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Relationship Between Novice Counselors' Supervisory Attachments and Boundary Practices and Perceptions

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Abstract

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by

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MA, Columbia International University, 2000

BS, Wayland Baptist University, 1994

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Novice counselors may struggle to understand and follow ethical guidelines for boundary behaviors with clients. When counselors violate therapeutic boundaries, harmful consequences can result for clients and counselors. The purpose of this quantitative study was to examine the possible relationship between novice counselors' (NCs') attachment to supervisors and NCs' ethical perceptions and boundary practices. This study addressed the possible predictor variables of age, gender, relationship status, and practice setting. Bowlby's attachment theory provided the framework for the study. Survey data from 114 NCs were analyzed using descriptive statistics and hierarchical linear regression. Each regression analyzed predictors of age, gender, relationship status, and practice setting in model 1 and added level of attachment anxiety and level of attachment avoidance to supervisor in model 2. Findings indicated that NCs' level of anxious attachment predicted serious boundary violations (BVs). Those with higher levels of attachment anxiety reported more BVs and perceived more items as BVs. Level of attachment avoidance also distorted ethical perceptions; those high in attachment avoidance considered more items to be boundary crossings and BVs. The variables of age, male gender, and an urban practice setting significantly predicted higher reported boundary crossings. Males more often did not consider behaviors to be BVs, and more females agreed with expert perceptions of items which were neither a boundary crossing nor a BV. Age was significant but contrary to previous findings because in this sample, as age increased, reported BVs decreased. Findings may lead to changes in how counselor educators and supervisors train NCs to manage boundaries in therapeutic relationships.

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Dedication

I would like to dedicate this to my amazing husband who has always encouraged me to follow my dreams. You have supported me financially and emotionally. You have sacrificed to help me achieve this dream. I have loved you since the day I met you and my love grows deeper each year. You are a rare man of passion, courage, devotion, and integrity. Thank you for being a servant-leader. Thank you, Bo, for loving me and bringing out the best in me. We have had so many wonderful years together these last 40 years. I cannot wait to see what the next 40 years will bring!

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Table of Contents

List of Tables v

List of Figures vi

Chapter 1: Introduction to the Study 1

Background 2

Problem Statement 5

Purpose of the Study 7

Research Questions and Hypotheses 7

Theoretical Framework for the Study 8

Nature of the Study 9

Definitions 11

Assumptions 14

Scope and Delimitations 15

Limitations 16

Significance 17

Summary 17

Chapter 2: Literature Review 18

Literature Search Strategy 20

Theoretical Foundation 22

Bowlby and Ainsworth's Attachment Theory 22

Rationale for Using Bowlby and Ainsworth's Attachment Theory 25

Literature Review 26

Attachment Theory 26
Attachment Research 29
Understanding Supervision 32
Role of the Supervisor in Ethical Training 49
Ethical Training and Practices 60
Research on Instruments to Use for the Study 81
Summary 83
Chapter 3: Research Method 85
Research Design and Rationale 85
Methodology 88
Population 88
Sampling and Sampling Procedures 89
Procedures for Recruitment, Participation, and Data Collection 95
Instrumentation and Operationalization of Constructs 97
Operationalization 101
Data Analysis Plan 107
Threats to Validity 113
Ethical Procedures 114
Summary 117
Chapter 4: Results 119
Data Collection 123
Response Rate 124

Discrepancies in the Data Collection Plan 125
Baseline Descriptive and Demographic Characteristics of the Sample 127
Representativeness of the Sample 127
Results 129
Descriptive Statistics of the Sample 129
Statistical Assumptions 132
Using Bootstrapping 135
Analyzing the Supervisee Attachment Strategies Scale 136
Analyzing the Boundary and Practices and Perceptions Scale 140
Factor Analysis for Boundary Practices 140
Factor Analysis for Ethical Perceptions 143
Description of the Expert Panel 145
Dummy Coding for Demographic Variables 146
Statistical Analysis 146
Results for Each Research Question 156
Summary 160
Chapter 5: Discussion, Conclusions, and Recommendations 163
Purpose and Nature of the Study 163
Key Findings 164
Interpretation of the Findings 165
Limitations of the Study 171
Recommendations 173

Implications....174
Implications for Positive Social Change.... 175
Methodological, Theoretical, and Empirical Implications 176
Recommendations for Practice 176
Conclusion 177
References....179
Appendix A: Invitation 206
Appendix B: Demographic Questionnaire....207
Appendix C: Permission to Use SASS 208
Appendix D: Permission to Use BPPS 210
Appendix E: Ages of Participants....211
Appendix F: Tests for Homoscedasticity....212
Appendix G: Tests of Normality....213
Appendix H: Boundary Practices and Perceptions Results 218
Appendix I: Factor Analysis of BPPS 220
Appendix J: Expert Panel Results....221
Appendix K: Regressions 1 and 2 Model Summaries 222
Appendix L: Regressions 3 and 4 Model Summaries....223
Appendix M: Regression 5 Model Summary……..……230
Appendix N: Factor Analysis of Ethical Perceptions 225
Appendix O: Levitt et al. Study Findings 227

List of Tables

Table 1. Variables of the Study..... 112

Table 2. Characteristics of the Sample 136

Table 3. Mean Scores on SASS Rejection/Anxiety Subscale..... 143

Table 4. Mean Scores on SASS Avoidance Subscale..... 144

Table 5. Regression 1: Results Reported BCs (DV) Paired With IVs..... 153

Table 6. Regression 2: Results Reported BVs (DV) Paired With IVs..... 155

Table 7. Regression 3: Results of BC Perceptions With IVs..... 157

Table 8. Regression 4: Results 'Neither' Perceptions Paired With IVs 159

Table 9. Regression 5: Results BV Perceptions (DV) Paired With IVs 161

List of Figures

Figure 1. Scree plot of factor analysis of BPs.....147

Figure 2. Scree plot of factor analysis of EPs.....149

Figure 3. Number of reported BVs according to age.....162

Chapter 1: Introduction to the Study

Counselors have a duty to act ethically, and counselor supervisors have an obligation to train new counselors to follow ethical standards (American Counseling Association, 2014; Association for Counselor Education and Supervision, 2011; Borders, 2014). Boundary behaviors are a critical focus of training because some boundary crossings can interfere with client progress, and boundary violations (e.g., sexual misconduct) can harm clients, counselors, and the reputation of the counseling profession (Corey, Corey, Corey, & Callanan, 2015; Herlihy & Corey, 2014). Boundary violations often trigger significant psychological distress for clients, including sadness, guilt, loss of trust, anger, numbness, and an increased risk of suicide (Bates & Brodsky, 1989; McNulty, Ogden, & Warren, 2013). Understanding factors that predict counselors' ethical perceptions and boundary behaviors may aid in the development of improved training for counselors.

In this chapter, I discuss the background of this study to explore counselors' ethical perceptions (EPs) and boundary practices (BPs) within an attachment framework. I explain the problem and the purpose for this study and specify the research questions and hypotheses. I describe attachment theory as the theoretical framework for the study to explain how the activation of attachment needs in supervision might contribute to counselors' boundary behaviors with clients. I articulate the nature of the study and provide definitions of major terms used in the study. I discuss my assumptions, the scope and delimitations of the study, the limitations of the study, and the significance of the study.

Background

Sexual attraction to clients is common (Colom-Timlin, 2014; Martin, Godfrey, Meekums, & Madill, 2011; Rodgers, 2011). Pope, Keith-Spiegel, and Tabachnick (2006) found that 76% of female counselors and 95% of male counselors reported feeling sexually attracted to at least one client. Sexual misconduct sometimes follows; a small percentage of therapists (9.4% of male therapists and 2.5% of female therapists) reporting at least one incident of sexual misconduct (Barnett, 2014). In a national survey, 87% of psychologists and 81% of social workers reported experiencing attraction to a client at least once (Pope et al., 2006). Colom-Timlin (2014) studied Irish counselors and psychotherapists and found that 52% of respondents reported sexual attraction to a client and 40% declared feelings of love for a client.

Ethical practice related to boundaries with clients is an important supervision topic, but supervisors often fail to discuss attraction and transference and countertransference issues (Murray & Sommers□Flanagan, 2014; Renn, 2013; Tanner, 2015). Furthermore, supervisees often do not disclose sexual attraction (McNulty et al., 2013; Mehr, Ladany, & Caskie, 2015; Pisani, 2005) and may feel unprepared to manage sexual attraction (Rodgers, 2011). Renn (2013) and Tanner (2015), argued that educators neglect training in sexual attraction and transference and countertransference issues in psychologist training. Counselor training may also be lacking regarding sexual attraction in the therapy relationship.

There have been several important studies regarding psychologists', social workers', and counselors' perceptions of their behaviors with clients. Gibson and Pope

(1993) conducted a national survey to explore beliefs of National Board for Certified Counselors regarding which behaviors are ethical and which are unethical, including a self-report of behavioral practices. Lamb and Catanzaro (1998) studied the frequency of sexual and nonsexual boundary violations by psychologists when working with clients, supervisees, and students. Nigro (2003) reported significant differences in gender, age, and relationship status of psychologists who committed boundary offenses. Helbock, Marinelli, and Walls (2006) directed a national survey of psychologists' ethical practices using a survey with several ethical dilemmas and found significant differences between responses of therapists from rural versus urban practice settings. Because many of the studies did not include clinical counselors, I was unable to determine whether the same results would apply to counselors. Stevens (2008) surveyed clinical counselors in Maine to ask about EPs and BPs and found that counselors' responses were similar to but not identical to the responses of counselors in previous studies such as Gibson and Pope (1993).

In previous studies of counselors' EPs and BPs, researchers addressed various factors that might be used to predict the types of BPs counselors might engage in and the differences in EPs among counselors with different demographics. I wanted to determine whether other factors might influence counselors' EPs and BPs. I was particularly interested in how attachment theory might explain counselors' EPs and BPs. Bowlby (1969) highlighted the importance of attachment in close relationships to facilitate closeness and trust. Fraley, Heffernan, Vicary, and Brumbaugh (2011) argued that early attachment experiences influence close relationships throughout life. In a learning

environment, attachment styles may alter interactions between students and mentors. T. D. Allen, Shockley, and Poteat (2010) found that mentors reported that mentees who had more anxious attachment styles were less likely to seek feedback and viewed feedback more as a threat than mentees who did not have anxious attachment styles.

Gunn and Pistole (2012) explored the role of attachment in the supervisory relationship related to supervisee disclosure in supervision. Luca (2016) argued that the supervision relationship helps or hinders supervisees' disclosures and supervisees' requests for help dealing with challenging therapeutic relational issues. Luca argued that an effective supervisory relationship builds trust that empowers supervisees to safely explore boundary issues and enables supervisors to intervene to increase ethical training for supervisees. Pisani (2005) studied what first-year social workers disclosed in supervision and found that students were more likely to disclose information about clients than about their own feelings and experiences. Mehr et al. (2015) examined the factors that affected supervisees' willingness to disclose to supervisors. McNulty et al. (2013) found that the psychologists who engaged in sexual misconduct had not disclosed their attraction or any details of the relationship to their supervisors. Grant, Schofield, and Crawford (2012) included sexualized relationships as one of the difficult topics to address in supervision.

An initial review of the literature revealed most studies on EPs and BPs included samples of counseling psychologists and social workers. Although there are many similarities in the work they do, clinical counselors are different in a variety of ways. There is a lack of data about counselors' BPs and even less data about counselors' EPs.

There are very few studies about supervisory attachment. I was not able to find any study that addressed attachment to supervisor and boundary behaviors. In light of the paucity of research on the possible connection between attachment and ethical behavior, I conducted the current study to determine whether factors may predict NCs' EPs and BPs so that counselor educators can design training and supervision that encourages counselors' maintenance of ethical boundaries with clients.

Problem Statement

Counselors need to maintain appropriate ethical boundaries with clients for the welfare of clients and the counseling profession (Herlihy & Corey, 2014). Despite increased ethical training and risk of legal and licensure sanctions, some counselors engage in unethical boundary behaviors with clients (Burns & Cruikshanks, 2017). Poor therapeutic boundaries negatively impact clients due to poor therapeutic outcomes, confusion, guilt, and a range of negative emotions (Kim & Rutherford, 2015). Understanding factors that may predict counselor behavior could aid in the development of better training programs. Results from the current quantitative survey study addressing variables that may predict counselors' EPs and BPs, including possible attachment factors, may improve understanding of this phenomenon and may be used to strengthen ethical training.

Researchers have studied close relationships between individuals (Bowlby, 1969; Fraley et al., 2011), including supervisory relationships (Grant et al., 2012; Gunn & Pistole, 2012; Luca, 2016; Marmarosh et al., 2013). Researchers have examined therapists' ethical beliefs and behaviors (Gibson & Pope, 1993; Helbock et al., 2006;

Neukrug & Milliken, 2011) and sexual and nonsexual boundary practices (Lamb & Catanzaro, 1998). Several researchers have explored attachment in the supervisory relationship (Gunn, 2007; Gunn & Pistole, 2012; Marmarosh et al., 2013). However, no studies to date had addressed supervisory attachment and boundary behaviors with clients.

A greater understanding of the factors within the supervisory relationship that may predict EPs and BPs for supervisees could lead to supervision guidelines and practices that may increase counselors' ethical boundaries and better protect clients. After an exhaustive literature review, I did not find any published studies that addressed the relationship between counselors' attachment to supervisors and counselors' boundary practices. In the current study, I examined the relationship between novice counselors' (NCs') attachment to supervisors (ATS) and NCs' ethical perceptions (EPs) of and incidence of boundary practices (BPs; i.e., boundary crossings and boundary violations) to identify variables that may predict NCs' BPs. When counselors engage in boundary crossings, sometimes clients become confused about the therapeutic relationship and the therapy process may be derailed (Kozlowski, 2008). When counselors violate boundaries, clients can experience emotions such as anger, sadness, grief, and guilt (Bates & Brodsky, 1989; McNulty et al., 2013). Researchers found that clients suffered emotional distress and some became suicidal when therapists abused their power and did not keep proper boundaries (Kim & Rutherford, 2015).

Purpose of the Study

The purpose of this quantitative survey study was to determine the strength of the relationship between the independent variables of NCs' attachment to supervisors and the dependent variables of NCs' ethical perceptions of and incidence of boundary practices. To address the gap in the literature, I gathered data to uncover potential relationships between attachment to supervisor, EPs of boundary behaviors, actual BPs. I used quantitative hierarchical linear regression to identify the independent variables that may predict NCs' EPs and BPs.

Research Questions and Hypotheses

RQ1: Quantitative: What is the relationship between NCs' attachment to supervisor as measured by the Supervisee Attachment Strategies Scale (SASS; Menefee et al., 2014) and NCs' EPs of boundary behaviors as measured by the Boundary Perceptions and Practices Scale (BPPS; Stevens, 2008)?

H_o1: There is not a significant relationship between NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) and NCs' EPs of boundary behaviors as measured by the BPPS (Stevens, 2008).

H_a1: There is a significant relationship between NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) and NCs' EPs of boundary behaviors as measured by the BPPS (Stevens, 2008).

RQ2: Quantitative: What is the relationship between NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) and NCs' BPs as measured by the BPPS (Stevens, 2008)?

H_o2: There is not a significant relationship between NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) and NCs' BPs as measured by the BPPS (Stevens, 2008).

H_a2: There is a significant relationship between NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) and NCs' BPs as measured by the BPPS (Stevens, 2008).

RQ3: Quantitative: Do the variables of NCs' gender, age, relationship status, and practice setting as measured by the demographic questionnaire predict NCs' EPs and BPs as measured by the BPPS (Stevens, 2008)?

H_o3: Variables of NCs' gender, age, practice setting, and relationship status as measured by the demographic questionnaire do not predict NCs' ethical perceptions and BPs as measured by the BPPS (Stevens, 2008).

H_a3: Variables of NCs' gender, age, and relationship status as measured by the demographic questionnaire predict NCs' EPs and BPs as measured by the BPPS.

The three research questions and hypotheses above represent my initial questions. After development of the proposal in consultation with my committee and with the approval of the IRB, I expanded the research questions to more clearly address the specific variables of interest in this study. Please see chapters three and four for the final eleven research questions.

Theoretical Framework for the Study

The theoretical basis for this study was Bowlby's (1969) attachment theory. Bowlby proposed that all animals have an inborn drive to maintain close proximity with

the primary caregiver for the purpose of physical safety and emotional well-being. Humans also seek comfort and safety through close relationships (Bowlby, 1969). Attachment theorists proposed that early attachments influence behavior throughout adulthood (Bartholomew & Horowitz, 1991). Early relationships can influence how people manage later close relationships (Fraley et al., 2011). Because new situations (i.e., beginning counseling practice) tend to increase anxiety and trigger attachment behaviors (Bowlby, 1969), attachment researchers would likely predict that being an NC in supervision could trigger attachment behaviors (Beckes, IJzerman, & Tops, 2015). McKibben and Webber (2017) suggested that attachment strategies may surface in the supervisory relationship. Fitch, Pistole, and Gunn (2010) pointed out that the supervisory relationship is different from other close relationships because of the professional tasks involved, but agreed that supervisees might experience attachment-like triggers and that supervisory attachment is an important area for research. Attachment researchers theorize that supervisees' general attachment styles and their ATS might influence the way NCs engage with clients in therapeutic relationships (Gunn & Pistole, 2012). In this study, I used an attachment framework to explore the possible influence of attachment to supervisor on NCs' BPs with clients. I provide a more in-depth discussion of attachment theory in Chapter 2.

