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## The Role of Personality in Early Alliance Formation in the Context of Clinical Supervision of Psychotherapists in Training

Cynthia Bilodeau

*Saint Paul University*, [cbilodeau@ustpaul.ca](mailto:cbilodeau@ustpaul.ca)

Stéphanie Lalande

*Saint Paul University*, [slala061@uottawa.ca](mailto:slala061@uottawa.ca)

Andréanne Kyle

*Saint Paul University*, [andreeanne.kyle@gmail.com](mailto:andreeanne.kyle@gmail.com)

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# The Role of Personality in Early Alliance Formation in the Context of Clinical Supervision of Psychotherapists in Training

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Cynthia Bilodeau<sup>1</sup>, Stéphanie Lalande<sup>1</sup>, and Andréanne Kyle<sup>1</sup>

## Abstract

The literature suggests that working alliance is an important predictor of clinical supervision outcomes. However, little is known about the individual factors that influence the development and maintenance of the working alliance. This study aims to explore the role of supervisor and trainee personality traits in the development of early working alliances, as well as supervisor and trainee concordance rates in the context of clinical supervision. This study used the NEO-PI-3 measure to assess personality traits and the Working Alliance Inventory-Supervisor and Trainee Versions (WAI) measures to assess working alliance ratings. Results suggest that supervisors rate the strength of their alliances as significantly stronger than trainees ( $p < .05$ ). While no trainee personality traits were found to predict their perception of the early alliance, the openness domain was found to be significantly associated to supervisor's self-reported ratings of alliance. Implications of these findings are discussed.

## Keywords

personality; working alliance; clinical supervision

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<sup>1</sup> Saint Paul University

## Corresponding Author:

Cynthia Bilodeau (Human Sciences, Saint Paul University, 223 Main Street, Ottawa, Ontario, CANADA, K1S 1C4)  
email: [cbilodeau@ustpaul.ca](mailto:cbilodeau@ustpaul.ca)

## **Introduction**

In the field of psychotherapy, clinical supervision is defined as a distinct training and professional development activity, which aims to gatekeep professional standards and promote personal and professional development (Bernard & Goodyear, 2014; Falender, 2018; Kadushin & Harkness, 2014). Namely, it aims to protect client welfare, while developing the professional competency of the trainee (Falender, 2018; Kadushin & Harkness, 2014). Recent studies have demonstrated the importance of integrating clinical supervision in educational training programs to develop professional skill and positive client outcomes (Falender, 2018; Milne & Reiser, 2012; Barnett & Molzon, 2014; Golia & McGovern, 2015; Mette, 2019). Supervision is used to educate trainees through supervisors' instructions and ongoing support (Derrington & Campbell, 2015; Stark, McGhee, & Jimerson, 2016; Zepeda, 2018), as well as feedback resulting in professional development (Zepeda, 2006, 2017, 2018) and growth (Zepeda, 2017). In the context of education, supervision is viewed as a developmental process for professional growth (Ingle, 2009). However, in the context of clinical supervision in psychotherapy training, there is an important evaluative component that also serves to monitor the quality of services provided and to gatekeep the profession, which inherently implies a difference in power between the supervisor and the supervisee (Bernard & Goodyear, 2019). Given the important role supervision plays in the development of trainees' professional abilities, it is important to gain greater knowledge about factors that may predict outcomes of supervision (Mette, 2019; Thomas & Hersen, 2010), in both education and psychology.

Clinical supervision can be traced back to the 1950s, where it was primarily practiced amongst psychoanalysts in psychiatric units. Since then, studies have focused on demonstrating the effects of clinical supervision on trainees' knowledge base, competency, as well as professional and personal growth (Kadushin & Harkness, 2014), professional identity (Scharff, 2014; Thomas & Hersen, 2010), increased quality of written documentation (Scharff, 2014) and client care (Falender, 2018). Clinical supervision is now widely practised and recognized as a key component of clinical education for professions that offer psychological treatment (Bernard & Goodyear, 2014; Kadushin & Harkness, 2014; Watkins Jr., 2014). The aforementioned studies highlight the role of clinical supervision on trainees' personal growth and professional practice (Falender, 2018; Kadushin & Harkness, 2014; Scharff, 2014). Little is known, however, about the impact of individual personality traits on the process or outcomes of supervision. In the context of counselling, however, Ackerman and Hilsenroth (2001) found that some personality traits negatively affected the therapeutic working alliance, suggesting it may be relevant to study the role of personality in the context of clinical supervision.

