

**Predicting Therapeutic Alliance: Supervisory Alliance and Supervisee's Attachment Style<sup>1</sup>**

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**Abstract**

The aim of this study was to investigate how attachment styles and supervisory alliance predict the therapeutic alliance. Data was collected using The Therapeutic Alliance Scale, the Working Alliance Inventory: Trainee Form, and Attachment Styles in Interpersonal Relationships Scale. The study administered measuring instruments to 361 undergraduate counseling students (i.e., supervisees) from seven different state universities who had completed at least three counseling and supervision sessions. The data was analyzed using Pearson Product Moment Correlation Coefficient and Multiple Linear Regression analysis methods. The findings revealed that supervisees' secure attachment styles positively and significantly predicted the therapeutic alliance. While the anxious-preoccupied attachment style did not significantly predict the goal and task sub-dimensions of the therapeutic alliance, it did significantly predict the bond sub-dimension and the total score of the therapeutic alliance. In contrast, the avoidant attachment style only significantly predicted the bond sub-dimension of the therapeutic alliance. Furthermore, the supervisory alliance was significantly predictor for all dimensions of the therapeutic alliance, as well as the total score.

**Keywords:** Attachment Styles, Counseling, Supervision, Supervisory Alliance, Therapeutic Alliance

**Introduction**

Counseling is a professional support process offered to individuals, families, or groups to help them understand themselves, gain awareness, identify problems, develop solutions, make healthy choices, be in harmony with the environment and develop healthy communication skills (Balkin & Kleist, 2017). However, the success of this process depends on several factors. The therapeutic alliance is one such factor. Research has shown that the quality of the therapeutic relationship/alliance has a direct impact on the effectiveness of the assistance and the recovery process. In other words, therapeutic relationship established with clients is one of the most crucial elements of the counseling process (Arnow et al., 2013; Areas et al., 2023; Bourke et al., 2021; Del Re et al., 2021; Elvins & Green, 2008; Flückiger et al., 2020; Goldfried & Davila, 2005; Horvath et al., 2011; Huppert et al., 2014; Kaiser et al., 2021; Priebe & McCabe, 2006; Totura et al., 2018; Wampold, 2013).

Hill (1991) identified several factors that contribute to the therapeutic relationship, including nonverbal and implicit behaviors, verbal interventions, content of conversations, counseling techniques and methods, empathic understanding, interpersonal style, and therapeutic alliance. Therapeutic alliance is

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widely regarded as the basis of therapeutic relationship (Norcross, 2002; Tschuschke et al., 2020). Bordin (1979) defined the therapeutic alliance as a concept that describes the relationship between counselor and client, he also defined it as a structure that includes three dimensions: *goal*, *task*, and *bond*. *Goal* refers to the shared goals that the counselor and client establish together. These goals may include addressing the client's problems, promoting the client's personal growth, or unleashing the client's potential. *Task* encompasses the roles and responsibilities that the counselor and client will undertake in the counseling process. The final dimension is *bond*, which forms the basis of the relationship between the counselor and client. This relationship is built on mutual trust, respect, empathy, and unconditional acceptance. A strong bond allows the client to feel comfortable sharing his or her feelings and experiences and enables the counselor to understand and support those experiences.

The literature emphasizes that in addition to a strong therapeutic alliance in terms of therapy outcomes, supervision support and supervisory alliance are also important variables (Aponte & Carlsen, 2009; Lizzio et al., 2009; Milne et al., 2008). This alliance has been extensively studied since its conceptualization (Bahrack, 1989; Bernard & Goodyear, 2014; Bordin, 1983; Efstation et al., 1990; Enlow et al., 2019; Ertl et al., 2023; Hedegaard, 2020). Bordin (1983) was one of the first to define this concept, stating that it involves a process based on shared goals, agreed-upon tasks, and a strong emotional bond. Research has shown that this bond helps to improve the supervisee's skills and the therapeutic alliance that they form with their clients (DePue et al., 2016). Therefore, a positive relationship between a supervisor and a supervisee is critical to fostering a strong therapeutic alliance between the supervisees and their clients. Although supervision research in Turkey has exhibited a recent upsurge, the field remains comparatively underexplored. Existing studies have predominantly focused on a diverse array of supervision-related themes. The dynamics of the supervisory relationship itself (Meydan & Denizli, 2018; Meydan & Koçyiğit Özyiğit, 2016; Sarıkaya & İlhan, 2022) have been insufficiently investigated.