Nature of the Study

The nature of this study was quantitative. Quantitative methodology is used to examine the potential relationships between variables (Balkin & Kleist, 2017). I used a correlational design to study the relationships between the independent variable (IV) of

ATS, and dependent variables (DV) of EPs of and incidence of BPs as measured by the BPPS (see Stevens, 2008). Researchers use survey methodology because it is an efficient and economical method of sampling large populations (Burkholder, Cox, & Crawford, 2016). Surveys are a good way to gather data about things that researchers cannot easily observe directly, and self-report surveys provide a confidential way for participants to respond to questions about sensitive topics such as ethical behaviors (Frankfort-Nachmias & Leon-Guerrero, 2014). I gathered data at one point in time using a cross-sectional survey design. The data analysis consisted of a hierarchical linear regression to examine possible relationships between the IVs and DVs and to determine whether selected IVs predict participants' scores on the measures of the DVs.

I randomly sampled NCs who were less than 5 years post graduation. I recruited participants for an anonymous online survey by posting on several counselor listservs, LinkedIn counseling groups, and Facebook groups for counselors. I also asked counselor education faculty to forward the invitation to NCs they know, and I had planned to ask agency directors from the Substance Abuse and Mental Health Administration (SAMHSA) to forward the invitation if I did not get an adequate sample. To ensure an adequate sample, I used these multiple recruiting methods using purposive convenience snowball sampling. I assessed participants' ATS using the SASS (see Menefee et al., 2014). I examined participants' ATS, and I used the BPPS survey developed by Stevens (2008) to assess NCs' EPs of BPs (i.e., boundary violations and boundary crossings) and actual BPs. I conducted the study to examine the possible relationships between attachment to supervisor and EPs and BPs of NCs. I used hierarchical linear regression

(HLR) analysis to examine variables of gender, age, practice setting, and relationship status that might predict counselors' EPS and BPs. I used a demographic questionnaire to gather information about these predictor variables.

Definitions

There are particular terms that I used within this study that are important for the reader to understand.

Anxious attachment: Anxious attachment in adult attachment theory refers to high levels of anxiety in relationships and concern about the accessibility of significant others (Chopik, 2015). According to Gnilka, Rice, Ashby, and Moate (2016), adults with high levels of attachment frequently experience feelings of abandonment and other similarly negative emotions. Individuals with high levels of attachment anxiety have a strong need for closeness, worry about losing their partner, and tend to activate attachment strategies to manage self-doubt and worry (Fraley & Waller, 1998). I measured supervisee anxious attachment to a supervisor through the anxiety subscale in the SASS (see Menefee et al., 2014).

Attachment: Bowlby (1969) defined attachment as a "lasting psychological connectedness between human beings" (p.194). Attachment refers to the psychological connection that develops in early parent-child interactions and can have lasting implications in future adult relationships (Fraley et al., 2011). In this study, I explored how early attachment patterns might become activated in the supervisory relationship due to the stress of learning a new profession.

Attachment style: Attachment style refers to a pattern of needs, emotions, and behaviors in close relationships (Hazan & Shaver, 1987). Attachment styles are trait-like patterns, also referred to as attachment orientations or attachment patterns that form in response to early relationships with caregivers (Murdock & Fagundes, 2017).

Attachment to supervisor: Attachment style refers to a pattern of needs, emotions, and behaviors in close relationships (Hazan & Shaver, 1987). Supervisory relationships may be similar to other close relationships, and the stress of practicing new skills may activate attachment strategies in supervisees. In the study, I measured the level of anxious attachment through the anxiety and rejection subscale in the SASS (see Menefee et al., 2014), which included items about supervisees' needing reassurance and being anxious about supervisor disapproval. I measured the level of avoidant attachment using the avoidance subscale in the SASS (see Menefee et al., 2014), which addressed supervisees' tendency to solve problems without help from their supervisors.

Avoidant attachment: Avoidant attachment in adult attachment theory refers to how comfortable (or uncomfortable) individuals are with physical or emotional closeness in significant relationships (Chopik, 2015). According to Gnilka et al. (2016), adults who report high levels of attachment avoidance feel uneasy being close to others, typically withdraw, and value self□reliance. Fraley and Waller (1998) stated that those high in avoidance attachment are independent and uncomfortable with closeness, and use deactivating strategies to manage fears and insecurities. I measured supervisee avoidant attachment to a supervisor through the avoidant subscale in the SASS (see Menefee et al., 2014).

Boundary crossings: According to Stevens (2008), boundary crossings occur when a counselor changes the rules or guidelines of counseling to benefit the clients' needs, and are not intentionally harmful. An example of a BC item on the BPPS is "Accepted an invitation to client's special occasion." As noted above, each participant had a total score of BCs reported and a separate total score of items that the participant perceived as BCs. Higher scores of BCs indicated that the NC engaged in more BCs. Some BCs are helpful and appropriate, such as loaning a book to a client.

Boundary violations: According to Stevens (2008), boundary violations (BVs) occur when counselors change the rules or guidelines of counseling to benefit the counselor's personal needs; such practices can be harmful to the client. An example of a BV is "Had a sexual relationship with a client." Each participant had a total score of BVs reported and a separate total score of items that the participants perceived as BVs. Higher scores of BVs reported indicated that the NC engaged in more BVs. Higher scores of BVs perceived indicated that the NC perceived more BPs to be BVs.

Ethical perceptions: Ethical perceptions are beliefs about the appropriateness of behaviors. Ethical perceptions typically evolve over time as a result of training, updates in laws and ethical codes, practice-setting policies, and personal development (Levitt, Farry, & Mazzarella, 2015; Schwartz-Mette & Shen-Miller, 2018). In the current study, ethical perceptions referred to participants' beliefs about what behaviors constituted a BC, what behaviors constituted a BV, and what behaviors did not rise to the level of a BC or BV. I gathered data using the BPPS (see Stevens, 2008). Participants responded to each item choosing whether they perceived the item to be a BC, BV, or neither.

Novice counselors: Novice counselors referred to counselors who graduated from a master's or doctoral program in counseling within the last 5 years and were working as a clinical mental health counselor currently seeing clients in some capacity.

Secure attachment: Secure attachment is a healthy attachment style that includes a positive view of self and others (Fitch et al., 2010) and the ability to self-regulate negative emotions (Simmons, Gooty, Nelson, & Little, 2009). Securely attached individuals are comfortable working alone and comfortable in a group (Simmons et al., 2009), enjoy closeness, and find constructive ways to deal with relational challenges (Fraley & Waller, 1998). According to Gnilka et al. (2016), adults who score low on both anxious and avoidant attachment dimensions are more likely to report being in stable, loving relationships. I measured secure attachment as low measures in both the anxiety and the avoidant attachment dimensions on the SASS (see Menefee et al., 2014).

Supervision: According to Bernard and Goodyear (2019), supervision is a learning process in which a more experienced professional mentors a newer professional. The supervisor has the responsibility of evaluating the supervisee and acting to protect those whom the supervisee serves (Bernard & Goodyear, 2019). In this study, I used this definition and considered that supervision could have occurred either within the graduate internship training or within the post-graduation licensure process.

Assumptions

I made several assumptions for this study. One assumption was that NCs had the ability to accurately describe their attachment to supervisor and their EPs and BPs. I also assumed that participants would answer questions truthfully. I had no way to know

whether respondents answered honestly, but I hoped that the anonymity built into the study would lead to honest responses. Furthermore, I assumed that the instruments I used had the ability to measure the constructs I intended them to measure.

Scope and Delimitations

The scope of the study included all NCs who graduated from a master's or doctoral counseling program within the last 5 years. I included both master's and doctoral students because some students go straight into a doctoral program so that their initial independent counseling experiences are similar. Doctoral students have more training, more years in the counseling profession, and more supervision experiences having completed twice the internships. However, for the purposes of this study, doctoral students were in a similar phase of beginning post-graduate work as a counselor. Participants also had to be currently working as a counselor. I drew my sample from counselors who responded to an invitation on one of several counseling listservs, LinkedIn counseling groups, Facebook groups, or invitations forwarded from counselor educator faculty members. I had planned to contact SAMHSA mental health agency directors to have them forward the invitation if I had not obtained an adequate sample. In the study, I targeted clinical mental health counselors and did not invite counseling students or other counseling professionals (e.g., counseling psychologists, licensed marriage and family counselors, or social workers). By excluding professionals in related professions, I delimited this study to NCs in the mental health counseling profession.

The scope of the study was also limited to the supervision experience with one supervisor. Because the measure on supervisory attachment included instructions to

consider one's current or most recent supervisor, the results may not be generalized to all supervisory relationships. Future researchers may want to explore a variety of supervision relationships.

I asked inclusionary questions on the initial screen of SurveyMonkey to ensure participants met the selection criteria for the study. I asked the following: "Did you graduate from a masters or doctoral counseling program in the last five years?" "Are you pursuing licensure?" and "Are you currently providing counseling services?" If the participant responded "No" to any or all questions, the survey redirected the respondent to an exit page.

Limitations

One limitation was that the study was nonexperimental; therefore, I could not determine causality. I examined relationships between variables and determined predictive factors, but I could not know the causes of differences in EPs and BPs. Another limitation was that participants self-selected by choosing to respond to an invitation; others who might have differed in significant ways may not have been inclined to participate. When participants self-select, sampling bias can be a problem (Fowler, 2014). Sampling bias contributed to another limitation in that I could not generalize findings to all counselors or to all other allied professionals (e.g., psychologists, social workers) because I did not include participants from other mental health professions. Another limitation was that I used self-report measures; therefore, I could not guarantee that respondents answered truthfully or recalled events accurately. In fact, I suspected many initial respondents were not truthful, and I discuss this in detail in Chapter 4.

Significance

This research may aid counselor educators in designing counselor training and supervision to increase attention to BPs, including ethical management of sexual attraction in therapeutic relationships (see Kreider, 2013). Counselors who demonstrate poor boundaries can harm clients and the counseling profession (Bates & Brodsky, 1989; McNulty et al., 2013). This research could support social change by increasing awareness in the field of professional counseling on how demographic factors and attachment to supervisor might predict the EPs and BPs of NCs. This knowledge could lead to changes in how counselor educators and supervisors train NCs to manage boundaries in therapeutic relationships.

Summary

In this chapter, I introduced my study topic. I explained the rationale for the study of the possible relationship between supervisory attachment and NCs' EPs and BPs. I introduced the possible connections between attachment, supervision, and counselors' ethical development and practices. In Chapter 2, I describe my literature search and explain attachment theory as my theoretical framework for the study. I also provide a comprehensive review of the current literature and seminal works related to attachment, supervision, ethical development, therapeutic boundaries, EPs, and BPs.

Chapter 2: Literature Review

Understanding counselors' EPs and BPs is a vital part of safeguarding the welfare of clients and the reputation of the counseling profession (Corey et al., 2015; Stevens, 2008). Boundary violations (BVs) are among the top complaints filed against counselors (Wheeler & Bertram, 2015). Even and Robinson (2013) reviewed state licensing board sanctions and found that 22.3% of counselor sanctions were due to BVs. The actual percentage is likely to be higher due to inconsistent reporting of BVs (e.g., in some reports a BV might be categorized as poor professional conduct or a competence issue) and the fact that the data Even and Robinson reviewed included archived records over a 30-year period, rather than just the BVs for counselors during 1 year. According to one national malpractice insurer, boundary infractions account for most state counseling licensure boards' cases (58.7%; Continental National American, & Healthcare Providers Service Organization, 2014). In multiple surveys, counselors reported almost 100% agreement that sexual relationships with clients are unethical (Barnett, 2041; Neukrug & Milliken, 2011), but despite counselors' EPs and legal and ethical prohibitions, the boundary problems persist (Barnett, 2014; Corey et al., 2015; Remley & Herlihy, 2016).

Research into the problem of sexual misconduct in therapy led to monumental changes in ethical guidelines. Dahlberg (1970) examined therapists' experiences but only presented simplistic descriptions of the therapists' and clients' experiences in a vignette-type format. Dahlberg described a time when therapists and clients struggled with the idea of whether sexual boundaries were important in therapy. Qualitative researchers shared the stories of clients who described the negative outcomes from sexual

relationships with therapists (Kim & Rutherford, 2015). Kim and Rutherford (2015) contended that clients' stories of exploitation, abuse of power, confusion, loss of trust, fear, and personal and professional damage awakened professionals to the detriment of sexual BVs. These powerful stories led to sweeping changes in ethical codes, such that by 1977 most ethical standards censured sexual relationships between therapists and clients (Kim & Rutherford, 2015).

In the 1980s and 1990s, there was abundant research into the problem of sexual BVs between therapists and clients, but research slowed in the last decade (Sonne & Jochai, 2014). Research on the problem of BVs has included quantitative survey research indicating that sexual attraction and sexual BVs continue to occur in some therapeutic relationships (Barnett, 2014; Gibson & Pope, 1993; Neukrug & Milliken, 2011; Pope et al., 2006). Some qualitative researchers have explored the experiences of clients who had sexual relationships with their therapists (Somer & Saadon, 1999), and therapists who encroached on sexual boundaries with at least one client (McNulty et al., 2013). Martin et al. (2011) interviewed 13 therapists who reported sexual attraction to at least one client, but all reported that they maintained appropriate ethical boundaries. Other researchers have recounted the experience of a counselor going through the sanctioning process because of a sexual BV (Warren & Douglas, 2012) and a therapist describing her experiences working with two clients who were sexually attracted to her (Tanner, 2015). Tanner (2015) described her unconventional approach, which included physical touch and discussions of her own sexual longings for her clients.

The presence of laws, ethical codes, ethical training, and widespread agreement about the ethical inappropriateness of engaging in a sexual relationship with a client have not eliminated the practice (Wheeler & Bertram, 2015). Exploring possible connections between EPs and BPs and attachment to supervisor could help researchers identify factors that may predict various kinds of BVs. Researchers have studied the role of attachment in the therapeutic relationship and the supervisory relationship but have not examined the relationship between attachment to supervisor and EPs and BPs.

In Chapter 1, I presented a rationale for the study on the influence of supervisory attachment on the EPs and BPs of NCs. In this study, I examined the importance of supervision for ethical training and the influence of ATS to aid in counselors' ethical development. In this chapter, I explain my literature search strategy to demonstrate an extensive review of the current literature in counselor education on my research topic. Then, I provide an explanation of the theoretical framework of attachment theory that I used in this study. I discuss relevant research on attachment and supervision. Additionally, I expand on the research on EPs and BPs. Finally, I provide a comprehensive review of the literature related to therapeutic boundaries and the need for a broader approach to understanding the role of attachment to supervisor in novice counselors' EPs and BPs.

Literature Search Strategy

To provide a comprehensive explanation of the issues presented in this study, I conducted an extensive review of counselor education literature on the topic. Utilizing multiple online databases, including PsychARTICLES, PsychBOOKS, PsychINFO,

PubMed, Ebscohost's Psychology and Behavioral Sciences Collection, Academic Search Complete, ERIC and Google Scholar, I searched for journal articles and books on the topics of attachment, supervision, and counselors' EPs and BPs. I also searched Dissertations and Theses, Dissertations and Theses at Walden University, and ProQuest for more research on my topics of interest. Due to the paucity of literature on counselor education, I included literature from other allied professionals (i.e., psychologists, social workers) to review the topics more thoroughly.

I searched the databases using the various forms of the search terms *attachment*, *counseling*, *counselor*, *supervision*, *boundaries*, *ethics*, and *therapy*. I used asterisks (i.e. counsel*, supervis*) to ensure that I found all forms of the search words. Additionally, I used those key terms with related terms including *supervisory alliance*, *sexual misconduct*, *boundary violations*, *disclosure*, and *nondisclosure.* Finally, I used citation chaining through Google Scholar to discover related research from other fields addressing similar issues and to ensure saturation within the peer-reviewed articles, dissertations, and textbooks on this topic.

Originally, I began the search process by collecting current, peer-reviewed counseling literature published in the last 5 years. However, due to the dearth of counseling literature, I extended the literature search into psychology, social work, and other allied professions. Furthermore, to understand more fully the history of ethical research and attachment in counseling and supervision, I extended the search dates to the 1990s for key topics and reviewed some of the seminal attachment literature from the

1960s. The extensive search provided assurance that I exhausted the literature on this topic and that my literature support for this study was sound.

Theoretical Foundation

Theoretical frameworks give structure and direction to research and promote greater alignment in the study (Creswell & Creswell, 2017). Ravitch and Riggan (2016) argued that researchers can use any number of theoretical lenses to study a particular topic, and each one explains a different part of the phenomenon, allowing the researcher to see the data in novel ways. Through my literature review, I identified a theoretical framework that served as the lens for my exploration of the role of attachment to supervisor in NCs' EPs and BPs. In this section, I describe the theoretical framework based on Bowlby and Ainsworth's attachment theory and explain my rationale for choosing this approach.

Bowlby and Ainsworth's Attachment Theory

The theoretical foundation for my dissertation is attachment theory as developed by Bowlby (1969) and Ainsworth (1969). Attachment theory asserts that animals have an innate drive to stay close to their caregivers for physical safety (Bowlby, 1969) and for emotional safety (Ainsworth, Blehar, Waters, & Wall, 2015). Bowlby asserted that four main features are present in attachment relationships: (a) proximity maintenance, or needing to stay physically close to the attachment figure (AF); (b) a safe haven, or looking to the AF for help, comfort, and protection when threatened; (c) a secure base for exploring the world from the security of a stable AF; and (d) separation anxiety, or feeling apprehensive and distressed when the AF is not close. Bowlby maintained that the

attachment system is designed to protect children. By staying near (proximity) the AF (secure base), the child feels secure (safe haven) and is willing to branch out to explore the world (Holmes, 2014). Bowlby asserted that when the child is not close to the caregiver, the child feels distressed and lonely.

According to Bowlby (1969), attachment in close relationships helps to build trust and security. Bowlby disagreed with Freud's assertion that all behavior emanates from unconscious, psychosexual desires. Freud explained behavior as the individual's response to immature ego impulses (Gillath, Karantzas, & Fraley, 2016). Using an ethological theoretical frame, Bowlby described attachment in terms of an adaptive evolutionary process that incorporates survival instincts. Bowlby contended that infants needed to bond with the caregiver to have survival needs met. Bowlby's attachment theory offered a fresh way to explain behaviors as helpful survival strategies, rather than as the outcome of sexual impulses that need to be controlled and contained. Bowlby hoped that moving away from psychoanalysis to explain behaviors within an attachment framework would make empirical testing possible.

