a measure of supervisees' and supervisors' satisfaction with the clinical supervisory relationship. The supervisee's version contains 19 items and was rated on a 7-point Likert scale of "almost never" (1) to "almost always" (7). Three subscales are Client Focus ($\alpha = .97$), Rapport ($\alpha = .77$) and Identification ($\alpha = .77$).

Statistical Analysis: The data were analyzed using SPSS version 23. p<0.05 was considered significant. An independent sample t-test shows that attachment anxiety, attachment avoidance, perceived attachment anxiety and perceived attachment avoidance scores. To explore the association among variables Pearson productmoment correlation coefficient was used.

RESULTS

Mean age of supervisees (n=134) was 24.59 years and of supervisors (n=41) mean age was 33.78 years (Table 1). The psychometric properties of the study

major scales used indicate that all scales and their subscales had very good reliabilities, ranges from .71 to .96. In addition, the values of skewness and kurtosis shows that the data is normally distributed (Table 2).

There was correlations among supervisors' sample which depicts that there is significantly positive correlation of attachment anxiety with attachment avoidance, perceived attachment anxiety, perceived attachment avoidance (p<0.01), while negative correlation with client focus, however, the correlation is only found significant with perceived attachment avoidance (p<0.01). Rapport was positively correlated with client focus, identification and SWAI total (p<0.01). Client focus was positively correlated with SWAI and Identification (p<0.01). Correlation between other variables were non-significant (Table 3).

Table 1. Sociodemographic characteristics of participants (N=175).

Variables	f	%	Mean	SD	Range
Supervisor	41	23.43			
Age			33.78	6.16	27-53
Education					
MS/M.Phil.	28	68.29			
Ph.D.	13	31.71			
Supervisee	134	76.57			
Age			24.59	2.31	23-27
Education					
Diploma	51	38.06			
MS/M.Phil.	83	61.94			

Table 2. Psychometric properties of study major variables.

			Ra	nge				
Measures	k	α	Min	Max	M	SD	Skew.	Kurt.
ECR-CS (Supervisor)	9	.73	12	44	32.73	6.91	-0.96	1.22
Perceived ECR-CS (Supervisor)	9	.71	19	50	38.32	8.06	-0.95	0.57
SWAI (Supervisor)	23	.75	108	151	131.20	8.65	0.40	1.27
ECR-CS (Supervisee)	9	.88	9	57	26.84	9.86	0.58	0.10
Perceived ECR-CS (Supervisee)	9	.82	9	54	29.51	8.47	-0.12	0.10
SWAI (Supervisee)	19	.96	50	133	100.08	20.50	-0.96	0.43

Table 3. Pearson correlation between the major study variables. The values above the diagonal represent Supervisors (n = 41) while values below the diagonal represent Supervisees (n = 134).

Variables	1	2	3	4	5	6	7	8
1. Attachment Anxiety	1	.49**	.46**	.42**	07	.10	.11	.06
2. Attachment Avoidance	.54**	1	.844**	.50**	25	.09	.11	.02
3. Perceived Attachment Anxiety	.57**	.42**	1	.31	04	.15	.15	.10
4. Perceived Attachment Avoidance	.37**	.56**	.34**	1	32*	18	04	22
5. Client Focus	55**	36**	23**	36**	1	.71**	.42**	.85**
6. Rapport	66**	39**	41**	31**	.79**	1	.61**	.94**
7. Identification	-	-	-	-	-	-	1	.75**
8. SWAI	65**	40**	36**	35**	.92**	.97**	-	1

Table 4. t-test analysis between Supervisor and Supervisee, on variables of Attachment Anxiety, Attachment Avoidance, Perceived Attachment Anxiety, Perceived Attachment Avoidance, ECR-CS, Perceived ECR-CS, Rapport, Client Focus and SWAI.

		Supervisor	Supervisee		Supervisee				95% CI		
Variables	M	SD	M	SD	t(df)	p	LL	UL	Cohn's d		
Attachment Anxiety	21.90	4.88	18.76	6.96	3.24(94.30)	<.001	1.21	5.07	0.52		
Attachment Avoidance	10.83	2.84	8.08	4.17	4.81(97.65)	<.001	1.61	3.88	0.77		
Perceived Attachment Anxiety	28.24	7.51	20.93	6.49	6.09(173)	<.001	4.95	9.69	1.04		
Perceived Attachment Avoidance	10.07	2.35	8.59	3.67	3.06(104.61)	<.001	0.52	2.45	0.48		
Rapport	5.66	0.45	5.21	1.11	3.75(160.55)	<.001	0.21	0.68	0.53		
Client Focus	5.68	0.46	5.36	1.14	2.65(160.91)	.01	0.08	0.57	0.36		
SWAI	131.20	8.65	100.08	20.50	13.97(156.53)	<.001	26.71	35.51	1.98		

To explore the mean difference between supervisors and supervisees an independent sample t-test shows that attachment anxiety, attachment avoidance, perceived attachment anxiety and perceived attachment avoidance scores, were significantly higher for supervisors than supervisee (p<0.001). Further, the results also indicate that rapport, client focus and SWAI scores were significantly higher for supervisors as compared to Supervisee (p<0.001) (Table 4).