Supervision used for educational purposes allows training programs to promote growth amongst supervised students as well as help them overcome professional challenges (Gordon, 2019; Thomas & Hersen, 2010). The learning context of clinical supervision is unique however, given that its educational approach relies primarily on a collaborative interpersonal process (Bernard & Goodyear, 2014; Falender & Shafranske, 2017; Kadushin & Harkness, 2014). Falender and Shafranske (2017) note that clinical supervision is a distinct professional activity by which education and training are used to develop science-informed practices through a collaborative interpersonal process. This suggests that the key component of supervision is its collaborative nature, whereby both parties must work through strains or ruptures to ensure the best possible

outcomes. This collaborative relationship is considered a core element of supervision, which promotes strong supervisory working alliances through teamwork endorsing growth (Bernard & Goodyear, 2014; Watkins Jr., 2014). This cooperative relationship is seen when supervised trainees apply instructional feedback provided by supervisors, which in turn, strengthens the working alliance through clear training expectations leading to the pursuit of a common goal (Glanz, 2018; Mette et al., 2017).

An important component of clinical supervision is the working alliance. Working alliance is defined as the mutual agreement on goals and tasks, between dyads, within the context of a strong emotional bond (Bordin, 1983). Bordin (1983) focused on the importance of building a strong working alliance between a person seeking change and the change agent. While Bordin's model of working alliance was initially conceptualized in a therapeutic setting, it was later expanded to the context of clinical supervision. There is much research in support of the importance of therapeutic alliance in predicting positive therapeutic outcomes, with some researchers suggesting that the quality of the alliance may be more important than the type of treatment (Martin et al., 2000; Constantino et al., 2005; Flückiger et al., 2012). Similar findings have linked strong working alliances to positive supervisory outcomes (Martin et al., 2000) and in turn, positive therapeutic outcomes (Martin et al., 2000; Constantino et al., 2005; Flückiger et al., 2012). While the importance of strong supervisory alliances is well established, little is known about individual factors that influence the building and maintenance of these alliances. Research has identified that supervisors' characteristics such as style, expertise, emotional intelligence, use of self and ethical conduct are related to the supervisory alliance (Kadushin & Harkness, 2014; Scharff, 2014). For trainees, research indicates that emotional intelligence, and trainees' levels of anxiety are personal factors associated with the supervisory alliance's strength (Bernard & Goodyear, 2014; Kadushin & Harkness, 2014). Furthermore, educational research indicates that instructors with culturally responsive approaches develop greater working alliances (Gordon, 2019). Given that supervision is intrinsically related to trainees' professional education, training and development, and that it can be a career-long endeavour, it is important to understand factors such as personality, as it may influence supervisor-trainee working alliance and in turn, facilitate or hinder the education and professional development of clinical professionals. Additionally, it is important to analyze what, if any, connections there might be for educational supervision.

### **Personality and the Supervisory Alliance**

Typological research on the role of personality in supervisory working alliance indicates that trainees' expectations and needs vary according to personality type (Thomas & Hersen, 2010). Swanson and O'Saben (1993) studied the link between counsellors' and trainees' personality types and their reported needs and expectations from clinical supervision. Their results indicated that trainees' expectations and needs varied according to their Myers-Briggs personality type. In fact, a need for support was identified more often by sensing types, whereas behavioural monitoring and respectful confrontations were more often required by intuitive ones. Reciprocal confrontation, which consists of a confrontation directed at personal aspects of the trainees' behaviour, was required more often by perceiving types (Swanson & O'Saben, 1993).

More recently, Bernard et al. (2011) used the MBTI (Myers Briggs Type Indicator) (Briggs & Myers, 1998) to study if similarities in personality types between supervisors and trainees impacted their choice of interventions. Their results suggested that personality similarities amongst supervisors and trainees did not appear to play a significant role in their chosen interventions. However, intuition and perception seemed to drive the choice of interventions. This may explain the exception to their findings that *Openness* affects the approach (Bernard et al., 2011).

Using the NEO-FFI (Costa & McCrae, 1992) Rieck et al. (2015) explored the impact of personality in trainees' alliance perception. The study found that alliance as perceived by the trainee was correlated with their personality domains of Extraversion and Openness. The authors suggest that trainees' professional growth could be assisted by their candidness and the willingness to learn brought about by the domains in question. This suggests that trainee personality may influence their dyadic processes. Little research exists investigating the impact of personality in the context of clinical supervision, supporting the importance of this study.

Similarly, Lizzio et al. (2009) studied trainees' perception of clinical supervisory relationships, processes and outcomes. As such, openness, support and challenge were explored in terms of their influence on trainees' perceived effectiveness and anxiety-related feelings. Results indicated that trainees' perceived supervisors as more effective when levels of support and openness were higher. Conversely, trainees expressed higher feelings of anxiety when supervisors were more challenging. These results allude to the possible influence of personality in perception of supervisor-trainee working alliance.