Bowlby's (1969) theoretical framework is more suited to scientific enquiry. Attachment theory has a strong empirical foundation and a plethora of research inspired by Bowlby and Ainsworth (Gillath et al., 2016; Holmes, 2014). Recognized as the most revolutionary study of the 20th century, Ainsworth's patterns of attachment (as cited in Waters, Bretherton, & Vaughn, 2015) augmented Bowlby's theory with empirical evidence of attachment styles in parent-child interactions among participants in Baltimore and Uganda. Ainsworth, Blehar, Waters, and Wall (1978) built on Bowlby's theoretical

base to test behaviors between mothers and children. Ainsworth et al. (1978) studied the behaviors of children when separated from and reunited with their mothers. According to Ainsworth et al. (2015), children seek the security and safety of the caregiver in times of distress. Consistent caregivers build attachment bonds by being emotionally available and responsive to children's needs and thereby become a secure base and a safe haven from which children can explore the world (Ainsworth et al., 2015). Ainsworth (1985) alleged that outside stimuli, typically relational stimuli, activate or deactivate attachment systems in an attempt to manage the distress.

Attachment theorists asserted that attachment needs and responses learned in early childhood continue to influence attachment behaviors in significant adult relationships throughout life, including relationships in counseling (Ainsworth, 1985; Cheng, McDermott, & Lopez, 2015; Fraley et al., 2011; Lane, 2015) and supervision (Fitch et al., 2010). As early as 1995, Pistole and Watkins proposed the use of attachment theory as a framework for understanding the relationship between supervisors and clinical psychologists in training. Pistole and Watkins acknowledged that the secure base in attachment theory had implications for the therapeutic relationship and suggested that attachment might also play a role in the supervisory relationship.

Attachment theory cannot explain everything, but it has implications across many disciplines (Gillath et al., 2016). Researchers have become increasingly interested in how attachment theory might explain some therapeutic processes (Burke, Danquah, & Berry, 2016). Researchers employ an attachment framework by considering attachment processes, such as activation and deactivation of the attachment system and attachment

strategies to seek proximity or use distance to manage distressing emotions, when examining human behaviors (Ainsworth et al., 1978; McKibben & Webber, 2017).

Rationale for Using Bowlby and Ainsworth's Attachment Theory

Relationships are a central component of humans' existence. The relationship between the supervisor and the supervisee is one of the most essential facets of effective supervision (Bernard & Goodyear, 2019; Gunn, 2007). Falender, Shafranske, and Ofek (2014) argued that the supervisory alliance is critical to good supervision. Gunn (2007) acknowledged the paucity of research on variables that might predict good supervisory alliances and suggested that attachment theory could be an appropriate framework because Bowlby's focus on emotional bonding in relationships applies to supervision.

Researchers have not thoroughly explored the factors that contribute to strong supervisory relationships and supervisory working alliances (Gunn, 2007). Friedlander (2015) argued that a review of the past 28 years of supervision research exposed the need for a tested, validated theory of supervision that considers the critical role of the supervisory relationship. Because researchers have used attachment theory to examine a variety of relationships and behaviors, attachment theory offers an empirically sound framework for understanding supervision processes (Marmarosh et al., 2011).

Researchers have used attachment theory as a framework to explore the therapeutic relationship, the supervisory relationship, and adult romantic relationships (Nigro, 2004). Attachment theory provides a framework for exploring the supervisory relationship and possible influences on the EPs and BPs of NCs. Therefore, I chose to examine supervision processes related to EPs and BPs using an attachment lens. Because

attachment is a variable in my study as well as a theoretical construct, I discuss attachment theory and relevant research in greater depth in the Literature Review section.

Literature Review

In this literature review, I describe key attachment literature and clarify attachment terms. I discuss the relevant attachment research in nonclinical settings, in the therapeutic relationship, and in the supervisory relationship. I also review the germane research on supervision and supervisory attachment. I describe the research on clinical relationship boundaries, focusing on the distinctions between boundary crossings (BCs) and boundary violations (BVs). Finally, I examine the research on ethical decision-making, EPs and BPs, and the survey instruments used to assess counselors' and allied professionals' EPs and BPs.

Attachment Theory

Attachment theory is a broad theory useful for examining relationships across many different disciplines (Gillath et al., 2016). Bowlby (1969) contended that a supportive early environment enables an individual to develop a secure attachment that can profoundly affect later relationships. Researchers have found that early attachment experiences are also related to physical and mental health.

Both Bowlby and Ainsworth alleged that attachment processes are a powerful force throughout life, but it was not until after 1987 that attachment researchers began to emphasize the effects of early attachment on later adult romantic relationships (Nigro, 2004). Murdock and Fagundes (2017) found that secure attachment allows individuals to withstand stressful circumstances and better regulate emotions. Secure attachment has

significant health benefits as well (Murdock & Fagundes, 2017). Attachment anxiety is related to a significantly increased risk of multiple health problems, including hypertension, diabetes, heart disease, asthma, and chronic pain (Murdock & Fagundes, 2017). Research has demonstrated noticeable biological effects of secure attachments, such as increased brain myelination (Serra et al., 2015). Conversely, poor attachment styles were linked to a variety of mental health concerns, such as depression and anxiety (Mikulincer, Shaver, & Pereg, 2003). Tschan (2003) argued that sexual relationships were enhanced for those who enjoy a secure attachment. Sexuality for securely attached adults involves trust, respect, and self-esteem, whereas sexual relationships for insecurely-attached adults were tainted by negative emotions born out of adverse attachment experiences (Tschan, 2003). Attachment has numerous influences throughout life and therefore may influence the supervisory relationship in ways that could affect counselors' EPs and BPs.

Understanding attachment terms. Attachment theorists have used a variety of terms to explain attachment processes, which has created confusion (Gillath et al., 2016). To understand the influence of attachment, one must understand the language of attachment. Researchers use at least four different terms (attachment patterns, attachment categories, attachment orientation, and attachment styles) to describe the somewhat consistent patterns of behavior related to seeking proximity and safety. In the current study, I used the term attachment styles.

Attachment theorists have also altered the names of the categories or styles of attachment. Early on Ainsworth (1969) identified three main attachment categories:

secure, insecure avoidant, and insecure ambivalent-resistant. Hazan and Shaver (1987) referred to the three attachment categories as secure, avoidant, and anxious-ambivalent. Later, Neswald-McCalip (2001) called the three styles: secure, anxious-resistant, and anxious-avoidant. Bartholomew and Horowitz (1991) researched adult attachment examining two dimensions involving the person's internal model of self and internal model of others. Bartholomew and Horowitz (1991) named four categories of attachment based on positive or negative ratings on the dimension of internal models of self and internal models of others. Bartholomew and Horowitz identified four categories: secure (positive view of self and others), preoccupied (negative view of self and positive view of others), dismissing (positive view of self and negative view of others), and fearful-avoidant (negative view of self and others).

There was significant overlap of the definitions of the various attachment styles. Bartholomew and Horowitz's (1991) preoccupied attachment style corresponds conceptually to Hazan and Shaver's ambivalent attachment style (Hazan & Shaver, 1987). Bartholomew and Horowitz' fearful-avoidant attachment category related to the avoidant category described by Hazan and Shaver. The dismissive avoidant category aligned with Ainsworth's avoidant category (Bartholomew & Horowitz, 1991). The fourth style, added later, is often called insecure disorganized (Gillath et al., 2016).

Multiple uses of attachment terms. Not only do theorists vary the names of the attachment styles, they also use the terms interchangeably to describe both the relationship styles and the traits of the people (Hazan & Shaver, 1987). Hazan and Shaver noted, "Attachment researchers often vacillate between using the terms secure, avoidant,

and anxious-ambivalent to describe relationships and using them to categorize people" (p.522). Currently, attachment researchers describe attachment styles more often in terms of the two dimensions of attachment anxiety and attachment avoidance (Gillath et al., 2016). Gillath et al. (2016) described attachment anxiety as including feelings of low self-worth, fear of abandonment, and feelings of rejection; and attachment avoidance as being overly independent, self-sufficient, and exceedingly uneasy with closeness in relationships. In the current study, I assessed participants' scores on the two dimensions of level of attachment anxiety and level of attachment avoidance.

Attachment Research

Attachment researchers have used an attachment theoretical lens to examine relationships in various settings. In the following section, I review two attachment studies in non-clinical settings. These studies add to this discussion because they demonstrate how attachment influenced mentoring relationships and other types of supervision. Then I highlight some key counselor education research on attachment in the therapeutic relationship. Finally, I review the research on attachment in the supervisory relationship.

Attachment research in nonclinical settings. Researchers have explored attachment in the workplace and in mentoring relationships. Simmons et al. (2009) conducted research in a workplace setting and found that workers with a secure attachment style can function effectively alone or in cooperation with others. In the workplace, those with secure attachment styles demonstrate healthy emotional regulation, flexibility, and good relationships with co-workers (Simmons et al., 2009). This could factor into the ability to work cooperatively with clients and supervisors. Allen et al.

(2010) studied attachment in mentoring relationships. Mentors reported that mentees with more anxious attachment styles sought less feedback and perceived corrective feedback as threatening (Allen et al., 2010). This could have ramifications for supervisees who may also have difficulty with feedback, limiting their professional development.

Moked and Drach-Zahavy (2016) studied attachment styles of both students and mentors with 178 nursing students and 66 clinical nursing supervisors to explore the possible relationships with nursing competence. Moked and Drach-Zahavy argued that attachment styles of students might increase or decrease students' supervision help-seeking behaviors. Moked and Drach-Zahavy argued that supervisors' attachment styles, could also moderate the influence of students' attachment styles. Moked and Drach-Zahavy found that nursing students viewed support□seeking negatively, and the more independent students actually reported higher competence. Supervisors with more avoidant styles hampered students' help-seeking (Moked & Drach-Zahavy, 2016). Moked and Drach-Zahavy encouraged program administrators to consider the supervisors' attachment styles when assigning supervision dyads, and to design supervision that fits with students' independent style of learning without disparaging help-seeking behaviors. This was important to consider as I explored attachment influences on self-disclosure and requests for help that are crucial to supervision and effective ethical training.

Attachment research in clinical settings. Attachment theory has implications for greater understanding of the therapeutic relationship. Burke et al. (2016) reasoned that attachment theory offers a comprehensive framework for examining the therapeutic

relationship. Attachment theorists have long considered that attachment effects are relevant in the therapeutic relationship (Bowlby, 1988). Bowlby (1988) drew comparisons between therapeutic roles and parenting roles and argued that wellness occurs when the therapeutic relationship enables a client to move toward a more secure attachment in therapy. Therapists enable clients to find healing by acting as a secure base for their clients (Bowlby, 1988; Tschan, 2003). Buhari (2013) warned that within a consistent therapeutic relationship emotion-filled conversations could easily induce therapists' reactions that could lead to attraction and unethical practices.

According to Gnilka, Chang, and Dew (2012), counselors' anxious attachment styles predicted a poor client working alliance (WA). Marmarosh et al. (2014) explored attachment in the therapeutic WA and found that when counselors and clients have different attachment styles on the anxiety scale, clients reported a stronger WA. Marmarosh et al. (2014) did not find a correlation to therapists' perceptions of the WA on the avoidance attachment dimension. Marmarosh (2015) found that clients with secure attachment styles showed greater cooperation, medication compliance, and therapeutic WA in the counseling relationship. Similarly, clients with insecure styles tended to have poorer therapeutic WA and disruptions in therapy (Marmarosh, 2015).

Fuertes, Moore, and Ganley (2018) studied therapist-client pairs to determine the perception of the relationship on both sides and the role of attachment in therapy. Fuertes et al. found that therapists' insecure attachment styles resulted in lower relationship and treatment progress ratings. Kivlighan and Marmarosh (2018) also explored the effects of attachment on the therapeutic relationship by examining the relationship between

counselors' insecure attachment styles and clients' ratings of therapeutic WA. Kivlighan and Marmarosh found that as counselor attachment anxiety increased, the ratings of the WA fell. However, when counselor attachment anxiety was low, client and counselor ratings of the WA aligned more closely, suggesting that counselors' attachment anxiety affects their ability to accurately perceive their clients' ratings of the therapeutic WA (Kivlighan & Marmarosh, 2018). I attempted to examine how counselors' perceptions of a different construct (EPs and BPs) were affected by their level of attachment anxiety.

Psychoanalysts have long embraced the idea of a parallel process in counseling and supervision (Friedlander, 2015). This parallel process occurs as supervisees unconsciously reenact aspects of the supervision process in their counseling sessions (Tracey, Bludworth, & Glidden-Tracey, 2012). Therefore, if attachment processes are at work in the therapeutic relationship, then attachment processes are likely to be a factor in the supervisory relationship.

Understanding Supervision

The Council on Counseling and Counseling Related Educational Programs' *2016 Standards* described supervision as "a mentoring relationship" (CACREP, 2015a, p.46). Counselors recognize the significant role of supervision in providing vital training to new professionals (Bernard & Goodyear, 2019; CACREP, 2015a; Mesrie, Diener, & Clark, 2018; Polychronis & Brown, 2016). Through the supervision process, supervisors promote supervisees' development while also safeguarding the welfare of the supervisees' clients (Borders et al., 2014). According to the American Counseling

Association (ACA) *Code of Ethics* (2014), supervisors have a responsibility to train supervisees to function as competent and ethical counseling professionals.

The supervisory relationship. The basis of successful supervision is the supervisory relationship (Bernard & Goodyear, 2019; Gunn, 2007). A majority of supervisees rated the supervisory relationship as the most important factor in supervision (Gunn, 2007). Supervisors assist supervisees in navigating the challenging, sometimes confusing, supervision process (Thériault & Gazzola, 2018). The supervisory relationship is important because it can affect the therapeutic relationship. Friedlander (2015) argued that there is a parallel process in counseling and supervision such that counselors act in similar ways with their supervisors as they do with their clients. Therefore, understanding the supervisory relationship can illuminate therapeutic relationships.

As supervision is a relationship, there is the possibility that lifelong, maladaptive attachment patterns may arise in times of stress (Wrape, Callahan, Rieck, & Watkins, 2017). Pistole and Watkins (1995) pointed out that supervision mirrors early attachment relationships in the exploration that is possible while learning new clinical skills. Mesrie et al. (2018) purported that a secure base type of supervisory relationship would allow supervisees to have a safe place to go to cope with emotional distress and gain support. Supervisors can become a safe haven for supervisees by normalizing anxiety and being responsive to the supervisees' needs when supervisors notice that supervisees are feeling anxious in the therapeutic or in the supervisory relationship (Fitch et al., 2010). Fitch et al. (2010) argued that the supervisee's attachment system would deactivate as the supervisor provides security. If something within a client activates the supervisee's

attachment system, the supervisor could process the situation with the supervisee and thereby help to deactivate the attachment system (Fitch et al., 2010). Bennett, Mohr, BrintzenhofeSzoc, and Saks (2008) reported that the social work graduate supervisees in their study enacted attachment strategies such as seeking out their supervisors when they felt unsure or upset. Bennett et al. also found that supervisees were more likely to try out new skills and engage in learning when they felt support from supervisors.

Evaluation is a necessary task in supervision (Bernard & Goodyear, 2019). Supervisors must provide regular evaluation and feedback (Bernard & Goodyear, 2019; Falender & Shafranske, 2014). Supervisors must act as gatekeepers and intervene when supervisees do not demonstrate professional competence (Association for Counselor Educators & Supervisors, 2011; Ziomek-Daigle & Christensen, 2010). Gatekeeping is defined in CACREP's *2016 Standards* as "the ethical responsibility of counselor educators and supervisors to monitor and evaluate an individual's knowledge, skills, and professional dispositions required by competent professional counselors and to remediate or prevent those that are lacking in professional competence from becoming counselors" (CACREP, 2015, p.45). Supervisors, as gatekeepers for the profession, regulate supervisees' ability to progress as counselors (Ziomek-Daigle & Christensen, 2010). Therefore, supervisees with insecure attachment styles are likely to manage the distress by activating attachment strategies in the supervisory relationship (Dickson, Moberly, Marshall, & Reilly, 2011).

Borders (2014) normalized supervisee anxiety and resistance as a typical response to the evaluative aspects and power differential in supervision. Relationships often

involve power dynamics, and the supervisor-supervisee relationship is no exception. Supervisees must manage different types of power in their various roles. Friedlander (2015) acknowledged the power dynamics wherein supervisees are in a position of power with clients, but in the subordinate position with their supervisors. Borders (2014) asserted that supervisors bear the burden to understand and manage the power dynamics in supervision. Borders (2014) called for supervisors to handle supervisees' normal anxious responses in supportive ways by providing a safe haven environment for them. A positive, encouraging supervisory relationship helps supervisees feel accepted and supported (Starr, Ciclitira, Marzano, Brunswick, & Costa, 2012).

Attachment and the supervisory relationship. Hill has been named as the first researcher to suggest that attachment theory could be a useful framework for understanding the supervisory relationship (Read, 2017). Hill (1992) proposed that a trustworthy, accessible, thoughtful supervisor could act as a secure base for the supervisee. From this place of safety, supervisees will be able to explore, learn, and grow despite the stressful new learning environment (Hill, 1992; Read, 2017). Dickson et al. (2011) agreed that attachment theory might help explain a part of the multifaceted nature of clinical supervision. Watkins and Riggs (2012) argued that attachment theory could bring focus to supervision by describing attachment styles and helping both supervisors and supervisees understand attachment processes that might operate during supervision.