DISCUSSION

Attachment styles in a current relationship and perceptions of attachment from other figures are significantly related to working alliances for supervisee and not for supervisor. All the four factors of attachment: attachment anxiety, attachment avoidance, perceived attachment anxiety and perceived attachment avoidance are not related to working alliance or any of its component (rapport, client focus and identification) for supervisor, reveal that attachment style of supervisors or their perceived attachment is not associated with their working alliance or the working alliance of supervisees. However, all facets of attachment of supervisees are significantly associated with each other and were significantly correlated with their perception of working alliance. (Table 3)

Supervisors on all scales of attachment scored higher than supervisees and significantly differed from them in their perceptions. Mean scores of supervisors were greater in attachment anxiety, attachment avoidance, perceived anxiety and perceived avoidance, than from the supervisees. (Table 3)

ECR-RS scale explains the process. ECR-RS doesn't measure the global personality attachment of a person. Items of scales are naturally inclined to produce skewed mean in professional samples. Working alliance in a professional relationship is a dyad in which one partner is leading and the other is subservient, the former provides nurturance of knowledge and later seeks from it. As supervisee are expected to learn from supervisors and earn benefits from them, so ideally, they should score lower on ECR-RS and as supervisors are destined to deliver more and expect less, so they should score higher on ECR-RS.

The opposite polarity of scores of dyads will be representative of their working alliance with the perspective of professionalism. Moreover, supervisors had significantly higher mean (131±8.65) for working alliance as compared to supervisees (100±20.50) reflect that supervisors have more vigorous perception for their working alliance and in the same relationship. Working alliance is contingent upon relationship dynamics, the level of communication among dyad and the trust on each other which are compromised on the end of supervisee.

We have proposed a new model where supervisory relationship shall be a professional relationship and would be conceptually different from traditional models of attachment. In it there are dual standards of responsibilities, supervisors cannot expect the same from supervisees as they do from them. Relating with our proposition, the secure attachment of supervisors has significant relations with working alliance. The results of this study emphasize that reflection and understanding about the attachment styles of one-self and of others is an integral component for training of supervisees.

CONCLUSION

Attachment anxiety and avoidance of supervisees is negatively related with their working alliance, and as such is hindering in their process of learning. Supervisees have higher perceived avoidance and anxiety as compared to their actual avoidance and anxiety, which reflect the overall susceptibility of insecure attachment on the end of supervisees. The story is completely opposite for supervisors, there is no relationship between attachment style of supervisors and their working alliance, and there is a significant difference between all facets of attachment among supervisors and supervisees, and supervisors have higher mean scores as compared to later.

Author Contributions

Conceptions and Design: Shakir Iqbal Khan, Muhammad Tahir Khalilv

Collection and assembly of data: Shakir Iqbal Khan Analysis and Interpretation of the data: Irshad Ahmad

Drafting of the article: Shakir Iqbal Khan, Muhammad Tahir Khalily, Irshad Ahmad

Critical Revision of the article for important intellectual content:

Muhammad Tahir Khalily, Irshad Ahmad

Statistical Expertise: Irshad Ahmad Final Approval and guarantor of the article: Muhammad Tahir

Khalily, Irshad Ahmad Corresponding author email: Shakir Iqbal Khan:

ishakir80@yahoo.com

Conflict of Interest: None declared

Rec. Date: Dec 12, 2019 Revision Rec. Date: Jun 12, 2020 Accept

Date: Jun 25, 2020

REFERENCES

- 1. Falender CA. Clinical supervision—the missing ingredient. Am Psychol. 2018;73(9):1240-1250.
- 2. Drolet BC, Brower JP, Miller BM. Trainee involvement in patient care: a necessity and reality in teaching hospitals. J Grad Med Educ. 2017;9:159-161.
- 3. Leggat SG, Phillips B, Pearce P, Dawson M, Schulz D, Smith J. Clinical supervision for allied health staff: necessary but not sufficient. Aust Health Rev. 2016; 26; 40:431-437.
- 4. American Psychological Association. Guidelines for clinical supervision in health service psychology. Am Psychol. 2015;70:33-46.
- 5. Snowdon DA, Leggat SG, Taylor NF. Does clinical supervision of healthcare professionals improve effectiveness of care and patient experience? A systematic review. BMC Health Serv Res. 2017;17:1-11. doi.org/10.1186/s12913-017-2739-5
- 6. Bordin ES. The generalizability of the psychoanalytic concept of the working alliance. Psychotherapy: Theory Res Pract. 1979;16:252-60.
- 7. Dunn R, Callahan JL, Farnsworth JK, Watkins Jr CE. A proposed framework for addressing supervisee-supervisor value conflict. Clin Superv. 2017;36: 203-22.
- 8. Harms PD. Adult attachment styles in the workplace. Hum Resour Manag Rev. 2011;21:285-96.
- 9. Richards DA, Schat AC. Attachment at (not to) work: Applying attachment theory to explain individual behavior in organizations. J Appl Psychol. 2011;96:169–82. https://doi.org/10.1037/a0020372.

- 10. Hepper EG, Carnelley KB. Adult attachment and feedback-seeking patterns in relationships and work. Eur J Soc Psychol. 2010;40:448-64.
- 11. Kennedy JH, Kennedy CE. Attachment theory: Implications for school psychology. Psychol Sch. 2004;41:247-59.
- 12. Artholomew K, Horowitz LM. Attachment styles among young adults: a test of a four-category model. J Pers Soc
- Psychol. 1991;61:226-44.
- 13. Fraley RC, Waller NG, Brennan KA. An item response theory analysis of self-report measures of adult attachment. J Pers Soc Psychol. 2000;78:350–65.
- 14. Efstation JF, Patton MJ, Kardash CM. Measuring the working alliance in counsellor supervision. J Couns Psychol. 1990;37:322–9.