Knowledge of how personality can influence clinical supervision may allow supervisors to adapt their approach with specific trainees. As such, supervisors with greater awareness of influencing factors, such as personality, are more likely to provide supervision better responding to students' specific needs (Bernard et al., 2011; Gordon, 2019). In the context of educational supervision, Glickman et al. (2009) discussed the importance of developmental supervision, which focuses on acknowledging individual's differing needs. As a result, they highlight the uniqueness of the individual given their differing personalities, leading to varying needs with regards to professional growth. This importance can be extended to both clinical supervision and educational supervision, highlighting the importance of exploring how personality may affect the process of supervision. This knowledge will help supervisors with supervision planification and goal identification by staying informed and aware of the possible interplay between personality and the supervisory process. In the context of educational supervision, knowledge regarding the role of personality on the supervisory process could serve to support efforts in promoting developmental supervision, potentially leading to improved supervisory outcomes. These outcomes could include an increase in supervisory satisfaction for both supervisors and teachers and better service outcomes for the clients (students) as teachers may feel more satisfied with their own professional development (Glickman et al., 2009). This further supports the need for exploring how personality may play a role in the supervisory alliance. This study uses, The Five Factor Model (Costa & McCrae, 1992), one of the most widely accepted theories of personality, which stipulates that personality consists of 5 traits. These 5 traits called domains are neuroticism, extraversion, openness, agreeableness, and conscientiousness are assessed by the *Neuroticism, Extraversion, Openness Personality Inventory 3* (NEO-PI-3; McCrae & Costa,

2010). By using the Five Factor Model of personality, a comprehensive picture of supervisors and trainees' personalities will be collected to explore possible associations with perceived early alliance.

### **Purpose of the Study**

Clinical supervision is identified as the primary means of training in psychotherapy. Supervision outcomes are found to be associated with the quality of the supervisory working alliance. While research suggests that personality may influence the process and outcomes of relationships, the influence of personality in this unique educational context is little explored. Bernard and Goodyear (2014) assert that supervisors must consider how individual variables may affect the building and maintenance of working alliance. This research aims to gain greater understanding of the role of personality in a supervisor-trainee working alliance. Specifically, this research aims to explore the role of supervisor and trainee personality traits on their own perceived early alliance strength. Early alliance has been found to be a predictor of longer-term alliance and supervisory outcomes (Bordin, 1983; Strauss et al. 2006). As previous research suggests, personality may play an important role in the supervisory process. We therefore hypothesize that personality traits may be significantly associated to both supervisors' and trainees' ratings of their own perceived alliance strength. As such the following research questions will be addressed: (1) Is supervisors' personality associated with their own perceived experience of their alliance? (2) Is trainees' personality associated to their own perceived experience of their alliance? (3) Do trainees and supervisors differ in terms of how they perceive their own alliance?

As previous research (Bernard et al., 2011; Lizzio et al., 2009; Rieck et al. 2015) suggests, it is hypothesized that facets of the Openness personality domain will significantly predict both supervisors' and trainees' ratings of their own perceived alliance strength. Given the power imbalance inherent in the clinical supervision relationship (Glanz, 2018; Gordon, 2019) and the possible influence of being challenged challenge on trainees' perception of clinical supervisory relationships (Lizzio et al., 2009), it is hypothesised that supervisors and trainees' will differ in their own perception of supervisor-trainee working alliance.

### **Methodology**

Data analyses were conducted using SPSS v23.0. Simple linear regressions were conducted to explore relationships between personality domains and early working alliance ratings. Follow-up multiple regressions were conducted based on significant correlations found between personality domains and working alliance to further explore which individual personality facets significantly predicted this association.

### **Participants**

Participants consisted of 50 trainees and 13 supervisors, who combined, supervised 79 trainees. Trainee participants were second year master's level students enrolled in a counselling program at a Canadian University, seeing clients at a training centre. Supervisor participants were psychotherapy professionals hired to supervise students on a weekly basis over the course of the

semester at the same counselling centre but did not necessarily supervise the participating trainees. As such, both were engaged in the same process of supervision, but were not matched.

The sample of supervisors consisted of 9 females and 4 males, with a mean age of  $M = 46.2$  years ( $SD = 10.01$ ). Twelve of the supervisors identified as Caucasian and one supervisor identified as African. The number of trainees ranged from 1 to 16 with a mean of 6 per supervisor. The sample of trainees consisted of 43 females and 7 males, with a mean age of  $M = 39.6$  years ( $SD = 12.3$ ), Forty-five trainees identified as Caucasian, two identified as Asian, two as “other,” and one as Latino.

## **Procedures**

Participants were recruited through advertisement posters at the university and through emails sent to supervisors and trainees. Participation was kept anonymous since trainees and supervisors did not participate as dyads. To be eligible for the study, supervisors had to be supervising, while trainees had to be second-year students enrolled in practicum. The study was approved by the University REB board and written informed consent was obtained from all participants. Participants did not receive any compensation for their participation in this study.