It is important to note that attachment styles (An et al., 2023; Blacket et al., 2005; Bruckert et al., 2006; Rizou & Giannouli, 2020) are another variable that determines the therapeutic alliance. These styles are based on the first relationship established with the mother/caregiver during infancy and shape other relationships throughout life. This initial attachment is crucial because it affects an individual's ability to trust, relate to others, and regulate their emotions. Attachment styles, established in childhood through interactions with primary caregivers, significantly influence various aspects of an individual's life, including the formation and maintenance of adult relationships (Ainsworth, 1978; Bowlby, 1969).

Based on the work of Ainsworth (1978) and Bowlby (1969), Hazan and Shaver (1987) defined three adult attachment styles: secure, anxious, and avoidant. These styles are determined by the relationship established with the mother/caregiver in childhood and can affect adult relationships (Collins & Read, 1990; Shaver et al., 1988). Individuals with a secure attachment style tend to be self-assured, easily form close relationships, and maintain healthy connections. In contrast, those with an anxious attachment style lack self-confidence, fear abandonment, and experience unstable relationships. Meanwhile, individuals with an avoidant attachment style avoid close relationships, do not believe in true love, and lack trust in others (Collins & Read, 1990; Cooper et al., 1998; Hazan & Shaver, 1987).

Research indicates that attachment styles play a critical role not only in interpersonal relationships but also in counseling (Berant & Obegi, 2009; Farber & Metzger, 2009; Levy & Kelly, 2009; Mohr et al., 2005). For instance, it has been emphasized that securely attached counselors establish a better therapeutic

alliance (Dunkle & Friedlander, 1996; Eames & Roth, 2000; Petrowski et al., 2011). These counselors are empathetic, sensitive, and able to manage their emotions. Research suggests that counselors with insecure attachment styles may have a weaker and more negative therapeutic alliance (Bernecker et al., 2014; Bruck et al., 2006; Eames & Roth, 2000; Schauenburg et al., 2010).

In conclusion, while there is a body of research on therapeutic alliance in the literature, there is relatively little research on the supervision process, which is an important part of counselor education. Furthermore, additional research is needed to determine the impact of supervisory alliance and attachment styles on therapeutic alliance during counselor training. Therefore, this study aimed to investigate the extent to which the supervisory alliance and supervisees' attachment styles explain the therapeutic alliance.

### **Method**

This was a quantitative research study using the correlational model (Cohen et al., 2007) to examine the impact of supervisee attachment styles and the supervisory alliance (i.e. supervisee-supervisor alliance) on the therapeutic alliance (i.e. supervisee-client alliance). In various regression models, the total score of the therapeutic alliance and its sub-dimensions were used as dependent variables. The independent variables were the supervisees' attachment styles and the supervisory alliance.

#### **Participants**

The study was conducted with supervisees, specifically undergraduate counseling students, who provided counseling sessions and received supervision as part of their individual counseling practices course. Data was collected by contacting supervisors and senior counseling students at universities in different regions of Türkiye via email, based on the statistical region classification of the Turkish Statistical Institute (TUIK, 2018).

The sample selection was based on the 2018 statistical regional unit classification of the Turkish Statistical Institute (TUIK, 2018). The study aimed to be conducted in a university with a Department of Guidance and Counseling . in each of the 12 geographical regions of Türkiye. However, only 7 state universities from 7 regions out of 12 responded. Participants were informed of the study and voluntarily signed an informed consent form to participate. A total of 417 data points were collected. However, during the data cleaning process, 15 datasets were excluded due to missing or incorrect responses. A further 30 datasets were eliminated because they did not meet the established criteria for therapeutic alliance formation. Dykeman (1995) posits that both client-therapist and supervision therapeutic alliances require a minimum of three sessions to develop. Finally, after removing outliers ( $n = 11$ ), analyses were conducted on the remaining 361 data points. The research group was comprised of participants aged 20-28 years (mean = 22.13,  $SD = 0.96$ ), with 268 females and 93 males.

#### **Data Collection Tools**

##### **Personal Information Form**

The form was designed to collect demographic information (e.g. age, gender) and supervision experiences of the participants. The form includes questions to elicit information such as the number of weeks of supervision, the duration of weekly supervision, the number of cases worked on during supervision, and the theoretical approach followed.