Neswald-McCalip (2001) provided case study examples describing different attachment behaviors by supervisees and supervision strategies that the supervisor used to demonstrate attachment theory operating in supervision. Neswald-McCalip studied

Pistole and Watkins' (1995) research on attachment theory in supervision and studied supervisors and supervisees in a semester-long practicum. Neswald-McCalip gave examples of supervisee behaviors and supervisor interventions that seemed to illustrate the attachment constructs proposed by Pistole and Watkins (1995).

Fitch et al. (2010) asserted that the supervisor-supervisee relationship shares many similarities to a parent-child relationship. Although Wrape et al. (2017) agreed that there are similarities, they remarked that the supervisory relationship does not mirror the key attachment relationships between parent and child or between romantic partners. Gillath et al. (2016) argued that adult attachment figures could be anyone in a position to act as a safe haven for the individual. Therefore, plausibly supervisors can be attachment figures for NCs as they encounter a stressful learning experience.

White and Queener (2003) found support for the relationship between adult attachment styles and perceptions of the SWA for both supervisors and supervisees. Wrape et al.(2017) found that supervisees with insecure anxious attachment styles sought out supervisors more often, which confirmed other researchers' claims that anxiously-attached supervisees would tend to be needier (Marmarosh et al., 2013; Neswald-McCalip, 2001; Renfro-Michel & Sheperis, 2009). As expected, supervisees with more avoidant attachment styles were more likely to work independently and sought out supervision support less often (Bennett & Saks, 2006; Riggs & Bretz, 2006).

Among therapist trainees, those with more secure attachment styles described the supervision experience more positively and described greater benefit from supervision than those trainees with insecure attachment styles (Marmarosh et al., 2013). Renfro-

Michel and Sheperis (2009) found that supervisees' attachment styles had a significant effect on the supervisory relationship. Cook and Welfare (2018) stressed the importance of discovering supervisee attachment styles to help supervisees with insecure attachment styles who often struggle in supervision. Fitch et al. (2010) described supervisees with insecure attachment styles as either deactivating or hyperactivating the attachment system to decrease the perceived supervisory threat, or fear of negative evaluation and consequences from the supervisor.

Supervisees with insecure attachment styles could unconsciously undermine the supervision experience by failing to ask for help or anxiously trying to please the supervisor (Riggs & Bretz, 2006). Supervisees with avoidant attachment styles deactivate the system by not asking for help, trying to solve problems on their own, and being defensive to feedback (Cook & Welfare, 2018; Fitch et al., 2010). Supervisees with anxious attachment styles tended to hyperactivate their attachment systems, becoming overly concerned with pleasing the supervisor and consumed by clinical missteps (Cook & Welfare, 2018; Fitch et al., 2010; Pistole & Watkins, 1995). The ineffective strategies insecurely attached supervisees employ continue to negatively affect the supervisory process as supervisors have to consider their gatekeeping function (Bernard & Goodyear, 2019) and address supervisees' deficits, which in turn increases the threat and the likelihood of re-activating those poor management strategies (Fitch et al., 2010).

In choosing attachment measures, researchers consider advantages and disadvantages of several measures. Although the Adult Attachment Interview (AAI; George, Main, & Kaplan, 1985) is a valid attachment measure, the training to administer

the measure, the difficulty of administering and scoring the measure, the time for training to conduct the interview, the time for contributors to participate, and the cost of administering the measure are prohibitive. Therefore, Simpson and Rholes (2012) chose to use the ECR-R. I looked for a similar measure that would not require a huge investment of time for participants and would be cost-effective.

I found only a few validated measures to assess supervisee attachment to supervisors. Gunn (2007) developed the Experiences in Supervision Scale (ESS) as an adaptation of the Experience in Close Relationships– Relationship Structures Questionnaire (ECR-RS; Fraley et al., 2011), which reported good validity. According to Mesrie et al. (2018), attachment researchers have adapted the ECR-RS (Fraley et al., 2011) to study supervisory attachment. The ECR-RS is a 10-item self-report questionnaire that measures attachment dimensions of anxiety and avoidance in participants' relationships with significant others (i.e. mothers, fathers, romantic partners, and friends). I considered using the ESS (Gunn, 2007) but decided against using it because the wording is awkward for use in a supervisory relationship as the items appear to address intimate romantic and familial relationships.

In their research on supervisory attachment influences on supervision, Marmarosh et al. (2013) modified the Client Attachment to Therapist (CATS) to measure therapists' ATS. The Therapist Attachment to Supervisor Scale (TAS) measured supervisory attachment through behaviors such as sharing feelings. The TAS yielded a continuous score for three types of attachment: secure, preoccupied, and fearful attachment. I considered using the TAS because the items were more appropriate to the supervisory

relationship than the ESS items. However, in e-mail conversations, Marmarosh suggested that her use of the TAS was a major criticism of her work and suggested that I find a better measure of supervisory attachment.

Upon further investigation, I found the Supervisee Attachment Strategies Scale (SASS; Menefee et al., 2014). The 22-item SASS (Menefee et al., 2014) uses a 6-point anchor response format of strongly disagree (1) to strongly agree (6) to measure the two dimensions of supervisee attachment avoidance and supervisee attachment anxiety. Simpson and Rholes (2012) explained how attachment researchers have moved away from using attachment measures that place participants in four distinct attachment categories to measures that they use to conceptualize attachment styles on the two continuous dimensions of attachment anxiety and attachment avoidance. Brennan, Clark, and Shaver (1998) found that attachment measures consistently yielded these two dimensions in factor analyses.

Menefee et al. (2014) developed the SASS using a multistep process and in accordance with adult attachment theory. Menefee et al. started with 100 items developed from a review of attachment theory, and used a panel of 12 experts to judge whether the items fit the different aspects of attachment in the supervisory relationship. The panel assessed all aspects of the instrument including face validity and format of the instrument. Menefee et al. used the results from the panel to reduce the items to 36. Menefee et al. used the survey instrument with 347 trainees and conducted exploratory factor analysis for the items to assess whether the items matched the anxiety and avoidance dimensions in other adult attachment measures (Brennan et al., 1998;

Mikulincer & Shaver, 2007). Through the procedure, researchers removed 14 items that loaded at less than .40 because those items were not as related to the supervision relationship.

A key study of supervisory attachment. Bennett et al. (2008) conducted a quantitative, cross-sectional study examining social work students' general relationship attachment styles and their supervision-specific attachment. Participants were first-year social work students in a Washington, DC university enrolled in a weekly field seminar for the first year. Bennett et al. (2008) collected 73 surveys over two years out of a group of 152 enrolled students. Bennett at al. only provided demographic data from one year (N = 32). Most students were female (N = 26), only 16.1% were male (N = 5). Participants ranged from 22 to 56 years old, with the average age being 32.48 (SD = 9.54). The majority of participants identified as White (N = 24; 77.4%), two participants identified as Asian (N = 2, 6.5%), two identified as African- American (N = 2, 6.5%), and three selected "other." Bennett et al. reported that the demographics matched the overall demographics of the social work masters' programs where they recruited participants.

Bennett et al. (2008) used a survey consisting of four measures: Kurdek's (2002) questionnaire to measure general attachment, Fraley's (2005) Relationship Structures Questionnaire (RSQ) to measure supervisory attachment, Tracey and Kokotovic's (1989) Working Alliance Inventory to measure the supervisory working alliance, and the Supervisory Styles Inventory (Friedlander & Ward, 1984) to measure supervisory styles. Kurdek's questionnaire is comprised of 13 items taken from the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994). Bennett et al. did not provide the specific

research questions. However, Bennett et al. did list the four hypotheses: (a) General attachment will be positively associated with supervision-specific attachment, (b) Both general and supervisory attachment will be inversely associated with perceptions of positive supervision outcomes, (c) Associations between general attachment and supervision outcomes will be mediated by supervisory attachment, and (d) Associations between supervision-specific attachment and supervision outcomes will vary depending on levels of general attachment.

Bennett et al. (2008) conducted correlational analyses and multiple regressions and found that students generally scored in the secure range for both general and supervisory attachment as demonstrated by lower scores in attachment avoidance and attachment anxiety. Students in the sample showed a considerable range of general attachment avoidance ($M = 2.17$; $SD = .74$), and supervision specific attachment avoidance ($M = 2.62$; $SD = 1.48$) and general attachment anxiety ($M = 1.92$; $SD = .76$) and supervision specific attachment anxiety ($M = 1.39$; $SD = .73$) in the sample. Results showed particularly low anxiety in the supervisory relationship. However, some students had high anxiety or high avoidance in either general and supervisory attachment or both. General attachment avoidance was weakly positively associated with supervision-specific avoidance, $r\ (70) = .24$, $p < .05$. Supervision-specific attachment anxiety was moderately negatively associated with two of the alliance attributes of tasks, $r\ (70) = -.27$, $p < .05$, and bond, $r\ (70) = -.42$, $p < .01$, and two supervisory style variables of attractiveness, $r\ (70) = -.38$, $p < .01$, and sensitivity, $r\ (70) = -.35$, $p < .01$. Bennett et al. (2008) conducted multiple regression analyses that involved prediction of the alliance and supervisory style

variables from the attachment variables and found that supervision-specific attachment significantly predicted the supervisory working alliance and supervisory style, whereas general attachment styles did not. Bennett et al. found the strongest evidence that avoidant supervisory attachment was negatively related to alliance tasks, r (70) = - .72, p = .01, alliance bond, r (70) = -.83, p = .01, and alliance goals, r (70) = -.59, p = .01; and supervisory style variables, task orientation, r (70) = -.48, p = .01, attractiveness, r (70) = - .70, p = .01. Anxious attachment to supervisor was moderately negatively associated with two alliance tasks, r (70) = -.27, p = .05, and bond, r (70) = -.42, p = .01; and two supervisory style variables, attractiveness, r (70) = -.38, p = .01, and sensitivity, r (70) = -.35, p = .01.

Bennett et al.'s (2008) study was significant as one of the first studies to examine both general attachment and supervision-specific attachment. The study influenced my decision to learn more about how attachment influences the supervisory relationship. The study also led me to explore ATS rather than general attachment as a more reliable predictor that might influence supervision and future EPs and BPs. I want to explore whether I might find similar effects with ethical training in supervision, leading to difference in EPs and BPs.

Bennett et al. (2008) noted one limitation that the constructs of supervisory attachment and supervisory working alliance and are so closely related that there is considerable overlap. Another limitation is that Bennett et al. used the Relationship Structures Questionnaire (Fraley, 2005 as cited in Bennett et al., 2008) to assess supervisory attachment. A limitation is that some of the items are more applicable to

personal relationships and would be awkward and inappropriate in professional relationships. For example, one sample item assessing anxious attachment is: “I often worry that this person doesn’t really care for me” and one sample item assessing avoidant attachment is: “I prefer not to show this person how I feel deep down.” Therefore, I searched the literature for a more appropriate measure of supervisory attachment and found the SASS (Menefee et al., 2014). The SASS offered a more precise way for me to examine attachment in the supervisory relationship so I used the SASS for my study.

Another limitation of the Bennett et al. (2008) study was the sample population, which consisted of first year graduate social work students. As a counselor educator, I wanted to explore research to add to counselor literature. Therefore, I recruited novice professional clinical counselors post-graduation because they had recent supervision experiences, but they also had more independence to make ethical choices.

McKibben and Webber (2017) conducted a quantitative study with a quasi-experimental design to examine how supervisee attachment to their supervisor might predict supervisees’ perceptions of the supervisory relationship upon receiving critical supervisory feedback. McKibben and Webber (2017) did not specifically state the research questions, but they did provide their hypotheses. The first hypothesis was that higher attachment anxiety and avoidance scores would predict lower scores on the supervisory relationship. The second hypothesis was that recalling critical supervisory feedback would predict lower scores on the supervisory relationship among supervisees with higher attachment anxiety or avoidance scores. McKibben and Webber further

hypothesized that supervisees in a non-threatening condition would not show differences based upon supervisory attachment in the perception of the supervisory relationship.

McKibben and Webber (2017) recruited participants by e-mailing faculty in CACREP accredited training programs and asking them to forward the invitation to students. All 179 participants were in counselor education programs from the age of 22 to 63 years (M = 29.66, Mdn = 27, SD = 7.82). The majority of participants were female (n = 152; 84.91%), 18 identified as male (n = 18; 10.06%), three identified as nonbinary (n = 3; 1.68%), three identified as cisgender (n = 3; 1.68%), two described gender in other ways (n = 2; 1.12%), and five (n = 5; 2.79%) did not respond to the question. The participants identified as White (n = 130, 72.63%), Black (n = 18, 10.06%), Hispanic (n = 8, 4.47%), multiracial (n = 6, 3.35%), Asian (n = 5, 2.79%), Jewish (n = 3, 1.68%), Latino or Latina (n = 2, 1.12%), Native American (n = 2, 1.12%), and Pacific Islander (N = 1, 0.06%). Most participants were master's students (n = 149, 83.24%), followed by doctoral students (n = 21, 11.73%) and an educational specialist student (n = 1, 0.06%). Participants were in clinical mental health counseling (n = 81, 45.25%); school counseling (n = 38, 21.23%); counselor education and supervision (doctoral; n = 17, 9.50%); marriage, couple, and family counseling (n = 16, 8.94%); career counseling (n = 5, 2.79%); rehabilitation counseling (n = 5, 2.79%); and student affairs and college counseling (n = 5, 2.79%).

McKibben and Webber (2017) randomly assigned respondents to either the experimental group or the control condition. McKibben and Webber asked those in the experimental group to recall critical feedback from their supervisor and write about it

prior to taking the survey but asked those in the control group to look around the room and write down the first four objects that they saw. Then participants completed a Qualtrics survey consisting of a demographic survey, the Experiences in Supervision Scale (ESS; Gunn & Pistole, 2012) as a measure of supervisory attachment, and the Short Supervisory Relationship Questionnaire (S-SRQ; Cliffe, Beinart, & Cooper, 2016) as a measure of the supervisory relationship from the supervisee's perspective.

McKibben and Webber (2017) used a multiple regression analysis and reported that the overall regression model was significant [F (5, 173) = 11.63, $p < .001$] and accounted for 25% of the variance ($R^2 = .25$). McKibben and Webber found that ESS anxiety and ESS avoidance were significant predictors of S-SRQ scores ($\beta = –.23$ and –.26, $ps < .05$, respectively), but neither experimental condition nor the interaction effects (i.e., anxiety x condition, avoidance x condition) significantly predicted S-SRQ scores. Attachment anxiety and avoidance mean scores were similar for control ($Manx = 5.05$, $SD = .88$; $Mav = 4.18$, $SD = .44$) and experimental ($Manx = 5.22$, $SD = .84$; $Mav = 4.16$, $SD = .46$) groups, which showed that there were not significant interaction effects.

The results supported the first hypothesis in that higher anxious and avoidant supervisory attachments negatively predicted the supervisory relationship. McKibben and Webber (2017) suggested that the results showed that supervisees' attachment to their supervisors influences their perceptions of their supervisors. However, the second hypothesis regarding the possible effects of critical supervisory feedback was not supported. McKibben and Webber suggested that the supervisory attachment measure (ESS) might have activated supervisees' attachment strategies so that the critical

feedback did not have further impact on the attachment systems. McKibben and Webber contended that supervisees might employ some adult attachment strategies even if, as Fitch et al. (2010) suggested, supervisory attachment is not exactly like attachment in other close relationships.

McKibben and Webber (2017) noted several limitations in their study, including whether the ESS instrument may have primed the attachment activation for all participants. McKibben and Webber suggested that future researchers consider the placement of the supervisory attachment measure. Another important limitation was that the recruiting method did not allow researchers to estimate the response rate and the sampling procedure may have attracted participants who were more motivated to participate in the study.

McKibben and Webber's (2017) study demonstrated that supervisory attachment could influence supervisees' perceptions of the supervisory relationship. This was important to my research because of my interest in whether supervisory attachment might affect counselors' EPs and BPs. McKibben and Webber noted that researchers do not yet know how attachment strategies shape the supervisory relationship, but they certainly have a role. I hope that my research will add to the counselor education literature on attachment processes in the supervisory relationship.

Attachment and the supervisory working alliance (SWA). Much of the research on attachment in supervision has focused on the client working alliance or the SWA. I have included this research in my literature review because it grounds this study in the larger context of the supervisory alliance as a critical factor in supervision. The

cooperation and collaboration of a good working relationship is important to therapy and supervision, but the question remains about whether a secure supervisory attachment has any bearing on the EPs and BPs of NCs.

Gnilka et al. (2016) stressed that adult attachment styles shape both the therapeutic working alliance and the SWA. Falender et al. (2014) stressed the importance of supervisors' nonjudgmental, supportive, respectful mentorship to build a solid SWA. Interestingly, this approach also serves to promote attachment in relationships. Some researchers found that supervisees' insecure attachment patterns negatively affected the SWA (Marmarosh et al., 2013; Renfro-Michel & Sheperis, 2009). Bennett et al. (2008) found a relationship between avoidant attachment and the SWA but did not find a significant relationship between anxious attachment and the SWA.

Gnilka et al. (2016) acknowledged the inconsistent research findings on the relationship between attachment styles and the SWA. Whereas, some researchers found that supervisees' secure attachment positively related to the SWA (Gunn & Pistole, 2012; Marmarosh et al., 2014), some others did not (Riggs & Bretz, 2006; White & Queener, 2003). Riggs and Bretz (2006) conducted an online survey with 87 doctoral psychology interns about attachment style and experiences in supervision and found that supervisees' perception of supervisors' attachment style influenced the SWA more than the supervisees' own attachment style. Dickson et al. (2011) reported a significantly higher SWA when supervisees perceived their supervisors' attachment style as secure. Dickson et al. (2011) also found that among psychology supervisees, supervisees' perceptions of

the supervisors' attachment style was a better predictor of the SWA than the supervisees' own attachment styles.