The data used in this study are part of a larger ongoing study. Prior to the first supervision, researchers met with participants individually to obtain informed consent and complete a short Demographic Questionnaire as well as the Personality inventory (NEO-PI-3). Early alliance measures were collected following the fourth supervision, as it represents the quarter point of supervision. These measures of alliance were sent to participants following the fourth supervision. These forms were pre-coded to ensure confidentiality. Participants were instructed to complete the questionnaires as soon as possible following the supervision session. Both supervisor and trainee reported on all measures of working alliance and personality.

## **Measures**

**Demographic Data.** Baseline demographic information was obtained during the intake interview. Data about age, gender, ethnicity, and years of clinical experience were obtained from the supervisors who participated in the study. Likewise, data about age, gender and ethnicity were obtained from the trainees.

**Alliance.** A modified version of the Working Alliance Inventory developed by Horvath and Greenberg (1989) was used to measure the quality of early working alliance. The adapted version (Bahrck; 1990) used in this study was slightly modified from the original Working Alliance Inventory – Counsellor and Client versions (Horvath, 1981) to reflect the supervisory context - Trainee and Supervisor (WAI-T and WAI-S). The 36-item measure offers 12-item subscale scores for goals, tasks, and bond, as well as an overall working alliance total comprised of the scores on subscales. Items are rated on a 7-point Likert-scale, with 1 representing almost never and 7 almost always. Example questions such as: “I work with my supervisor on specific goals during the supervisory session,” “My supervisor helps me stay on track during our meetings,” “I feel free to mention to my supervisor any troublesome feelings I might have about him/her” are asked to evaluate goals, task and bond respectively (Horvath, 1981). Aligned with

previous alliance research, total overall working alliance total was used in our analysis as an overall rating of perceived supervisor-trainee working alliance.

**Personality.** The NEO-PI-3 (McCrae & Costa, 2010) is a measure of personality traits, based on the Five Factor Model, which consists of 240 items answered on a 5-point Likert scale. The five main domains of personality, as outlined in the NEO-PI-3 are; neuroticism, extraversion, openness, agreeableness, and conscientiousness. Neuroticism is defined as the spectrum ranging from emotional stability to maladjustment as manifested by anxiety, sadness, and embarrassment amongst other negative emotions which lead to difficulty adapting. Extraversion refers to ones' tendency to be outgoing contrasted with reserved, social as opposed to independent, and active versus event paced. Openness is a propensity to be curious about internal and external occurrences, by which individuals are more accepting of experiences whether positive or negative. Agreeableness represents one's orientation towards others, it embodies the tendency to respond in an open or closed manner during social interactions. Conscientiousness refers to regulated self-control exerted toward the accomplishment of tasks. Each domain of personality consists of six personality trait subscales called facets (McCrae & Costa, 2010). These facets include: anxiety, angry hostility, depression, self-consciousness, impulsiveness, vulnerability for the Neuroticism domain; warmth, gregariousness, assertiveness, activity, excitement-seeking, positive emotions for the Extraversion domain; fantasy, aesthetics, feelings, actions, ideas, values for the Openness domain; trust, straightforwardness, altruism, compliance, modesty, tender-mindedness the Agreeableness domain; and competence, order, dutifulness, achievement striving, self-discipline, deliberation the Conscientiousness domain. The NEO-PI-3 is one of the most commonly employed measures of personality in scientific research, having demonstrated good reliability and validity, ranging from 0.89 to 0.93 in recent research on individual scales (Benson, 2014). Chronbach's alpha for supervisor domain scales ranged from 0.77 to 0.88. For trainees, Chronbach's alpha domains ranged between .67 to .85 with an alpha of 0.51 for agreeableness.

## Results

There was no missing data for the NEO-PI-3 for any of the participants. Little's MCAR test was conducted on the alliance measures for trainees (24% of missing data) and supervisors (21% of missing data) and determined that data were missing completely at random for both trainees  $\chi^2(69, N = 38) 70.82, p = .42$  and supervisors ( $\chi^2(35, N = 58) 29.28, p = .74$ ). According to Gelman and Hill (2006), listwise deletion does not bias a sample when data is missing at random and is an appropriate treatment of missing data. Therefore, missing data were handled through list-wise deletion.

Personality and working alliance data were available for 13 supervisors and 50 trainees. Preliminary regression analyses, controlling for supervisors ID, were conducted to see if age was associated with participant ratings of the working alliance and the NEO-PI-3 domains. Supervisor ID was controlled to mitigate supervisors having more than one trainee under their supervision. Results revealed that age was not associated with any of the trainee personality domains. However, supervisors' age was associated with their levels of neuroticism  $b = -.50, t(76) = -5.48, p < .001$ , agreeableness  $b = -.39, t(76) = 3.94, p < .001$  and conscientiousness  $b = -.25, t(76) = 2.26, p = .03$  in their rating. Thus, these were controlled in subsequent analyses



involving variables with which they were associated. Given the small number of men in both groups, the gender variable was not analysed.