### **Therapeutic Alliance Scale: Counselor Form (TAS)**

The TAS is a 20-item scale developed by Kandemir and İlhan (2019). It is based on a 7-point Likert-type assessment, with each item rated on a scale of 1 to 7. The scale consists of three sub-dimensions: goal, task, and bond. High scores on the scale indicate a strong alliance. The reliability coefficients for the sub-dimensions were .87, .86, and .68, respectively. In the current study, Cronbach's alpha coefficients were calculated as .90, .86, and .74, respectively.

### **Attachment Styles Scale in Interpersonal Relationships (ASIR)**

The ASIR, a scale based on Bowlby's (1988) theory of attachment styles, was developed by Kandemir and İlhan (2017). The scale consists of 21 items and three sub-dimensions: secure, anxious-preoccupied, and avoidant attachment. The ASIR is based on a 7-point Likert scale, with each item scored between 1 and 7. High scores on each of the sub-dimensions are indicative of the level of attachment characteristic in relation to that dimension. The sub-dimension's reliability coefficients (Cronbach's alpha) were .80, .74, and .72, respectively. In the current study, Cronbach's alpha coefficients were calculated as .80, .76, and .74 for the respective sub-dimensions.

### **Working Alliance Inventory: Trainee (WAI-T)**

The WAI-T was developed by Bahrck (1989) and adapted to Turkish by Sarıkaya and İlhan (2016) to assess the supervisory alliance. The original form consisted of 36 items and three sub-dimensions: goal, task, and bond. However, in the Turkish adaptation, the scale was reduced to 34 items while maintaining the same sub-dimensions. The scale is based on a 7-point Likert-type rating, where each item is scored from 1 to 7. Trangucci (2013) reported Cronbach's alpha coefficients of .88, .84, and .74 for the goal, task and bond subscales, respectively. In the Turkish adaptation study, these coefficients were calculated as .87, .86 and .68, respectively. In the current study Cronbach alpha coefficients were found to be .85, .87 and .86, respectively.

### **Data Analysis**

The data set was analyzed for missing values, normality, linearity, outliers and multicollinearity. It was assessed to meet the assumptions of regression analysis. Skewness (-.865 - .614) and kurtosis (-.409 - 1.307) values falling within the range of -2 to +2 generally indicate an acceptable normal distribution for a single variable (George & Mallery, 2010; Hair et al. 2010). IBM SPSS 24 software package was used in the analysis of data obtained from the study group. The relationships between variables were initially analyzed using Pearson's product-moment correlation. The predictive power of the independent variables was tested using multiple linear regression analysis.

## **Findings**

### **Descriptive Statistics**

Minimum and maximum scores, means and standard deviations values for the variables are given in Table 1. Examining the table, it can be seen that the mean scores of the therapeutic alliance and the supervisory alliance are close to one another. Looking at the attachment style scores, the highest mean scores were found in the secure attachment style.

**Table 1**

*Descriptive statistics for study variables*

Variables	N	Minimum	Maximum	Mean	SD	Skewness	Kurtosis
TA	361	3,40	6,90	5,46	,70	-,300	,445
Goal	361	3,00	7,00	5,45	,83	-,451	,305
Task	361	2,43	7,00	5,59	,84	-,708	,405
Bond	361	1,67	7,00	5,30	1,01	,614	-,065
Secure	361	3,43	7,00	5,67	,77	-,865	1,307
Anxious- preoccupied	361	1,00	6,86	3,69	1,07	,159	-,409
Avoidant	361	1,00	6,14	3,26	,93	,294	,128
SA	361	2,06	6,85	5,15	,96	-,595	-,358

Note: SD= Standard deviation; TA= Therapeutic alliance total score; Goal, task and bond are sub-dimensions of TA; Secure, Anxious-preoccupied and avoidant are sub-dimensions of supervisees' attachment styles; SA= Supervisory alliance total score

**Relationships between Variables**

**Table 2**

*Correlation coefficients between variables*

Variables	Goal	Task	Bond	TA	Secure	Anxious- Preoccupied	Avoidant	SA
Goal	1							
Task	.71**	1						
Bond	.29**	.32**	1					
TA	.84**	.85**	.69**	1				
Secure	.46**	.47**	.31**	.52**	1			
Anxious- Preoccupied	-.06	-.07	-.27**	-.17**	-.06	1		
Avoidant	-.20**	-.21**	-.34**	-.32**	-.37**	.08	1	
SA	.43**	.41**	.27**	.46**	.33**	-.07	-.26**	1

Note: \*\*  $p < .01$ ; TA= Therapeutic alliance total score; Goal, task and bond are sub-dimensions of TA; Secure, Anxious-preoccupied and avoidant are sub-dimensions of supervisees' attachment styles; SA= Supervisory alliance total score.