Supervisee general attachment styles may not be as strong an indicator of the nature of therapeutic or supervisory relationships. Bennett et al. (2008) found that although supervisees' general attachment styles do have some effect on supervision, the supervisees' attachment to the supervisor wields a greater influence. Mesrie et al. (2018) surveyed doctoral students in a psychology program and examined students' attachment to their supervisors and students' counseling self-efficacy (CSE). Mesrie et al. (2018) found that attachment avoidance significantly predicted lower levels of CSE, but attachment anxiety did not significantly predict levels of CSE in either direction.

Attachment-informed supervision. Attachment researchers can provide information about the impact of attachment in training supervisees. Wrape et al. (2017) argued that helping supervisors understand supervisees' attachment needs and strategies could increase the SWA. An attachment informed response validates the supervisees' feelings and gives the supervisee a safe, reassuring space to process their reactions (Fitch et al., 2010). Fitch et al. (2010) argued that understanding supervisees' attachment needs would enable supervisors to respond appropriately and increase supervisee learning and development. Borders (2014) stressed the need for supervisors to manage parallel processes in supervision. Pakdaman, Shafranske, and Falender (2015) emphasized the importance of exploring supervisees' feelings, reactions, and countertransference in developing psychology counselors' ethical competence. Pakdaman et al. (2015) argued that clinical supervision is an optimal place to develop counselors' ethical practices and

professional counseling psychology identity. Likewise, counseling students and novice practitioners also need quality supervision to be able to learn to operate ethically and understand their identity as counselors.

Role of the Supervisor in Ethical Training

According to the *2016 Standards* (CACREP, 2015a), **"**The primary focus of counselor education programs is the training and preparation of professional counselors who are competent to practice, abide by the ethics of the counseling profession, and hold strong counseling identities" (p.44). Novice counselors need training to learn how to adhere to professional ethics. Supervisors have a duty to ensure that NCs are trained and prepared to behave ethically (ACA, 2014).

Role of the supervisor in addressing sexual attraction. A primary task of supervisors is to train supervisees to abide by legal and ethical standards of the profession (ACA, 2014; Black, 2017; Herlihy & Corey, 2014). A robust supervisory relationship builds trust that enables supervisees to explore their questions about boundary issues and supervisors to increase ethical training for supervisees in a safe environment (Black, 2017; Luca, 2016). Supervisors must attend to the ethical perceptions and practices of supervisees, because clinical supervisors in many states carry a strict liability for their supervisees' actions and ethical practices (Polychronis & Brown, 2016).

However, supervisors may feel ill-equipped to address some topics in supervision. Grant et al. (2012) included sexualized relationships as one of those difficult topics to discuss in supervision. Supervisors must be intentional and have a plan to discuss difficult topics. Kolařík, Lečbych, Luca, Markovic, and Fülepová (2016) stressed that a

good supervision contract that explicitly addresses sexual attraction made discussions more natural and increased supervisees' disclosures of sexual attraction.

As early as 1994, Rodolfa et al. stated that 70-90% of psychologists reported experiencing sexual attraction to at least one client. Colom-Timlin, (2014) found that 52% of respondents reported sexual attraction for a client and 40% described it as feelings of love. In recent years, studies found that up to 90% of therapists admitted to sexual feelings and attraction toward clients (Capawana, 2016; Sonne & Jochai, 2014). In fact, sexual attraction toward students is common among male counselor educators (Ray, Huffman, Christian, & Wilson, 2016).

Sexual attraction is common in therapy and does not have to lead to unethical behavior (Capawana, 2016; Rodgers, 2011). Pakdaman et al. (2015) called for therapists to develop ethical awareness, which requires therapists to explore their countertransference and how it influences their ethical perceptions and practices. Supervisors can help to normalize feelings and help supervisees explore their feelings in the safety of a healthy supervisory relationship and model appropriate management of sexual feelings (Capawana, 2016). Colom-Timlin (2014) asserted that the key to ethically managing sexual attraction (that he referred to as erotic transference and countertransference) is personal therapy, supervision, understanding of psychodynamic and attachment theory, and a greater awareness of attachment processes.

Although ethical codes did not forbid sexual contact with clients until 1977, most practitioners consider the prohibition to date back to the Hippocratic Oath (Capawana, 2016). Capawana (2016) warned that unethical responses to sexual attraction is a serious

problem that can have ruinous results. When counselors engage in sexual boundary violations, clients suffer, counselors suffer, and the reputation of the counseling profession suffers (Herlihy & Corey, 2014).

The role of nondisclosure in ethical development in supervision. In my quest to understand the factors that led to counselor sexual misconduct in the therapeutic relationship, I reviewed a qualitative study conducted in England by McNulty et al. (2013) where the authors interviewed participants from clinical psychology, counseling, and psychiatry who had committed sexual BVs in therapy. McNulty et al. (2013) identified a pattern of supervisee nondisclosure about the clients with whom the therapists transgressed boundaries. If nondisclosure is a factor- as either a contributor, a consequence, or a warning sign- then a better understanding of nondisclosure in supervision is warranted. McNulty et al. did not conduct the study with clinical counselors, so I wondered if the same connection between BPs and nondisclosure existed with counselors. If nondisclosure is connected to EPs and BPs and attachment to the supervisor is connected to nondisclosure, then perhaps attachment to the supervisor influence NCs' EPs and BPs.

Supervisee nondisclosure in supervision is a serious problem that can negatively affect supervision, hinder learning, endanger client welfare, and expose supervisors to liability (Bernard & Goodyear, 2019; Cook, Welfare, & Romero, 2018; Ladany, Hill, Corbett, & Nutt, 1996). Ladany et al. (1996) conducted the seminal study on supervisee nondisclosure with clinical and counseling psychology trainees and found that supervisees often do not think the information that they withhold is insignificant, private,

or too intimidating to share. Supervisees reported that nondisclosure was typically the result of a poor SWA and concerns about supervisors' responses (Ladany et al., 1996). According to Cook and Welfare (2018), a variety of factors influence supervisee nondisclosure, including supervisee attachment styles (Gunn & Pistole, 2012; Hess et al., 2008; Mehr, Ladany, & Caskie, 2010, 2015).

The supervisory relationship is the critical factor in supervisees' disclosures and requests for assistance with client issues (Luca, 2016). Luca (2016) contended that the presence of a good supervisory relationship allows supervisees to explore boundary issues and supervisors to intervene effectively to train supervisees for ethical practice. Nuttgens and Chang (2013) asserted that the supervisory relationship is multifaceted and complicated leading supervisees to withhold important information from their clinical supervisors at times.

Gunn (2007) contended that the SWA and attachment security are both related to supervisees' willingness to disclose in supervision. Gunn (2007) explored the relationship between supervisee attachment and supervisee disclosure among 480 counseling supervisees. Gunn (2007) found that more secure attachment predicted increased disclosure. Candoli's (2017) phenomenological research study highlighted the supervision experiences of participants. Participants described how the supervisory relationship helped or hindered their willingness to share mistakes, concerns, and countertransference issues (Candoli, 2017). Supervisees frequently choose not to disclose information in supervision (Cook et al., 2018).

Nondisclosure in supervision can lead to serious consequences, including hindering counselor development, harming clients, and risking supervisors' liability risk (Cook et al., 2018; Hess et al., 2008). In Hess et al.'s (2008) qualitative study of counseling psychology pre-doctoral interns, nondisclosure of supervision concerns was common among those participants who reported a problematic supervisory relationship. Falender et al. (2014) asserted that supervisors cannot properly protect clients and train supervisees when supervisees fail to disclose.

Researchers have found that participants in allied professions often do not disclose important information to supervisors (Hess et al., 2008; Mehr et al., 2010, 2015; Pisani, 2005). Pisani (2005) studied nondisclosure among social workers and found that students were more likely to disclose general information about clients than to discuss their own feelings and experiences in therapy. Pakdaman et al. (2015) discussed the influence of the supervisory relationship on counseling psychology students' disclosure of countertransference in supervision and called for supervisors to focus on countertransference issues in supervision to increase supervisees' therapeutic work and ethical practices. Pope, Sonne, and Greene (2006) argued that supervisees' nondisclosure of sexual attraction and countertransference is a critical failure in ethical training.

Some researchers claim that supervisees' anxiety is a major factor in supervisee nondisclosure in supervision (Pakdaman et al., 2015). Pakdaman et al. (2015) suggested that supervisees would disclose more when in a safe, supportive environment. However, Mehr et al. (2015) examined the factors that affected supervisees' willingness to disclose to supervisors and found that anxiety in supervision (not attachment anxiety) had some

influence but did not significantly predict willingness to disclose. Mehr et al. (2015) admitted that a larger sample size may change the findings. Mehr et al. (2015) did find relationships between both higher self-efficacy and stronger SWA and lower supervisee anxiety, and between a stronger SWA and greater supervisee willingness to disclose. Therefore, although Mehr et al. (2015) did not find a direct connection between anxiety and disclosure, they did find that factors that increase the SWA, increase disclosures.

Cook and Welfare (2018) conducted the first study with counselors (rather than other allied professionals) to examine factors in intentional nondisclosure. Cook and Welfare (2018) found that nondisclosure is just as common (60%) among counseling supervisees as other allied professionals. Supervisees reported that they were most reluctant to disclose negative reactions to the supervisor, reservations about the supervision process, and concerns about the supervisor (Cook & Welfare, 2018).

Hess et al. (2008) interviewed 14 counseling psychology predoctoral interns about an important nondisclosure in supervision and found significant differences in the themes of those in good versus problematic supervisory relationships. Those in problematic supervisory relationships discussed themes of power, cultural variables, and fear of judgment, and most often failed to disclose matters related to frustration with supervision (Hess et al., 2008). Those reporting good supervisory relationships were likely to fail to disclose personal reactions to clients (Hess et al., 2008). All supervisees indicated concerns about supervisor evaluation as a factor in nondisclosure (Hess et al., 2008).

Attachment plays an integral role in supervision and the willingness of supervises to disclose pertinent information. Lonn and Juhnke (2017) examined nondisclosure in

triadic supervision and discovered that supervisees based their decision to disclose on their perception of safety in the supervisory relationship. Watkins (2014) also found that supervisees would be more apt to discuss concerns in supervision, including their errors and personal issues with the supervisor, if they had developed a trusting relationship with the supervisor. Bernard and Goodyear (2019) argued that supervisors who build a supportive supervisory environment could increase the likelihood of supervisee disclosures.

Gunn and Pistole (2012) noted that there is a dearth of literature on attachment-based supervision research. Gunn and Pistole conducted a quantitative research study to explore the possible connections between supervisory attachment and the SWA and disclosure in supervision. Gunn and Pistole postulated that supervisees with high attachment security would develop a stronger SWA and disclose more in supervision because secure supervisees believe in a safe world, a helpful supervisor, and their own abilities. Gunn and Pistole did not list the specific research questions, but they did list the hypotheses: Hypothesis 1 was that the relationship between supervisor attachment and disclosure in supervision would be fully mediated by the SWA. Hypothesis 2 was that direct supervisor attachment and disclosure would partially mediate the SWA.

Gunn and Pistole (2012) recruited participants from masters and doctoral counseling and psychology programs using the directories from CACREP, the Association for Psychology Postdoctoral and Internship Centers (APPIC), and the American Psychological Association (APA). Program directors forwarded an invitation e-mail to students that included the URL for the study. For each assessment, Gunn and

Pistole asked respondents to answer items based on their most important supervisor (because most had more than one supervisor during their time in training). After removing 116 respondents due to incomplete participation, Gunn and Pistole had 480 participants. The large majority were women (*n* = 393, 81.9%) and a smaller number were men (*n* = 80, 16.7%). The racial and ethnic makeup of participants was Caucasian (*n* = 399, 83.1%), African American (*n* = 17, 3.5%), Asian American (*n* = 15; 3.1%), Latino (a) (*n* = 11; 2.3%), international (*n* = 6; 1.3%), biracial (*n* = 8; 1.7%), and other (*n* = 14; 2.9%). The mean age was 29.8 years (*SD* = 6.6, *Mdn* = 28.0). Most participants were in a psychology doctoral program (*n* = 235, 49% clinical psychology, *n* = 115, 24% counseling psychology) and 26 (5.4%) were in a clinical psychology master's program. The other participants were in a counseling master's program (*n* = 81, 16.9%) or a counseling doctoral program (*n* = 18, 3.8%).

Gunn and Pistole (2012) employed four measures for the study: The Experiences in Supervision Scale (ESS), the Supervisory Working Alliance Inventory- Trainee version (SWAI-T), the Disclosure in Supervision Scale (DSS), and a demographic questionnaire. Gunn and Pistole stated that because there was no supervisory attachment measure, they amended the Experiences in Close Relationships (ECR) scale (Brennan et al., 1998) and created the ESS. The ESS has 18 items to assess anxiety and 18 items to assess avoidance. Higher scores designate lower anxiety and avoidance. Higher scores on both suggest secure attachment. Gunn and Pistole explained that the ECR has strong construct validity with Cronbach's alpha internal consistency score coefficients at .90 or higher for both attachment anxiety and attachment avoidance scores (Mikulincer &

Shaver, 2007). Gunn and Pistole used the SWAI-T (Efstation, Patton, & Kardash, 1990) with its two subscales to measure rapport and client focus. Higher scores indicated greater rapport and client focus. Gunn and Pistole also invited participants to complete the DSS, which they developed for this study using items from the Supervisory questionnaire (Black, 1987) and nine items from a qualitative study on nondisclosure in supervision (Ladany et al., 1996). The DSS has two subscales to measure supervisee willingness to disclose information: one to assess comfort with disclosing client-related feelings and personal issues in supervision and one to assess comfort with disclosing supervision-related information in supervision. Gunn and Pistole also had participants complete the demographic questionnaire to gather information on gender, age, ethnicity, graduate status, and counseling and supervision experience.

Gunn and Pistole (2012) used a two-step structural equation modeling procedure. A priori power analysis recommended a sample size of 474 to achieve .80 power, which this study achieved. Gunn and Pistole used SPSS 14.0 and found a univariate normal distribution. A two-way multivariate analysis of variance found no significant gender or ethnic effects. Gunn and Pistole tested two models for goodness of fit and found that the second model fit best. The second model included a direct link from ATS to level of disclosure in supervision. It appears that although rapport is important, ATS better explained level of disclosure. The fit statistics for this model were $x^2(19, N = 480) = 77.26$, $p < .001$; $CFI = .98$, $SRMR = .03$, and $RMSEA = .08$(90% CI [.06, .10]).

Gunn and Pistole (2012) found that ATS and disclosure in supervision was mediated by the SWA, rapport, and client focus. Gunn and Pistole also concluded that the

supervisee's ATS more directly explained supervisee disclosure in supervision. Attachment security strongly predicted supervisory rapport and supervisee's perceptions and support from the supervisor. Attachment security was also a strong predictor of client focus, which meant that more secure supervisees perceived their supervisors as helpful for their professional development. Gunn and Pistole reported that secure attachment to the supervisor enabled the supervisee to explore more, in this case self-disclose more. Gunn and Pistole contended that when supervisors neglect the supervisory relationship and concentrate only on skill development, supervisees are likely to limit self-disclosure.

Gunn and Pistole's (2012) study is foundational to my study because they demonstrated that the supervisory relationship influenced disclosures such that ATS was a better predictor of nondisclosure than the SWA, and that secure supervisory attachments increase appropriate disclosures in supervision. Given that McNulty et al. (2013) found that therapists who committed sexual BV disclosed less in supervision, I believe that this study is the link between understanding EPs and BPs and the connection to ATS. I hoped that my study could provide the next step in this important research.

There are some limitations to the Gunn and Pistole (2012) study that I attempted to overcome. First, Gunn and Pistole used the ESS to measure ATS, but there have not been any studies to date to confirm the validity of the ESS. The ESS did show internal consistency and may prove to be useful, but the personal nature and awkward wording of some of the items did not seem to fit with a supervisory relationship. Gunn and Pistole recommended that future research use a measure that examines actual attachment behaviors in supervision, such as amount of contact outside of supervision, and

nondisclosure of clinical errors. The measure that I used, the Supervisee Attachment Strategies Scale (SASS; Menefee et al., 2014) focuses on attachment strategies and although it is not actual behaviors, the items are more appropriate to supervisory tasks and the supervisory relationship.

Gunn and Pistole (2012) recommended that supervisors use interventions informed by attachment theory to aid in the supervisory relationship and supervisee development. Gunn and Pistole described an intervention that could be used when addressing BCs and BVs where a supervisee is triggered by an event with a client. If the supervisor can be a safe haven and increase security so that the supervisee can self-disclose, then the supervisor can help the supervisee think through the ethical issues and strengthen their ethical decision-making skills. I hoped that my study can build off Gunn and Pistole's work to add one small piece to the puzzle of the influence of supervisory attachment on EPs and BPs.

The appeal for more research. According to Fitch et al. (2010), all but a small number of researchers have failed to explore supervision from an attachment perspective. Bennett, Mohr, Deal, and Hwang (2013) have called for more research into the role of attachment styles in the supervision process. The research into attachment style as a predictive of a strong supervisory relationship is inconsistent (Read, 2017). Therefore, many researchers have advocated for more research into attachment effects in the supervisory relationship (Bennett et al., 2013; Fitch et al., 2010; Gunn & Pistole, 2012).

Ethical Training and Practices

The 2016 CACREP Standards (CACREP, 2015a) mandated that all counseling programs must ensure that students are trained in ethics. One key area for counselor ethics is the issues around relationship boundaries. In this section, I discuss boundaries in therapeutic relationships, differences between boundary crossings (BCs) and boundary violations (BVs), boundaries in supervisory relationships, and research on boundary issues. I discuss research on EPs and BPs, and the factors that may contribute to differences in EPs and BPs.