### Supervisor Personality Domains and Perceived Working Alliance

Participating supervisors and trainees fell within the average range score for neuroticism, extraversion, and conscientiousness personality domains. However, both trainees and supervisors obtained significantly higher scores than the average population on the openness personality domain, suggesting high levels of openness. Supervisors had a mean score of 216.93 ( $SD = 14.63$ ) for total alliance ratings, whereas the trainees obtained a mean score of 198.19 ( $SD = 33.59$ ). Results are summarized in Table 1.

Table 1

*Mean Scores and Standard Deviations for Total Alliance Ratings and NEO-PI-3 Domains Compared to NEO-PI-3 Average Range Scores*

NEO-PI-3 domains	Supervisors			Trainees			NEO-PI-3	
	<i>M</i>	<i>SD</i>	<i>t</i>	<i>M</i>	<i>SD</i>	<i>t</i>	Average range scores	Average range <i>t</i> -score
Total alliance ratings	216.93	14.63	—	198.19	33.59	—	—	—
Neuroticism	74.00	19.02	48	77.7	21.26	50	67-88	45- 55
Extraversion	110.85	21.24	51	116.12	17.62	55	97-117	45- 55
Openness	139.62	19.91	69	134.92	20.01	67	94-113	45- 55
Agreeableness	136.85	8.76	62	137.72	13.36	63	104-122	45- 55
Conscientiousness	123.85	18.79	51	124.16	18.43	51	112-132	45- 55

*Note.* NEO-PI-3 Average range scores and Average range *t*-score from Costa & McCrae (1992)

Table 2

*Regression Analysis of NEO-PI-3 Domains and Trainees' Perceived Total Early Alliance Scores*

Predictor Variables	$\beta$	SE	$R^2$	<i>F</i>	<i>T</i>	<i>p</i>	95% CI	
							LL	UL
Agreeableness	0.341	0.428	0.018	0.637	0.798	0.430	-0.528	1.211
Neuroticism	0.172	0.273	0.012	0.397	0.630	0.533	-0.383	0.728
Extraversion	0.169	0.328	0.008	0.267	0.516	0.609	-0.498	0.836
Openness	0.120	0.275	0.006	0.190	0.436	0.666	-0.439	0.678
Conscientiousness	0.064	0.304	0.001	0.044	0.209	0.836	-0.554	0.681

\*  $p < .05$ ; \*\*  $p < .01$

A series of 10 linear regressions were conducted to investigate associations between supervisors' and trainees' NEO-PI-3 domains and their own perceived early working alliance. Results are summarized in tables 2 and 3.

Table 3

*Regression Analysis of NEO-PI-3 Domains and Supervisors' Perceived Total Early Alliance Scores*

Predictor Variables	$\beta$	SE	$R^2$	$F$	$T$	$p$	95% CI	
							LL	UL
Agreeableness	-0.295	0.386	0.194	4.245	-0.763	0.449	-1.069	0.479
Neuroticism	-0.095	0.115	0.195	4.288	-0.829	0.411	-0.326	0.135
Extraversion	0.007	0.101	0.000	0.004	0.065	0.948	-0.196	0.209
Openness	-0.239	0.091	0.110	6.831	-2.614	0.012**	-0.422	-0.056
Conscientiousness	0.175	0.113	0.220	4.991	1.552	0.127	-0.051	0.402

\*  $p < .05$ ; \*\*  $p < .01$

Based on the significant association found between supervisors' NEO-PI-3 openness domain and ratings of early working alliance, multiple regression analyses were conducted to identify which of the personality facets of the NEO-PI-3 openness domains was a significant predictor of supervisors' early alliance ratings. Feeling was the single facet that significantly predicted supervisors' total early alliance ratings. Increased scores on feelings negatively predicted supervisors' ratings of their total early working alliance ratings. Results are summarized in Table 4.

Table 4

*Regression Analysis of Supervisors' Perceived Total Early Alliance Ratings for Openness Facets*

Predictor Variables	$B$	SE	$R^2$	$F$	$t$	$p$
Total Working Alliance		13.29	0.28	2.70		0.02*
Fantasy	-0.09	1.04			-0.34	0.73
Aesthetics	0.55	0.94			1.55	0.13
Feelings	-0.47	0.81			-2.20	0.03*
Actions	0.27	0.87			1.21	0.23
Ideas	-0.15	1.05			-0.47	0.64
Values	-0.03	1.06			-0.09	0.93

\*  $p < .05$ ; \*\*  $p < .01$

### Differences Between Supervisor and Trainee Alliance Ratings

Independent sample t-tests were conducted to explore possible differences in strength of their own perceived alliance ratings between supervisors and trainees. Trainees and supervisors were significantly different in their early total alliance ratings, with supervisors reporting significantly higher early perceived alliance ratings ( $M = 216.93$ ,  $SD = 14.63$ ) than trainees ( $M = 198.19$ ,  $SD = 33.60$ ),  $t(43.50) = -3.16$ ,  $p = .003$ .