The results of the correlation analysis showing the relationships between the variables are presented in Table 2. The therapeutic alliance total score demonstrated statistically significant relationships with all independent variables. However, anxious-preoccupied attachment did not have significant relationships with the goal and task sub-dimensions of the therapeutic alliance.

**Regression Analyses**

The study used multiple linear regression analysis to predict the impact of independent variables on dependent variables. Four multiple linear regression analyses were conducted for the total score of the therapeutic alliance, as well as for each sub-dimension.

**Regression Analysis for Goal Sub-dimension**

Table 3 shows that the regression model used in the analysis accounted for 29.5% of the variance in the goal sub-dimension ( $p < .01$ ). The analysis revealed that secure attachment and a therapeutic alliance based on supervision are significant predictors. However, avoidant, and anxious-preoccupied attachment styles do not significantly predict the goal sub-dimension.

**Table 3**  
*Results for the prediction of the goal sub-dimension*

Variable	B	Standard Error	$\beta$	$t$	$p$
Constant	1.85	.43		4.33	.00**
Secure	.39	.05	.36	7.26	.00**
Anxious-Preoccupied	-.01	.04	-.01	-.32	.75
Avoidant	.01	.04	.02	.31	.76
SA	.27	.04	.31	6.46	.00**

Note: \*\* $p < .01$ ; Secure, Anxious-preoccupied and avoidant are sub-dimensions of supervisees' attachment styles; SA= Supervisory alliance total score.

**Regression Analysis for Task Sub-dimension**

**Table 4**  
*Results for The Prediction of the Task Sub-dimension*

Variable	B	Standard Error	$\beta$	$t$	$p$
Constant	2.00	.43		4.64	.00**
Secure	.41	.05	.38	7.63	.00**
Anxious-Preoccupied	-.02	.04	-.02	-.52	.60
Avoidant	.00	.04	.01	.19	.85
SA	.25	.04	.28	5.93	.00**

Note: \*\* $p < .01$ ; Secure, Anxious-preoccupied and avoidant are sub-dimensions of supervisees' attachment styles; SA= Supervisory alliance total score.

Table 4 indicates that attachment styles and supervisory alliance, as independent variables, accounted for 29.4% of the variance in the task sub-dimension ( $p < .01$ ). The study found that secure attachment and supervisory alliance were significant predictors of the task subdimension. However, avoidant, and anxious-preoccupied attachment styles did not have a significant contribution.

**Regression Analysis for Bond Sub-dimension**

Table 5 shows that all independent variables accounted for 22.6% of the variance in the bond sub-dimension ( $p < .01$ ). Additionally, all independent variables were significant predictors of the bond sub-dimension. Secure attachment and supervisory alliance had a positive contribution on the dependent variable, while anxious-preoccupied and avoidant attachment styles had a negative contribution.

**Table 5**

*Results for the Prediction of the Bond Sub-dimension*

Variable	B	Standard Error	$\beta$	$t$	$p$
Constant	4.94	.54		9.12	.00**
Secure	.22	.07	.17	3.22	.00**
Anxious- Preoccupied	-.22	.04	-.24	-5.01	.00**
Avoidant	-.24	.06	-.22	-4.39	.00**
SA	.14	.05	.13	2.68	.00**

Note: \*\* $p < .01$ ; Secure, Anxious-preoccupied and avoidant are sub-dimensions of supervisees' attachment styles; SA= Supervisory alliance total score.

**Regression Analysis for Therapeutic Alliance Total Score**

Table 6 demonstrates that all the independent variables, except avoidant attachment, are significant predictors. Together, these variables accounted for 38.7% of the variance in the total score of the therapeutic alliance. According to the standardized beta coefficient, the order of importance of the predictor variables on the total score of therapeutic alliance was secure attachment, supervisory alliance, anxious-preoccupied attachment, and avoidant attachment.

**Table 6**

*Results for the Prediction of Therapeutic Alliance Total Score*

Variable	B	Standard Error	$\beta$	$t$	$p$
Constant	2.82	.34		8.44	.00**
Secure	.35	.04	.38	8.23	.00**
Anxious- Preoccupied	-.08	.03	-.12	-2.81	.01**
Avoidant	-.07	.03	-.09	-1.90	.06
SA	.23	.03	.31	6.83	.00**

Note: \*\* $p < .01$ ; Secure, Anxious-preoccupied and avoidant are sub-dimensions of supervisees' attachment styles; SA= Supervisory alliance total score.