Boundaries in therapeutic relationships. Boundaries outline the parameters of acceptable behavior in a specific situation (Gutheil & Gabbard, 1993). Black (2017) argued that boundaries are applicable to all relationships, but appropriate boundaries are even more germane to therapeutic relationships due to the risk of harm to clients. Therapeutic boundaries define the professional relationship, including the roles and responsibilities of the counselor and the client (Nigro, 2004). Knapp and VandeCreek (2012) asserted that therapeutic boundaries specify the limits of the relationship and outline which behaviors are acceptable and which ones are not. Smith and Fitzpatrick (1995) stated that therapeutic boundaries "provide a foundation for this relationship by fostering a sense of safety and the belief that the clinician will always act in the client's best interest" (p. 500). Therapeutic boundaries enable clients to enjoy a safe therapeutic environment (Barnett, 2014).

Psychotherapists have struggled with boundaries in the counselor-client relationship from the beginning (Kozlowski, 2008). Freud was among the first therapists

to highlight the clinical implications of therapeutic boundaries, and Freud contended that therapists needed to maintain strict boundaries to remain neutral (Kozlowski, 2008). However, Freud actually crossed therapeutic boundaries by giving cards, gifts, and financial support to clients (Gutheil & Gabbard, 1993; Kozlowski, 2008).

Relationships and boundary issues are an issue for counseling and counselor education students. In a phenomenological study with 10 doctoral students in counselor education, Dickens, Ebrahim, and Herlihy (2016) concluded that students struggle with the complexities of multiple relationships with faculty, supervisors, and peers throughout their educational journey. Participants reported that when faculty and supervisors discussed boundaries with them, students felt more secure and better prepared to manage boundary issues (Dickens et al., 2016). Boundaries provide limits that keep the therapeutic relationship professional and safe for clients (Buhari, 2013).

Boundary crossings versus boundary violations. There is an abundance of literature related to boundaries in counseling, but many counselors still have difficulty distinguishing between BCs and BVs (Black, 2017; Stevens, 2008). De La Rosa (2017) contended that although both BCs and BVs involve lack of strict adherence to ethical codes, BCs tend to be used to enhance the therapeutic relationship for the purpose of helping clients, whereas BVs meet the professionals' needs and risk harming the client and the therapeutic relationship.

As early as 1993, Gutheil and Gabbard described BCs as behaviors that diverge from professional norms. A temporary change in procedures to benefit a client, such as going over session time because a client is in crisis, is a BC (Burns & Cruikshanks, 2017;

Remley & Herlihy, 2016). According to Barnett (2014), a BC involves a behavior that is not unethical and does not harm the client. In fact, some BCs are beneficial and therapeutic, such as meeting an anxious client in a restaurant to work on coping skills (Barnett, 2014; Stevens, 2008).

On the other hand, a BV occurs when a therapist acts contrary to professional norms and risks harming or exploiting a client (Barnett, 2014; Cruikshanks & Burns, 2017). The main difference in BVs is that the deviation is primarily for the counselor's benefit, and do not benefit clients but rather harm and exploit them (Black, 2017; Gutheil & Gabbard, 1993; Remley & Herlihy, 2016). An example is sexual contact with a client or an exploitive business deal (Barnett, 2014).

Although many people think of sexual BVs, BVs can be non-sexual as well (Black, 2017). Some examples include the therapist inappropriately self-disclosing, inviting clients to his or her home, or accepting expensive gifts (Black, 2017). Black (2017) contended that BVs can harm clients by therapists' loss of objectivity and can end a professional's career. McNulty et al. (2013) cautioned that BVs diminish the public's trust in counselors and the counseling profession (McNulty et al., 2013).

Some researchers argued that BVs are the result of a 'slippery slope' starting with BCs that lead to minor BVs and ultimately lead to sexual BVs (Andreopoulos, 2017; Bonitz, 2008; Gabbard & Crisp-Han, 2010). Gabbard and Crisp-Han (2010) asserted that ethical training for psychiatric residents needed to include discussion of a 'slippery slope.' Gabbard and Crisp-Han's based the admonition on personal experiences of over 200 cases in consultation, evaluation, or treatment where therapist self-disclosure led to

intimate conversations, out of office contact, touch, and eventually sexual contact with patients (Gabbard & Crisp-Han, 2010).

In a study by Burns and Cruikshanks (2017), licensed counselors' responses to ethical scenarios indicated that participants are hesitant to engage in any BCs. Participants endorsed ethical practices, such as reviewing ethical codes and seeking consultation (Burns & Cruikshanks, 2017). Zur (2004) challenged the idea that BCs inevitably lead to BVs and asserted that BCs could be therapeutically beneficial. Some recent studies cast doubt on the 'slippery slope' theory in that these studies failed to confirm a correlation between BCs and BVs (Black, 2017; Gottlieb & Younggren, 2009).

Researchers have explored sexual and nonsexual BVs among those in sport psychology (Moles, Petrie, & Watkins, 2016). Of the 175 sports psychology counselors, 112 admitted to being sexually attracted to at least one of their client-athletes, all denied any sexual contact (i.e. kissing), but just over 13% admitted to sexual BCs by discussing sexual matters with client-athletes (Moles et al., 2016). Sports psychology counselors generally described their behaviors as harmless.

However, some practices that might seem harmless or therapeutic may in fact be unethical (Oramas, 2017; Pope & Keith-Spiegel, 2008). Remley and Herlihy (2016) warned that BCs confound the therapeutic relationship and Burns and Cruikshanks (2017) warned that a seemingly innocuous BC could become harmful if the counselor's needs become the focus, such as the counselor accepting gifts. Pope and Keith-Spiegel reported that counselors often failed to consider the therapeutic consequences of actions outside of the therapy session. Therefore, counselors should carefully consider the

potential for misconduct when engaging in BCs as emotional reactions to clients could lead to BVs and ethical misconduct (Pope & Keith-Spiegel, 2008). Boundary issues are a significant challenge because of the emotional attachment bond that is common in the therapeutic relationship (Oramas, 2017). Barnett and Johnson (2015) warned that strict boundaries could be more harmful to clients than some minor BCs. Some common BVs, such as engaging in a romantic relationship, bartering for services, self-disclosure, and disregarding session time limits are not in the best interest of clients because the counselor may be meeting his or her own needs through these BCs (Barnett & Johnson, 2015). Stevens (2008) cautioned that counselors risk thinking that they are engaging in BCs to help the client when BCs may actually be self-serving and could result in BVs.

Boundaries in the supervisory relationship. According to ethical standards for counseling, supervisors must exercise caution and maintain boundaries appropriate to a professional relationship (ACA, 2014; Association of Counselor Educators and Supervisors, ACES, 2011). Sexual contact between supervisors and supervisees is unethical (Cruikshanks & Burns, 2017). Supervisees are at risk when supervisors abuse the power of the supervisory role and engage in dual relationships that lead to sexual BVs (Cruikshanks & Burns, 2017). The harmful consequences may be long-term and far-reaching. Downs (2003) studied ethical training and sexual attraction among counselor educators and reported that counselors who violated sexual boundaries had a significantly higher incidence of a previous sexual relationship with a professor or supervisor while in counselor training.

Supervisors model for supervisees how to interact with clients and how to maintain appropriate boundaries without being too inflexible and rigid (Barnett & Johnson, 2015). In a qualitative study of doctoral psychology trainees, Kozlowski (2008) found that supervisees were less clear about whether non-sexual, positive BCs were beneficial or not. Nonsexual BCs in supervision can be beneficial (Kozlowski, 2008). Strict observance of boundaries with supervisees can harm supervisees by robbing them of valuable mentoring opportunities and professional connections (Kozlowski, 2008).

Research on attachment and ethical practices in the workplace. Researchers have used attachment theory as a framework for studying ethical practices. Chopik (2015) lamented the lack of research examining the relationship between attachment styles and ethical decision-making at work. Chopik reported that the research found that those with insecure attachment styles reported greater problems at work, including dissatisfaction, anxiety, and poor peer relationships. In a quantitative survey study, Chopik invited participants to take a survey consisting of the Experiences in Close Relationships–Short (ECR-S) inventory (Wei, Russell, Mallinckrodt, & Vogel, 2007), a 12-item instrument to measure attachment anxiety and attachment avoidance, and a questionnaire with nine ethical workplace scenarios involving ethical dilemmas, such as theft or illegal benefits. Participants had to choose between an action that upheld the rules and was the ethical choice, and an action that would benefit the participant or someone close to them.

Chopik (2015) used Amazon's Mechanical Turk (MTurk; Buhrmester, Kwang, & Gosling, 2011) to solicit participants for the survey and offered only $.20 compensation.

Chopik recruited 283 participants to their online survey. Chopik reported that 60.8% of respondents were female (n = 172), so readers can assume that 111 (39.2%) were male. Chopik reported that 80.1% (n = 227) were White but did not give any other racial demographic details. The median age of respondents was 35.24 years (SD = 13.88).

Chopik did not list the specific research questions but did state the goal of testing the influence of attachment styles on ethical decision-making. Chopik cited research showing the relationship between burnout and unethical behavior at work. Attachment avoidance was associated with less ethical decisions, but Chopik did not find any significant relationship between attachment anxiety and EPs (Chopik, 2015). Chopik looked at workers' attachment anxiety and attachment avoidance and found that workers who are securely attachment experienced less physical and emotional burnout at work. In work settings, those with secure attachment styles had less burnout and better job performance and more trust in the supervisor (Chopik, 2015).

Chopik (2015) found that men scored higher in attachment avoidance than women (d = .51), and age was negatively related to anxiety (r = .29, p < .001). Researchers regressed ethical decisions onto attachment anxiety, attachment avoidance, and the interaction between these two variables. Attachment avoidance predicted fewer ethical decisions, b = .16, p = .01 (bivariate r = .16, p = .006). However, attachment anxiety (p = .22; r = .09, p = .15) and the interaction between anxiety and avoidance (p = .78) were not significantly related to ethical decision-making. Chopik argued that anxiety could lead to either more ethical decisions as individuals could worry more about pleasing the organization or less ethical decisions as individuals could worry more about their

relationships. Chopik's research was one of only a few studies that examined the role of attachment in EPs. The study highlighted the need to understand more about attachment. In the study, participants had to choose between only two forced choices to each of the nine hypothetical workplace scenarios. Chopik admitted that this was a limitation because it did not simulate actual decisions and real consequences for participants. I overcame this limitation by asking respondents to list perceptions and actual practices.

Chugh, Kern, Zhu, and Lee (2014) explored ethical interventions within an attachment framework. In the study, Chugh et al. primed participants by asking them to recall either an experience of relational acceptance and support or a time when they felt unsupported and rejected to provoke either attachment security or attachment anxiety. Chugh et al. found that those with attachment anxiety experienced moral disengagement, but those primed with attachment security and were able to disregard the natural tendency toward moral disengagement, and thereby behave more ethically. This gave some evidence that attachment and ethical perceptions and practices may be related. I do not think researchers have explored this connection sufficiently. Therefore, I considered previous research on counselors' (and other allied professionals) EPs and BPs in examining boundary behaviors and ethical practices within an attachment framework.

Research on therapists' ethical perceptions and boundary practices. The ACA's (2014) *Code of Ethics* is the foundation for ethical decision-making for the counseling profession (Cottone, 2014). The ACA's (2014) ethical codes describe the parameters for appropriate relationships with clients and with supervisees. Counselors

often struggle to understand and comply with the ethical standards, especially regarding boundaries with clients and supervisees (Barnett, 2014).

A key ethical study. In her dissertation, Stevens (2008) conducted a quantitative study to uncover the incidence of BCs and BVs among independently licensed counselors (LCPCs) in Maine. Stevens (2008) mailed a packet with a cover sheet, two informed consent forms (one to keep and one to sign and return separately for confidentiality purposes), a demographic survey, and an ethical behaviors and perceptions survey, which included a list of 39 boundary behaviors. Participants indicated whether they had engaged in the behavior in the last two years and reported their perceptions of those behaviors as BCs, BVs, or neither. Of the approximately 800 LPCPs in Maine, Stevens randomly selected a cross-sectional sample of 400 counselors, stratified by gender. Stevens invited those 400 LCPCs to participate in the study and 152 LCPCs provided usable responses.

Stevens (2008) explored the following research questions: (a) To what degree do LCPCs in Maine participate in nonsexual, nonromantic counselor-client dual or multiple relationships with current or former clients? (b) To what extent do LCPCs in Maine perceive these behaviors as ethical BCs, ethical BVs, or neither?(c) What is the relationship between LCPCs' ethical behavior and their perceptions of ethical behavior and gender, years of experience, ethics training, and modality of counseling?

Stevens (2008) used two measures to gather data: a demographic form and a 39-item ethical perceptions and behaviors checklist. Using a post-positivist research paradigm, Stevens (2008) used the Statistical Package for the Social Sciences (SPSS) to conduct a descriptive statistical analysis to determine possible relationships between

ethical behaviors and perceptions and variables of gender, years of experience, ethics training, and counseling theoretical approach. Stevens stated that the dependent variable was a calculated composite score for boundary behaviors based on participants' responses. The independent variables were gender, years of experience, ethics training, and counseling approach.

Stevens (2008) only provided limited information about participants. Stevens stated that she sent the survey to 108 (27%) male LCPCs and to 292 (73%) female LCPCs. Of the 400 LCPCs, 152 responded, 37 male (24.3%) and 114 (75.0%) female LCPCs. One participant declined to identify gender. Stevens did not report racial or ethnic demographics.

Stevens (2008) reported that every LCPC reported at least one BC and as many as 17 BCs per individual. Stevens (2008) totaled the "yes" and "no" responses and then calculated LCPC's perceptions of the 39 behaviors as a BC, BV, or neither. For the first question, Stevens analyzed descriptive statistics of mean, percentiles, and standard deviation. Stevens used the Kuder Richardson (KR) #20 to determine the internal reliability coefficient for the dichotomous items. For the second question, Stevens analyzed the relationship between perceptions of BCs, BVs, or neither with the independent variables of gender, years of experience, ethics training, and counseling approach using a chi-squared test. For the third question, Stevens employed bivariate analysis and multiple regression to explore relationships between the independent variables and the dependent variable score (0-39) of engaging in the boundary behavior.

Stevens (2008) found that at least one LCPC admitted to engaging in each of the behaviors except for two items. No LPCC reported having sex with a current client or going into business with a previous client (three participants did not respond to this item). However, 0.7% reported engaging in a sexual relationship with a former client and 0.7% reported going into business with a current client. A small percentage of LCPCs (2%) stated that they are friends with a current client. Of these LCPCs, 66.7% said considered becoming friends with a current client a BC, none considered it a BV, and 33.3% considered it neither. Interestingly, a substantial number of items (10 out of 39) had four or more missing responses. The items were: loaned books, counseled a current supervisee, engaged in a sexual relationship with a terminated client, attended a social function, accepted a gift of more than $20, counselor's children became friends with client's children, accepted invitation, given ride home, started counseling receiving goods, and traded for unequal manual service.

Stevens (2008) found statistical significance regarding gender for five items. From the sample, 24.3% of men, but only 8.8% of women said yes to counseling a friend ($X^2 = 6.14$, $df = 1$, $p = .013$). Similarly, 56.8% of men versus 32.5% of women said they "counsel a friend, relative, lover of client," ($X^2 = 6.97$, $df = 1$, $p = .008$) (p. 58). More men (21.6%) than women (6.1%) reported that they have exchanged good for counseling services ($X^2 = 7.48$, $df = 1$, $p = .006$). Of the sample, more women (62.3%) than men (37.8%) loaned books or other items, and 21.9% of women gave clients a ride compared to 5.4% of men ($X^2 = 5.20$, $df = 1$, $p = .023$). Stevens (2008) found that most LCPCs (66.3%) considered a sexual relationship with a terminated client to be a BV, but three

times as many women than men considered it a BC (*w* = 15.1%, *m* = 5.3%). Men were three times more likely to view it as neither a BC nor a BV (*m* = 42.1 %, *w* = 15.1 %).

Stevens (2008) reported that the results were similar with the Borys and Pope (1989) study in that no counselors reported engaging in sexual activity with a client, only rarely did they sell to clients, invite clients to a social event, or provide counseling to an employee. Similar to other national surveys, most participants also reported that some boundary crossings were ethical and beneficial, such as loaning a client a book or consoling a client with a hug.

Stevens' (2008) dissertation was important to my study because it provided the updated survey instrument for me to use in my study. The instrument focuses on EPs and BPs rather than all possible ethical or unethical behaviors, so it is suited to my research topic. Stevens also suggested that future research should explore personality of the counselor. Obviously attachment styles are not the same as personality, I believe Stevens was recognizing that there could be other factors that might predict EPs and BPs.

Stevens (2008) identified the limitation to external validity by only sampling among LCPCs in Maine, as well as the fact that the random sample became a voluntary group because many were hesitant to participate due to the sensitive nature of the questions. Stevens only sent one mailing. I conducted my study through an online survey, which I believe gave more anonymity to participants and I sent multiple requests to ensure an adequate representative sample. Stevens asserted that more information about the purpose of the study might encourage greater participation and recommended sending out a letter about the study and having counselors respond if interested and then choosing

a random sample of those who expressed interest. Therefore, I provided clear information about the purpose of my study to encourage greater participation from a diverse group of recently-licensed mental health counselors.

In her dissertation, De La Rosa (2017) explored the impact of female mental health professionals' cultural experiences on their boundary perceptions and practices. De La Rosa used a revised version of Stevens' (2008) survey, adding items designed to explore behaviors that might be more or less appropriate for professionals from different ethnic and cultural backgrounds. De La Rosa explored ethical perceptions and practices using a culturally-informed feminist theoretical approach. De La Rosa found that women of color were significantly less likely to perceive multiple relationships as BCs or BVs; whereas white women tended to see multiple relationships as a BV.