### Discussion

This study examined associations between supervisors' and trainees' personality traits and their own perceived quality of early working alliance. Results suggest that trainees' alliance ratings were not significantly related to personality traits; however, some supervisors' personality traits were found to significantly predict their ratings of early working alliance. A possible explanation for this finding may relate to self-awareness. Research suggests that supervisors may experience higher levels of self-awareness in clinical contexts (Williams, 2008; Kadushin & Harkness, 2014). Self-awareness involves the ability to perceive one's behaviour objectively and to have free access to one's feelings without excessive guilt, embarrassment, or discomfort, as well as the ability to self-examine and self-reflect (Kadushin & Harkness, 2014). Specifically, studies suggest that while self-awareness is an important personality trait for both trainees and supervisors in clinical education, there is a significant relationship between self-awareness and practice competence. Given the fact that, as instructors, supervisors have more clinical competence in a training context, they may demonstrate higher levels of self-awareness in relation to their practice, lending to the ability to self-reflect and to examine their alliance with their trainees (Kadushin & Harkness, 2014). Research supports that instructors expressing greater openness and self-awareness when providing professional training have better learning outcomes amongst those they aim to educate (Gordon, 2019; Sergiovanni, 1997). Conversely, trainees may not yet have fully developed this ability within a supervision context, possibly explaining why personality domains were not associated with their alliance ratings. Supervisors' increased self-awareness may have made them more introspective during self-reflection or analysis, increasing awareness of their reactions towards trainees (Falender, 2018; Kadushin & Harkness, 2014).

Another possible explanation for this difference is the concept of *referent power* in clinical supervision resulting from trainees' desire to be both liked by their supervisor and to be like their supervisor (Kadushin & Harkness, 2014). This is also known as *relationship power*, whereby the trainee wants to believe and behave as does their supervisor (Frawley-ODEa & Sarnet, 2001; Beinart, 2004; Milne, 2009; Kadushin & Harkness, 2014). Milne (2009) explains that trainees tend to let themselves be influenced by *referent power* due to the supervisor's expertise. That is, the trainees in this study may have wanted to conform to their supervisors. (Kadushin & Harkness, 2014). Specifically, this dynamic provides supervisors with the power to influence. Supervisors' position of authority may have inhibited trainees when rating their alliances in their desire to conform thus providing a possible explanation as to why trainees' personality traits were not associated with early alliance ratings in this study.

The *feeling* facet of the *Openness* domain was found to be a negative predictor of supervisors' early alliance ratings. The NEO-PI-3 suggests that openness to feelings involves receptivity to one's feelings and emotions and perceiving the evaluation of emotions as an important part of life. Since supervisors in this study had high levels of *Openness*, they may have been more likely to be open to their emotions, possibly explaining the negative correlation between their total early alliance ratings and the feeling personality facet. Specifically, people scoring higher on the *feeling* facets may experience deeper, more distinguished emotional states and feel happiness and unhappiness more intensely (Costa & McCrae, 1992). Research suggests that individuals high on *feeling* tend to be more conscientious, exposing them to distracting thoughts, disturbing impulses, and cognitive inconsistencies (McCrae & Costa, 1997; Diseth & Martinsen, 2009). Being more prone to negative thoughts or impulses could negatively influence supervisors' alliance ratings. Thus, having higher levels of openness to feelings may accentuate negative feelings.

Starrat (2004) found that instructors need to be authentic and present with those they educate to create a safe environment conducive to learning. As teachers of the profession, supervisors can convey authenticity by developing strong relationships through appropriate self-disclosure and openness. Similarly, presence can be emulated by use of unconditional regard and mutually reciprocal problem-solving (Gordon, 2019).

Results suggest that supervisors have higher early alliance ratings scores than trainees. This aligns with research by Bilodeau et al. (2010) as well as Fitzpatrick et al. (2005), suggesting that discrepancies can be caused by different conceptions of the alliance. Supervisors' self-awareness and concordance as well as power of authority may help explain the result.

Supervisors tend to have a higher level of self-awareness and tend to have the ability to facilitate the achievement of concordance (Falender; 2018; Fitzpatrick & Tusaie, 2017). Fitzpatrick and Tusaie (2017) describe that, in nursing, concordance refers to working collaboratively to set goals and strategies, leading to a strong working alliance. To be able to achieve concordance, an awareness of the one's own thoughts and feelings is necessary (Falender; 2018; Fitzpatrick & Tusaie, 2017; Scharff, 2014). Achieving concordance may be easier for supervisors than for trainees because supervisors have more experience, expertise, and possibly higher level of self-awareness, leading to the use of integrative thinking skills and feelings to develop concordance with trainees and perceive their alliance higher. Conversely, Glickman et al. (2009) found that in educational contexts, peer supervision is an effective means of promoting professional growth, suggesting that expertise is not a necessary ingredient for successful supervision. Our findings suggest that in the context of clinical psychotherapy supervision, expertise may be an important factor to consider for increasing subjective ratings of alliance.