**Discussion**

The results of the study indicated that the goal sub-dimension of the therapeutic alliance was significantly predicted by secure attachment style and supervisory alliance. However, avoidant, and anxious-preoccupied attachment styles had no significant effect. These findings are consistent with previous studies that have shown supervisees with secure attachment styles more capable of establishing therapeutic alliance with their clients (Black et al., 2005; Meyer & Pilkonisde, 2001; Schauenburg et al., 2010). Secure attachment enables counselors and clients to establish common goals and work

collaboratively towards achieving them. Research indicates that counselors with a secure attachment style are better equipped to establish a quality therapeutic alliance with their clients. According to Meyer and Pilkonis (2001), counselors with secure attachment styles establish higher quality therapeutic alliances than those with anxious attachment styles.

The findings also suggested that the task sub-dimension of the therapeutic alliance was significantly predicted by secure attachment and supervisory alliance. However, avoidant, and anxious-preoccupied attachment styles did not have a significant effect. Petrowski et al. (2011) noted that a secure attachment style can help supervisees openly discuss tasks and responsibilities with their clients and agree on a common plan. The task sub-dimension pertains to the agreement between parties on the tasks they will undertake together and the techniques they will use during the supervision (Bordin, 1979). Counselors or supervisees with secure attachment styles tend to establish stronger therapeutic alliances with their clients because they believe in their own likability and their ability to trust others (Bartholomew & Horowitz, 1991). The current study's findings also indicated that the supervisory alliance contributed to the task sub-dimension of the therapeutic alliance at a statistically significant level. This indicates that when supervisors and supervisees collaborate to achieve common goals during the supervision process, they are more likely to agree on roles and responsibilities. This finding is supported by previous studies (DePue et al., 2016; Enlow et al., 2019; Schweitzer & Witham, 2018). Burke (1991) conducted a study that concluded that the supervisor is a strong predictor of the therapeutic alliance.

The research findings indicated that the supervisee's attachment style significantly predicted the bond sub-dimension of the therapeutic alliance. Specifically, the secure attachment style positively predicted the bond sub-dimension, while the anxious-preoccupied and avoidant attachment styles predicted it negatively. It is important to note that the bond sub-dimension was the only dependent variable predicted by all independent variables at a significant level. Several studies support our findings (Bruck et al., 2006; Bernecker et al., 2014; Dunkle & Friedlander, 1996; Eames & Roth, 2000; Petrowski et al., 2011; Schauenburg et al., 2010). The results indicate that supervisees with secure attachment styles tend to form stronger therapeutic alliances, while those with anxious-preoccupied and avoidant attachment styles tend to form weaker ones.

However, this study showed that although the supervisory alliance significantly contributes to explaining the variance of the bond sub-dimension, it is less significant than other independent variables. This may be due to the structured nature of the supervision process, which could make emotional closeness more challenging (Bordin, 1983). The power dynamic and hierarchy between supervisor and supervisee can create anxiety and tension, potentially weakening the therapeutic alliance. Bordin (1983) suggests that a strong supervisory alliance requires the supervisor to provide emotional support to the supervisee and establish a trust-based relationship. During the supervision process, evaluations should be made objectively and with consideration of the context. Research indicates that supervisees who receive emotional support and objective evaluations establish stronger bonds with their clients (Burke et al., 1991; Daly, 2003).

The study revealed that the secure attachment style significantly and positively predicted the therapeutic alliance total score. On the other hand, the anxious-preoccupied attachment style had a negative contribution on the therapeutic alliance. However, the avoidant attachment style did not significantly contribute to the therapeutic alliance. Several studies, including Kandemir (2017), Sauer et al. (2003), and



Yusof and Carpenter (2016), have reported findings that are consistent with the those of the current study. These results suggest that a strong supervisory alliance can help develop more trusting and close relationships with clients. Supervision provides a supportive environment for counselors, helping them develop and enhance their counseling skills. It can also assist counselors in overcoming challenges with their clients and strengthening the therapeutic alliance.

The current study has limitations as it only reflects the perceptions of supervisees. To broaden the scope, similar variables should be examined through the perceptions of supervisors and clients. Additionally, the research data was collected after the participants completed their counseling sessions. Future studies should collect data at regular intervals during the counseling process. Thus, process of forming therapeutic alliance could understand better. Additionally, this study was conducted with undergraduate participants. Future studies could investigate the relationship between variables related to the supervision and counseling processes with participants from different developmental levels, such as doctorate or master's students.

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