The study demonstrated the usefulness of using the Stevens' (2008) survey as part of a study examining differences in the perceptions and practices of mental health professionals. I considered using De La Rosa's updated version of Stevens' (2008) survey but decided that the items she included, although important for her focus of research on cultural factors, are ultimately outside of the goals of my study. I also considered that the extra items would unnecessarily lengthen the time required for respondents to participate.

I was disappointed to discover that although De La Rosa's (2017) title suggested that she explored the perceptions and practices of mental health professionals, she only included licensed psychologists, social workers, and marriage and family therapists currently licensed in the United States, not clinical mental health counselors. In fact, the

majority of participants in most of the research studies on EPs and BPs (except Stevens, 2008) were psychologists and not counselors. Counselors have a distinct identity and profession, so the results of studies with allied professionals may not hold true in counselor research. However, I do believe that previous research with allied professionals provided good questions to frame my study and to suggest factors to explore to compare and contrast between allied professionals and counselors.

Seminal study on EPs and BPs. The majority of researchers in the area of counselors' EPs and BPs refer back to Gibson and Pope's (1993) seminal ethics survey exploring counselors' beliefs and behaviors regarding ethical and unethical practices. Gibson and Pope (1993) conducted a national survey inviting therapists to indicate their perceptions of 88 behaviors (i.e. ethical or unethical) and the level of confidence that they had in their beliefs. Gibson and Pope mailed a cover letter, questionnaire, return pre-paid envelope, and a response post card to a sample of 1024 counselors certified by the National Board for Certified Counselors (NBCC), chosen using a computer-generated list of random numbers matched to NBCC counselor numbers and stratified to include counselors from both licensure states and states without licensure laws. The first mailing request yielded 383 usable returns and the follow up mailing 10 days later yielded another 196 usable returns for 579 respondents in all. A one-way analysis of variance (ANOVA) found no significant differences in the two groups of respondents.

Gibson and Pope (1993) only reported limited demographic information on participants. Gibson and Pope reported that the majority of participants chose the age category of 35 to 50 years old. The majority were women (n = 295, 51%), 203 (35%)

were men, and 81 (14%) did not identify gender. Gibson and Pope (1993) did not provide any racial or ethnic information about participants. Most participants had Master's degrees (n = 388, 67%) and most were ACA members (n = 394, 68%). Interestingly, 156 (27%) participants reported that they did not have any ethical training in their graduate program.

Gibson and Pope (1993) reported that counselors agreed on the unethicalness of several items regarding sexual and professional boundaries. For instance, none of the respondents said that sexual contact with a client was ethical (n = 0) and most agreed that it would not be ethical not to disclose important consent and confidentiality information to clients. Most counselors rated certain behaviors as ethical, such as breeching confidentiality in cases of suicidality, homicidally, or child abuse. Gibson and Pope used an ANOVA with a significance level of p = .01 to explore patterns in the findings with regard to age (using a median split), gender, counseling setting, primary work setting and degree attained but only found significance regarding the primary setting where the counselor practiced [F (8, 560) = 2.88, p = .01]. In the study, college professors (M = 8.3) reported more confidence in ethical decisions than elementary school counselors (M = 7.5) and middle school counselors (M = 7.5) in comparisons on the confidence scale.

This study allowed me to see the original ethical survey to compare with the revisions leading up to the Stevens (2008) survey that I used for my study. Stevens' survey inquired about whether the counselor engaged in the behavior and whether the counselor perceives the behavior as a BC, a BV, or neither. In her research, Stevens (2008) surveyed licensed professional counselors in the state of Maine regarding their

ethical perceptions and practices. Stevens (2008) used a survey instrument based on multiple revisions of Gibson and Pope's (1993) survey. I used Stevens' (2008) instrument because of the clarity of the questions and the general layout. I believe the focus on boundaries helped to focus the research on the critical practices that are most troubling for counselors. One limitation of the Gibson and Pope (1993) study is that some of the items in the survey are outdated, such as the item about advertising in a newspaper. Another limitation of the study is that behaviors do not necessarily match beliefs. Therefore, I believed the updated version of the survey asking if the counselor has engaged in the behavior would yield better data (Stevens, 2008).

The results of this study helped me to identify the practices that most counselors agreed were ethical or unethical and gauge the types of EPs and BPs were most confusing for counselors in 1993. The results also helped to identify possible predictor variables, such as age and gender. For instance, Gibson and Pope (1993) noted that males were more likely to perceive unethical BPs as ethical, and younger counselors listed some items as ethical more often, such as calling a client by his or her first name. Gibson and Pope stressed the importance of continued research into EPs and BPs. This study spurred my interest in ethical issues and the need to explore theoretical frameworks as an approach to learn more about predictor variables.

***Other studies*.** Researchers have conducted several key studies on ethical issues. Soon after the Gibson and Pope (1993) study, Lamb and Catanzaro (1998) looked more specifically at the incidence of psychologists' sexual and nonsexual BVs with clients, students, and supervisees. Lamb and Catanzaro (1998) found that therapists who engaged

in sexual BVs did not perceive the relationship as unethical, and had difficulty imagining how the relationship could be harmful. Helbock et al. (2006) conducted a national survey of 1,000 psychologists from both rural and urban settings to explore their EPs and decisions based on responses to ethical dilemmas. Helbock et al. obtained 447 usable surveys. The study demonstrated the differences in EPs and BPs between rural and urban psychologists. Rural psychologists are more likely to have multiple relationships and have difficulty with particular confidentiality issues and personal distance and self-disclosures (Helbock et al., 2006).

Levitt et al. (2015) also asked participants to respond to ethical dilemmas, but they conducted semi-structured interviews with professional counselors (school counselors, mental health agency counselors, and private practice counselors) using a phenomenological framework. Levitt et al. (2015) found that counselors grappled most with questionable boundary lines yet demonstrated a high tolerance for ambiguity and uncertainty. Lloyd□Hazlett and Foster (2017) investigated counselor professional ethical identity development, and found that for counseling students, ethical identity development related to personal moral development. Lloyd-Hazlet and Foster emphasized that counselors need to be able to put the needs of their clients first.

Other researchers have explored the ethical perceptions and practices of counselors and therapists living in Turkey (Sivis-Cetinkaya, 2015) and in China (Deng et al., 2016). This summer (2018), I participated in an updated ethics survey by li was interested to see how the perceptions and ethical practices of counselors may have changed (or not changed) since the last national survey. I am also interested in how the

Levitt et al. research findings might compare to my research findings. Levitt et al. shared their findings with me while they await publication and reported that they found that one of the top areas of inconsistency among counselors sampled were which behaviors they considered ethical in the counseling relationship. Therefore, I propose that EPs and BPs continue to be an area that counselor educators need to research to better understand and safeguard clients, counselors, and the counseling profession.

Factors that may contribute to differences in EPs and BPs. When deciding which factors to explore, I reviewed studies where researchers explored variables that might predict professional sexual misconduct and other boundary-related perceptions and practices. In my study, I explored the relationship between attachment to supervisor and EPs and BPs. I also examined other factors that researchers have suggested may be common among those who have become involved in ethical boundary violations.

When choosing variables, I think it is important to explore therapist variables, because as Tschan (2003) asserted, no researchers have been able to identify patient variables that can predict professional sexual misconduct. Two professionals may face the same temptation with a client, but they can have very different responses (Tschan, 2003). Tschan (2003) argued fittingly that the professional must be the one to protect the professional boundaries.

Previous research studies have suggested possible factors related to ethical misconduct. I considered five main factors from the research. Nigro (2003) reported significant differences in attachment styles, gender, age, relationship status, and practice setting of counselors who committed boundary offenses. In another study, Nigro (2004)

examined therapists' incidence of sexual attraction and sexual BVs. Nigro (2004) specifically sought to identify particular characteristics that might predict which psychologists were likely to violate sexual boundaries.

Capawana (2016) encouraged researchers to explore the incidence of therapist sexual attraction to clients and the management of those feelings to understand the variables that predict ethical versus unethical responses. Andreopoulos (2017) explored risk factors for sexual misconduct and found that gender, history of sexual trauma, and mental health issues, such as depression and sexual issues, significantly increased the risk of sexual boundary violations.

Attachment. Researchers have found connections between attachment insecurity and boundary violations. MacDonald et al. (2015) explored risk factors for health care professionals who violated boundaries with patients and identified attachment style as one of three important factors. MacDonald et al. (2015) found a connection between childhood adverse situations and a higher incidence of attachment anxiety and avoidance, which predicted more boundary difficulties.

Tschan (2003) discovered that those professionals who committed sexual misconduct had more insecure attachment styles. Tschan (2003) advocated for more research to explore insecure attachment as a predictor variable for boundary violations. Nigro (2004) studied the characteristics of psychologists who violated sexual boundaries with clients and found a higher level of attachment anxiety among offending psychologists.

In the current study, I measured attachment to supervisor. Wrape et al. (2017) suggested that researchers should examine ATS rather than using general attachment, because general attachment style and ATS may be very different. Researchers pointed out that even supervisees who seem to have secure romantic and peer relationships may become more anxious or avoidant in supervisory relationships (Marmarosh et al., 2013; Wrape et al., 2017).

Gender. In the seminal ethical survey of counselors, Gibson and Pope (1993) found that males were more likely to view sexual contact with a former client as ethical. In the psychology literature, gender appears to be a factor in sexual boundary violations. Lamb and Catanzaro (1998) reported that those psychologists who violate sexual boundaries with clients, supervisees, and students were largely male. Capawana (2016) stated that studies overwhelmingly identified that the majority of therapists admitting to feelings of sexual attraction to clients were male. Kozlowski (2008) found that psychologists who violated sexual boundaries with clients, educators who engaged in sexual relationships with students ((86%) and supervisors who had inappropriate relationships with supervisees were disproportionately male. Barnett (2014) reported that more male therapists (9.4%) than female therapists (2.5%) engaged in sexually inappropriate practices with clients. Nigro (2004) found that males were more likely to violate sexual boundaries, and multiple offenders were almost solely male. Although Stevens (2008) reported several significant differences in LCPC's responses based on gender, she contended that gender (in addition to the other independent variables she studied) had a minimal influence on ethical decisions. However, as recently as 2017,

males continued to be more likely to engage in sexual BVs in therapy (Andreopoulos, 2017).

Gender also affects perceptions about BPs. In a study of undergraduate college students, females perceived scenarios of faculty-student interactions as unethical considerably more often than male students did (Owen & Zwahr-Castro, 2007). Ray et al. (2016) interviewed male counselor educators and found that the majority of participants believed that being male affected the way that they approached teacher-student relationships for fear of others perceiving them as having inappropriate boundaries. Stevens (2008) reported that more male counselors than female counselors considered the behaviors on the survey as neither BCs nor BVs, although Stevens noted that the men in the study had more years of experience so that might be a confounding variable.

Age. Gibson and Pope (1993) found a pattern of differences in EPs among older and younger counselors. Earlier studies found that therapists who engaged in sexual relationships with clients tended to be older (Lamb & Catanzaro, 1998). According to Kozlowski (2008), the average age of therapists who violate sexual boundaries is 40 years old. Lamb and Catanzaro (1998) suggested that the higher incidence among older therapists could be due to having more time as a therapist (more opportunities), or that older therapists may be less likely to have ethical training on BPs. With the increase in attention to ethical training and standards, I do not believe that there is currently a lack of training on BPs, so I thought it could be interesting to see if age is still a predictor.

Relationship status. The typical picture of a professional who has violated sexual boundaries is that of an older male therapist who is going through marital problems or

other relational strain (Barnett, 2014). The research on relationship status may seem contradictory at first glance. Kozlowski (2008) found that the majority of offending therapists were married (45%) but 32% were separated or divorced. It appears that many of those who were married were experiencing difficulties in the marriage. Nigro (2004) found that offending therapists tended to prioritize work over personal relationships, and were more likely to have a relational problem, such as a separation, divorce, or death of the significant other. Tschan (2003) found that persons with an insecure attachment style described their job as the most important part of life, but those with secure attachment styles stated that relationships were most important. I was interested to see how factors of relationship status and attachment to the supervisor might interact.

Practice setting. As previously mentioned, Helbock et al.'s (2006) survey of 1,000 psychologists (447 usable responses) found significant differences in EPs and BPs of rural versus urban psychologists. Psychologists in rural areas might have less rigid boundaries with clients (Helbock et al., 2006). I wanted to see if the results are similar for counselors in rural, urban, or suburban practice areas.

Research on Instruments to Use for the Study

I reviewed several assessment instruments for consideration in this study. Marmarosh et al. (2013) applied attachment theory to the supervisory relationship and modified the Client Attachment to Therapist (CATS) to measure therapists' attachment to their supervisors. Marmarosh et al. (2013) created the Therapist Attachment to Supervisor Scale (TAS) to assess therapists' attachment to supervisor through behaviors such as sharing feelings with the supervisor. The TAS yielded a continuous score for

secure, preoccupied, and fearful attachment. Kreider (2013) used a Sexual Self-Disclosure Scale (SSDS) to study sexual attraction in supervision and to assess participants' level of comfort in discussing sexual information. I considered modifying the wording to target counselors' comfort in disclosing to supervisors. Stevens (2008) and De La Rosa (2017) used a modified survey modified by Nigro (2003) from the Gibson and Pope (1993) survey to assess counselors' perceptions of ethical behavior related to boundary issues. De La Rosa (2017) used the instrument to study differences between counselors from different ethnic backgrounds. Menefee et al. (2014) created and validated an instrument, Supervisee Attachment Strategies Scale (SASS), to measure counselor trainees' attachment orientations toward their clinical supervisors. The SASS is a 22-item scale that measures the two dimensions of supervisee attachment avoidance and supervisee attachment anxiety. Menefee et al. (2014) validated the SASS with reliability estimates as follows: coefficient alpha for the total scale was $r = .75$, the Avoidance subscale was $r = .94$, and the Anxiety subscale was $r = .88$. The SASS offered a more precise way for me to examine the supervisory relationship from an Attachment theory perspective.

The other survey I used for my study is an adaptation of an instrument developed by Pope, Tabachnick, and Keith-Spiegel (1987) to measure the BPs of psychologists within therapeutic relationships. Borys and Pope (1989) amended the original survey and reduced the number of behaviors from 83 to 20. Nigro (2003) expanded Borys and Pope's (1989) survey to include 20 items found on both the Borys and Pope instruments and 19 new items developed by Nigro (2003) based on a literature review of dual

relationship issues. Stevens (2008) adapted Nigro's (2000) survey, using the same 39 items but returning to Pope et al.'s (1987) layout and had five ethics professors vet her version of the instrument.

Stevens (2008) surveyed licensed professional counselors in Maine about whether they had participated in specific behaviors with clients in the past two years to elicit a "yes" or "no" response. Participants then indicated whether they believed the behavior to be "a boundary crossing," "a boundary violation," or "neither." In her dissertation research, De La Rosa (2017) used Stevens' survey but added 13 additional questions to measure ethical practices around cultural norms or technological advances. The additional questions did not fit the needs of this study. The original Pope et al. (1987) survey (in various forms) has been used extensively to assess clinicians' perceptions of and actual ethical practices. The Stevens (2008) version was useful for assessing licensed professional NCs' EPs and BPs because the version held true to the original instrument (Pope et al., 1987) but added updated language and a structure that was less burdensome in that respondents were able to answer the questions side by side. I could not find a name for the survey. Therefore, with permission from Stevens, I referred to the survey as the Boundary Perceptions and Practices Survey (BPPS).

Summary

In the area of counselor EPs and BPs, quantitative surveys identified the prevalent problem of sexual attraction, BCs, nonsexual BVs, and sexual BVs. Qualitative researchers shared the lived experiences of therapists who have experienced sexual attraction and have or have not responded ethically (McNulty et al., 2013; Somer &

Saadon, 1999; Tanner, 2015). There was a need for a quantitative study to explore ATS and other factors to identify predictors that could contribute to harmful EPs and BPs. A study exploring EPs and BPs with counselors was warranted.

In this chapter, I have explained the theoretical framework for my study and reviewed the relevant research in the areas related to my study. I have examined literature on attachment in the therapeutic relationship and attachment in the supervisory relationship. I have discussed BPs and EPs related to relationship boundaries, BCs, and BVs. I have reviewed previous studies on EPs and BPs and demonstrated the need for more specific research into how ATS might predict counselors' EPs and BPs. Finally, I have discussed the literature related to my instrument selection.

In Chapter 3, I discuss the research design for this quantitative survey study. I review the purpose for this study and explain the research questions and variables I examine in this study. I discuss the research methodology, population sampling, recruitment procedures, research instruments, data collection, and data analysis processes. I identify possible threats to validity and outline my plan for ethical procedures that will ensure ethical practices to reduce the risk of harm to participants.

Chapter 3: Research Method

The purpose of this quantitative survey study was to determine the strength of the relationship between NCs' attachment to supervisor and NCs' EPs of BPs and actual incidence of BPs. In this chapter, I describe the research methodology I used to examine the relationship between NCs' attachment to supervisor and their EPs and BPs. I present the research design and rationale, including the methodology regarding population, sampling and sampling procedures, recruitment procedures, instrumentation, variables and data analysis, threats to validity, and ethical concerns.

Research Design and Rationale

In this quantitative study, I examined factors, such as ATS, that might predict the NCs' EPs and BPs. The six independent variables (IVs) for the study were level of attachment anxiety toward supervisor, level of attachment avoidance toward supervisor, age, gender, relationship status, and practice setting. The six dependent variables (DVs) were divided into two main categories of NCs' BPs and NCs' EPs. The first three DVs were the NCs' reported actual BPs, which I measured as the number of items NCs endorsed in each category of BC, BV, or neither. An expert panel looked at each item on the Boundary Practices and Perceptions Survey (BPPS; see Stevens, 2008) and decided which items belonged in each category based on ACA (2014) ethical standards.