While supervisors' position of authority could also incite them to feel more secure about their role, giving their alliance higher scores than trainees, trainees' position of subordination, being closely observed and evaluated, could explain their lower alliance score (Kadushin & Harkness, 2014). In fact, formal evaluations, in the context of clinical psychotherapy supervision have been linked to increased anxiety, as well as fear of failure and rejection (Kadushin & Harkness, 2014), a factor that is considered *theoretically* among educational supervision scholars and as such attempts to be removed from formative feedback structures. However, in *practice*, many

education supervisors (namely principals) provide summative feedback that also leads to feelings of anxiety, fear, and failure among teachers. However, in psychotherapy supervision, authority can be beneficial when supervisors have the ability to influence trainees through credibility, interpersonal identification, and modelling of competence, knowledge, and skills (Clare, 1988, Kadushin & Harkness, 2014), promoting respectable values, such as leadership, improved self-image, confidence, and competence (Clare, 1988). Further research would help to understand why supervisors tend to rate their alliance higher than do trainees, something that should also be explored in education settings.

The differences observed between supervisors and trainees in how their personality traits affect the alliance ratings could be explained by supervisors' higher level of self-awareness and the power of authority. Additionally, the feeling personality facet from the openness domain as a negative predictor of supervisors' alliance ratings could be explained by supervisors' openness towards their feelings, including experiencing negative ones. This openness to feelings increases the likelihood that supervisors may feel more insecure about themselves. A negative association was also found for the modesty personality facet as a predictor of supervisors' early alliance ratings. Therefore, as the level of modesty personality facet increases, supervisors seemed to perceive their alliance as lower. Finally, the concept of power of authority might help explain why supervisors have higher alliance ratings, leading supervisors to feel more secure about their alliance, whereas trainees may feel more insecure because they are being observed and evaluated (Kadushin & Harkness, 2014).

### **Strengths and Limitations**

Studies support that working alliance is important to promote better training for trainees (Robinson, 1949; Burns, 1958; Bordin, 1983; Ackerman & Hilsenroth, 2001; 2003; Kadushin & Harkness, 2014), and that personality traits can be predictive of clinical supervision processes and outcomes (Handley, 1982; Bernard et al., 2011). This study focused on exploring how personality traits influence supervisors' and trainees' early working alliance ratings, contributing to a better understanding of factors influencing clinical supervision processes and outcomes. Scales used throughout this study, NEO-PI-3 and WAI, are validated and applicable to diverse populations (Benson, 2014), increasing the likelihood that results are reliable and valid. However, some factors may have reduced the reliability of findings.

The relatively small sample size may have increased the risks of Type I or Type II errors. Further research should include larger sample sizes to continue to explore the differences in supervisors' and trainees' alliance ratings in a clinical supervision context, with personality traits as a predictive variable. Furthermore, reliability coefficient for the agreeableness domain in our sample was quite low, suggesting less consistency of people's responses across items in this domain in our sample which may have influenced some of the results of the study.

Similarly, the small sample size and lack of demographic variability may lead to limited diversity amongst the participants which limits the generalisability of results. Given that the sample was predominantly comprised of Caucasian females, further studies should focus on obtaining a more diversified sample representative of society to allow the results to be generalisable to the greater population of psychotherapist.

Self-report bias may have been an issue, as this study used self-report questionnaires (NEO-PI-3 and WAI), relying on participants' honesty. Although this study used two valid questionnaires – personality and working alliance – the risk of deceit may still be present, specifically in relation to personality, due to the desire to present oneself in a better light (Austin et al., 1998). As previously noted, supervisors were internal to trainees' training programs and could therefore have influenced participant's answers.

Response bias may have been an issue, for example, participants may have rated their alliance by only referring to their last supervision instead of comparing their last four. Response bias can be problematic when assessing the relationship between two questionnaires, as seen in the present study, which compares the results of the NEO-PI-3 and the WAI modified version for Trainees and Supervisors. This issue arises, because correlations between two questionnaires may only be reflective of the consistency of participants' response bias across questionnaires, rather than representative of an unaffected relationship among the variables measured in the questionnaires.

Rating scales are typically used to allow participants to provide nuanced answers. Although rating scales have their advantages, they can be problematic, namely as it relates to how people interpret and use scales differently. Additionally, research suggests that people have different ways of filling out forms: some like to use the edges of the scales, while others prefer the midpoints. Different interpretations of rating scales yield considerably different scores that differ from the questionnaire's intended purpose (Fan et al., 2006).

The different uses of clinical supervision as a counselling training tool and as a professional growth process in the educational context is an important limitation. Namely, the results of this study were collected in a psychotherapy training context while making connections to the educational training context. It is important to be aware of the differences in clinical supervision between the two fields (educational and psychotherapy) as the applicability of findings could vary.

## **Conclusion**

Results of this study have important implications for clinical supervision processes and outcomes, namely as it relates to its use in professional education and training. Personality traits were predictive of supervisors' early alliance ratings, but not of trainees'. Increased awareness of this finding would allow supervising instructors and those they educate to understand the role their personality traits play in the processes and outcomes of supervision. This is important when considering factors that may have affected trainees' alliance ratings. Supervisors should learn how their position of power can influence practitioners' interpretation of working alliance, which could help inform interactions by addressing barriers that could be at play. As instructors of the profession, supervisors should use these findings to further their knowledge about effects personality traits may have on supervisor-trainee working alliance and ultimately the education of those they supervise. By making a personality inventory part of supervision and training programs, supervisors would be better equipped to adapt to the needs of trainees. While administering the NEO-PI-3 may be possible under some circumstances, where time allows, the

shorter form, the NEO Five-Factor Inventory (NEO-FFI) would be better suited while still providing valuable insight (Costa, & McCrae, 1992).

Furthermore, supervisors' honesty about trainees' potential insecurities could help ease trainees' fears of being evaluated or observed and desire to conform with their instructor. Trainees' increased awareness of their potential insecurities and barriers could allow them to feel less pressure, due to transparency, and to feel like they can be authentic rather than conform. These findings could help inform supervisors and their trainees about the influence their role may have on the alliance. As Glanz (2018) emphasises, education can be deepened by use of authentic conversations between instructors and those they teach, through supervision. Through consultation with a practising member of the profession, supervision provides trainees with valuable insight and accountability (Thomas & Hensen, 2010). However, this is only possible to the extent that supervisors and trainees communicate honestly and openly about their insecurities and barriers.

The predictive relationship between supervisors' personality traits and early alliance ratings may carry important implications for professional education such as university training programs. Results of this study could help increase supervising instructors' awareness and openness to trainees' needs. Training sessions geared at increasing supervisors' awareness and openness to trainees' personality traits and how to tailor their approach to cater to their various educational needs could allow trainees to benefit from and be satisfied with their clinical supervision. Furthermore, training sessions could help supervisors to increase in their openness and regulate feelings to improve the supervisor-trainee working alliance.

This research contributed to the small number of studies that have explored working alliance in a clinical supervision context. It is the first step to understand how working alliance can be influenced by supervisors' and trainees' own perspectives. Further research is needed to better understand the differences in alliance ratings between supervisors and trainees, in addition to the impacts that personality traits have on supervisors' alliance ratings. Key areas that should be addressed in further research are: supervisors' education and awareness about working alliance and the variables affecting trainees' alliance ratings.

Future research should focus on larger samples while exploring dyadic data and the influence of one participant's characteristic on the other's ratings. As this study did not explore how supervisors' and trainees' personality traits influence the other's ratings, future research could expand on this issue. Moreover, given the limited time frame of the study, its focus was on the role of personality in early perceived alliance rather than how alliance may change over time. Further research could address longitudinal implications of supervisory working alliance by examining how personality influences changes in alliance over time.

An important finding of this study was the differences in alliance ratings, specifically, supervisors had higher alliance ratings than trainees. These results are important for clinicians to note because trainees are known to be better predictors of supervisory outcomes. As such, further research could examine what specific factors contribute to lowering trainees' alliance. These potential factors could help inform clinicians and supervisors, therefore, having the ability to address it in clinical supervision, when needed. The results of this study are promising in terms

of improving positive supervisory outcomes and have opened many avenues for further research. It is important to explore the proposed avenues as they may help inform mental health practitioners as well as supervisors regarding the variables and factors influencing working alliance in clinical supervision and promote better supervisory outcomes.

Results of this study help increase mental health practitioners' awareness of which personality traits influence working alliance in clinical supervision. This may allow them to develop openness as to the importance of personality traits, their influence on working alliance, and use this knowledge to promote better supervisory outcomes. Moreover, this study contributes to the growing literature highlighting the importance of working alliance in supervisors' role as teachers of their profession, namely in the education and instructing of trainees.



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## Author Biographies

**Cynthia Bilodeau** is an associate professor in the Faculty of Human Sciences at Saint Paul University. Her research interests are in the areas of counsellor training, supervision, and student well-being.

**Stéphanie Lalonde** is a graduate of the Masters in Counselling and Spirituality at Saint Paul University and a graduate student in the Clinical Psychology program at the University of Ottawa. Her research interest is supervision and how it relates to mental-health in the workplace.

**Andréanne Kyle** is a graduate of the Masters in Counselling and Spirituality at Saint Paul University and Registered Psychotherapy working in private practice as a Registered Psychotherapist. Her research interests focus on mental health, psychotherapeutic treatment and forensic psychology.