I wanted to use an expert panel because there was not a published way to score the BPPS. There are different beliefs about boundary practices and different interpretations of ethical codes. The BPPS and similar measures have been used to survey counselor behaviors and perceptions to report those behaviors and perceptions, but not to

analyze factors that might predict counselors' behaviors and perceptions. I measured the total number endorsed for each category of NCs' BPs resulting in a score of total BCs reported, a score of total number of BVs reported, and a score for the total number of items NCs reported that did not qualify as either a BC or a BV according to the expert panels' interpretation of the ACA ethical standards. The second group included the NCs' EPs, which I measured by the total number of items that the NC perceived to be BCs, the total number of items the NC perceived to be BVs, and the total number of items that the NC perceived to be neither a BC nor a BV.

I used a nonexperimental, quantitative survey design. Burkholder et al. (2016) stated that survey research is appropriate for exploring attitudes and behaviors, which was the aim of my study. Balkin (2014) and Hartline (2011) argued that quantitative designs work well for social science research aimed at examining the relationships among variables to understand what is known and what is unknown. Balkin stated that quantitative research is ideal for exploring humanistic concepts, such as therapeutic alliance. Therefore, a quantitative design was chosen to examine the concept of supervisory attachment and what influences NCs' attachment to supervisor might have on NCs' EPs and BPs.

Researchers often choose surveys because they are an efficient and economical way to sample large populations (Burkholder et al., 2016). Creswell and Creswell (2017) stated that survey designs are useful for examining relationships among variables. In this study, I wanted to examine the relationships between predictor variables that might influence NCs' EPs and BPs. I examined the independent variables of level of attachment

anxiety to supervisor, level of attachment avoidance to supervisor, age, gender, relationship status, and practice setting. I examined how well the IVs predicted the outcomes of BPs (number of BCs and BVs reported) and EPs (number of items perceived as BCs and BVs).

I examined the independent variables (IVs) and dependent variables (DVs) through data collected from an online survey. I used hierarchical linear regression (HLR) analysis to examine the relationships between the IVs (supervisory attachment anxiety, supervisory attachment avoidance, age, gender, relationship status, and practice setting) and the DVs (BCs, BVs, perceptions of BCs, and perceptions of BVs). Hierarchical linear regression analysis allowed me to evaluate the predictive value of each IV on the DV while controlling for any linear associations between other IVs (see Warner, 2013).

A nonexperimental design was appropriate for this study because it would not have been practical or ethical to manipulate ATS. I attempted to collect data from a large sample to mediate concerns about selection bias (see Field, 2018). I analyzed data using HLR to determine the relationship between continuous variables of level of ATS attachment anxiety and level of ATS attachment avoidance, the continuous variable of age, the dichotomous variable of relationship status, and the categorical variables of gender and practice setting to test whether the IVs predicted the DVs of BPs and EPs. I used a cross-sectional design rather than a longitudinal design to capture the data at one point in time. A longitudinal design was not practical or beneficial for the type of information I wanted to gather. I invited participants who had recent experiences in

supervision and who were currently practicing counseling so that they would be likely to have faced ethical decisions regarding boundaries with clients.

Methodology

In this section, I describe the methodology for my study. I discuss the target population, the sampling procedures, and the procedures for recruitment, participation, and data collection. I also describe the instrumentation and operationalization of the constructs I examined in this study.

Population

I drew my sample from the population of novice mental health counselors in the United States who were currently practicing mental health counseling. Although there was no published number of NCs in the United States, the Bureau of Labor Statistics (2019) estimated that there are 260,000 licensed mental health counselors in the United States. The ACA (2019) reported a membership of over 56,000 counselors, which includes a variety of counselors (mental health, substance abuse, career), counselor educators, and counseling students. However, the ACA did not report how many of their members are NCs. There was no comprehensive list of mental health counselors in the United States for a variety of reasons. There was no federal licensure of mental health counselors and no state licensure portability, and most state licensure boards do not release a list. However, I was able to access mental health counselors through listservs, social media, and counselor educators to reach this population of NCs.

I recruited NCs throughout the United States who had graduated from a master's in counseling program within the last 5 years. I made the decision to survey NCs so that

they would have recent experiences in supervision but also be practicing for a sufficient amount of time to make choices whether to engage in various boundary practices. Participants also needed to be somewhere in the licensure process so that they would fall under the ethical guidelines of the ACA. Participants needed to be NCs who had graduated in the past 5 years so they would still be receiving supervision or would have been in supervision recently enough to recall their supervision experience and supervisory relationship accurately.

Sampling and Sampling Procedures

I used purposive, convenience sampling and snowball sampling. Researchers use nonprobability (convenience) sampling as a cost-effective, time-saving way to gather data when exploring new areas of research, particularly when there is no comprehensive list of the sampling population (Frankfort-Nachmias, Nachmias, & DeWaard, 2015). I needed to be able to gather data from a group of NCs in an efficient way. Convenience sampling allowed me to draw from a large group of participants by eliciting responses from a sample of NCs all over the United States, that I hoped would increase the diversity of the sample as opposed to sampling counselors in one area, state, or region (see Creswell & Creswell, 2017). Because there was no comprehensive list of NCs, a purposive convenience sample was the best method to reach this population. Because I attempted to recruit a difficult-to-identify population, I used a multifaceted strategy to locate prospective participants to invite to my study. I included snowball sampling to ensure an adequate sample size. I drew my sample from novice mental health counselors in the United States who had graduated from a master's or a doctoral program in the last

5 years who responded to an invitation to participate in the study. I invited participants from counseling listservs, LinkedIn, and Facebook social media platforms, and I also asked listserv members, counselors, and counselor educators to forward the invitation to NCs.

First, I recruited participants through multiple counseling listservs: the Counselor Education and Supervision Network listserv (CESNET-L), the American Mental Health Counselors (AMHCA) community boards, and the Helping Professionals Connect! (HPC) listserv. According to their website, CESNET-L is a free listserv for counselors not affiliated with ACA or ACES (although many assume it is a listserv for ACES). As of January 2017, the list had over 3,400 members (Jencius, 2017). The list is anonymous, and CESNET-L owners do not collect demographic information. However, they stated that they think many members are counselor educators and doctoral students. Therefore, CESNET-L was a good place to contact counselors and counselor educators who know NCs.

The AMHCA focuses on clinical mental health counselors and educators and has a listserv called a community board. The AMHCA community board as of 2018 had 5,782 members. Although the AMHCA does not identify the demographic makeup of members, they reported that they have members from all over the United States who are mental health counselors and counseling students. I had also planned to send e-mail invitations to members of state chapters of the AMHCA, such as the South Carolina organization for licensed professional counselors to recruit participant if I could not attract enough participants.

I posted an invitation on Helping Professionals Connect, a listserv for counselors in South Carolina created by a counselor supervisor named Barbara Melton. Melton created the list about 20 years ago and sent out announcements for trainings, job announcements, office space announcements, and other information to all counselors licensed in South Carolina. Dusek, Yurova, and Ruppel (2015) stressed the importance of personal contact to increase response rates. Therefore, I recruited through this group where I have been a member for several years.

Second, to increase the chances of obtaining an adequate sample from throughout the United States, I located several counseling groups through the LinkedIn and Facebook social media platforms. I joined counselor groups on LinkedIn and Facebook and posted an invitation to the groups. Dusek et al. (2015) asserted that LinkedIn is a great place to reach a diverse group of counselors for research purposes. I searched and found several large groups for counselors from all over the United States. I joined two such groups, Alabama Mental Health Professionals and Behavioral Health Network. I sent e-mails to the group leaders asking them to post an invitation to my study. I had also planned to contact mental health agency directors through the SAMHSA database from each state and send a solicitation e-mail asking them to forward it to their NCs if I did not get enough participants.

Third, I reached out to counselors and counselor educators I met at conferences where I attended, directed them to my study link, and asked them to share the link with eligible counselors. The Christian Association for Psychological Studies is a nonprofit psychological organization but also has members who are counselors and counselor

educators. I attended the Christian Association for Psychological Studies conference in Dallas, Texas in March and sent e-mails to a few counselor educators whom I met to encourage eligible counselors to participate and to refer other counselors. I also attended the AMHCA legislative day preconference in Washington, DC in June and invited counselors and counselor educators to participate in my study and forward the invitation to NCs.

I used this three-pronged approach to attempt to reach NCs who may not be as active in counseling associations and listservs by requesting help from counselors and counselor educators to pass the invitation to NCs. Snowball sampling is helpful when studying hard-to-reach populations (Patton, 2015). Given that my target population was novice clinical mental health counselors, I assumed that a broad approach to data collection was necessary.

Sampling students in internship would have been an easier task, but I assumed that the lack of counselor research among NCs necessitated reaching out to this more difficult-to-reach population. Many researchers have sampled college student populations, so Neswald-McCalip (2001) encouraged researchers to broaden research outside of academia. Furthermore, Neswald-McCalip wondered whether counselors who had a secure supervisory relationship would continue to benefit years later as clinicians. This was part of my motivation to move beyond students and sample recent graduates who were working as professional counselors.

The sampling frame for my study included NCs who graduated in the last five years from a counseling program, in the licensure process, and currently providing some

type of counseling services. The counseling services can be any type of mental health treatment, including substance use, career counseling, and marriage and family counseling. Participants must have a counselor identity and be somewhere in the licensure process. Participants must not have been providing counseling as a psychologist, marriage and family therapist, social worker, or school counselor because the focus of this study was on mental health counselors. Other types of counselors may have different guidelines. For example, school counselors follow school district policies, which may affect the types of BPs in which they engage.

In my inclusion criteria, I also restricted the time to the first five years post-graduation for participants because of possible memory effects over time regarding supervision and the possible reduction in attachment effects (Bennett & Deal, 2009). Bennett and Deal (2009) contended that as supervisees gain experience and confidence, the attachment system should be activated less and the influence of attachment styles would likely decrease. Watkins and Riggs (2012) contended that attachment bonds can potentially develop within the supervisory relationship, but attachment bonds take time to develop. I excluded respondents who had not graduated from a counseling program, those who identified themselves as any other professional other than a mental health counselor, those who were not licensed or pursuing licensure, and those who were not currently providing mental health counseling services of some kind.

I used G*Power 3.1 to determine the minimum sample size that I needed (Faul, Erdfelder, Lang, & Buchner, 2007). Power in research refers to the probability of finding a true effect when it occurs (Creswell & Creswell, 2017). I obtained a sample size

estimate of 98 for a regression using .15 medium effect size, .05 alpha, and a power of .80 with six predictors. Field (2018) reported that the standard alpha for social sciences is .05, and the power of .80 is an accepted power level. According to Cohen's criteria, effect sizes of 0.15 are considered medium (Faul et al., 2007), and Field (2018) asserted that researchers should use a medium effect size of .15 when research in an area is limited. Therefore, I decided to use .15 for my study because there has been little to no research regarding the possible influences of supervisory attachment on NCs' EPs and BPs. Although G*Power estimates a sample size of 98, Warner (2013) suggested a sample size for HLR of 104 + number of predictor variables, which would make my desired sample size 110. Therefore, I collected data until I reached at least 110 viable surveys to ensure an adequate sample size.

In order to get enough participants, I considered the response rates for online surveys. The rates of response to requests for online surveys range from less than one percent for general invitations to near 100 percent for specific populations but are historically lower than with other survey modes (Fielding, Lee, & Blank, 2017). Therefore, in order to obtain at least 110 participants, I estimated a 30% response rate, and knew that I needed to invite at least 367 qualifying participants. Fielding et al. (2017) argued that although the response rate is lower online, the lowered costs can be used for incentives that could increase the response rate and might end up costing less than other modes, such as mailed surveys. I intend to implement the following recommended suggestions: offer incentives, make multiple contacts, and post to multiple listservs (Fielding et al., 2017). Agarwal et al. (2016) found that when researchers offered a

minimal incentive of $5, response rates increased to 59%. Therefore, I offered a minimal incentive, a $5 gift card for each participant as a thank you, to increase the response rate. Fowler (2014) stated that online surveys can reduce data collection time as compared to mail surveys due to a shorter delivery time, but online surveys generally require multiple invitations and participation reminders. Saleh and Bista (2017) surveyed graduate students and found that they were more likely to respond to a survey request if they received a pre-notification e-mail, an e-mail with a heading describing the research topic, short survey items, and a survey reminder message. Graduate students also stated that they would be more likely to respond to a survey request if they received it in the morning, and less likely to respond if they received it during a holiday or over the summer (Saleh & Bista, 2017). Although I had hoped to recruit before summer break, I was not able to recruit until June and my response was still good.

Procedures for Recruitment, Participation, and Data Collection

I recruited NCs using multiple counseling listservs to find participants who met the criteria for the study. I posted an invitation to the multiple listservs noted in the previous section. I collected the data online all at once over a period of several weeks with no intervention or treatment. To ensure an adequate sample, I also used secondary recruitment strategies. I posted invitations to counselor groups on LinkedIn and Facebook and sent e-mail invitations to counselor educators. In the posts and e-mails, I gave information about the survey so that potential participants could make an informed decision about participating in the survey (See Appendix A). I embedded a link to the online survey at SurveyMonkey. Participants clicked on the link to begin the survey. I

sent one reminder e-mail posting to CES-NET-L. In a similar survey of EPs and BPs, Neukrug and Milliken (2011) e-mailed a random sample of ACA members an initial invitation and followed up with four additional e-mails over a three-month period. Therefore, I had planned to send reminder e-mails every two weeks until the sample size was sufficient.

Using multiple listservs as mentioned above allowed me to recruit participants from all over the US. I posted the e-mail invitation on multiple counseling listservs to invite participants to follow a link to take an anonymous survey on the SurveyMonkey website. When potential participants clicked on the survey link, they came to a page with three inclusion questions. Participants had to respond affirmatively to three questions: 1) Did you graduate from a masters or a doctoral counseling program in the last five years? 2) Are you currently licensed or in the licensure process?, and 3) Do you currently provide some type of mental health counseling services? If they answered "no" to any of the questions, they did not meet criteria, and the SurveyMonkey platform directed them to a page thanking them for participating but explaining that they do not meet inclusion criteria and are ineligible to participate in the study. If respondents successfully answered the inclusion questions and were eligible to be in the study, then they went to an informed consent page (See Appendix B). I asked participants to read the document and check a box stating that they understood and consented to the study. If they consented to the study by clicking the box, the next screen was the demographic questionnaire (See Appendix C), and then finally the surveys (See permission to use in Appendices D and E). Participants exited the study by logging out of the survey. In the informed consent

document, I let them know that their participation was voluntary and that they could exit the study at any time. To safeguard confidentiality, there was not any type of follow-up interviews or requirements for the study. However, I informed participants that they could e-mail me for information about the findings if they would like.

I used SurveyMonkey to ensure anonymity. SurveyMonkey blocked IP addresses so that participants could be sure that their identity is not in any way linked to their survey responses. This was important because of the sensitive nature of asking participants about possible BCs and BVs. According to Rudestam and Newton (2014), researchers can generally expect to collect data efficiently in an online format and participants seem to like that they can answer sensitive questions with the added anonymity of an online survey platform. SurveyMonkey also allowed me to export anonymous data directly into SPSS (IBM Corp., 2017) for analysis.

Instrumentation and Operationalization of Constructs

In this section, I describe the instruments that I used for this study. I used a demographic survey, a scale to assess supervisee attachment, and a survey of BPs and EPs. I used a demographic survey to gather basic demographic information from participants.

Supervisee attachment strategies scale (SASS; Menefee et al., 2014). The instrument that I used to assess supervisees' attachment to supervisors was the 22-item Supervisee Attachment Strategies Scale (SASS) developed by Menefee et al. The SASS measures the two dimensions of supervisee avoidance attachment and supervisee anxiety attachment strategies, using a 6-point anchor response format of *strongly disagree* (1) to

strongly agree (6). Menefee et al. (2014) used the SASS with 352 psychology trainees from the US and Canada that they recruited online through contacts with training directors at the Association of Psychology Postdoctoral and Internship Centers member programs. Menefee et al. developed the SASS through research with counseling and clinical psychology students from 47 US and 10 Canadian training sites. Participants were ages 22 to 63, with 90% being under age 35. Most participants were female (71%), 67% were White, 13% were Black, 8% were Hispanic, 6% were biracial or multiracial, and 5% were Asian or Pacific Islander. Menefee et al. (2014) validated the SASS with the following reliability estimates: coefficient alpha for the total scale was r =.75, the avoidance subscale was r = .94, and the anxiety subscale was r = .88. This survey was appropriate for the current study because it is the only measure that was developed specifically to assess supervisee attachment to supervisors. Menefee gave permission for me to use the instrument for the study. (See Appendix D).

Boundary practices and perceptions scale (BPPS; Stevens, 2008). The instrument that I used to assess NCs' BPs and EPs was the BPPS developed by Stevens. It is an adaptation of an instrument originally developed by Pope et al. (1987) to measure the BPs of psychologists in their therapeutic relationships. I was unable to locate any reference to a name for the survey. Stevens (2008) also did not name the survey but gave me permission to name it for ease of use so I refer to it as the BPPS.

Pope et al. (1987) asked respondents (participant demographics previously reported) about 83 behaviors (e.g., attending a social event with a client, becoming a business partner with a client, engaging in a sexual relationship with a client). Pope et al.

asked participants to rate their perceptions of how ethical they believed the behaviors to be on a Likert scale from 1 to 5 (1 = unquestionably not, 2 = under rare circumstances, 3 = don't know or not sure, 4 = under any circumstances, and 5 = unquestionably yes). Pope et al. also asked participants to indicate whether they had ever engaged in the behavior on a 1 to 5 scale (1 = never, 2 = rarely, 3 = sometimes, 4 = fairly often, 5 = very often).

Borys and Pope (1989) conducted a study to assess dual relationships between therapists and clients. Borys and Pope (1989) amended the original survey by Pope et al. (1987) as previously described. Respondents included psychologists (42.4%, *n* = 904), psychiatrists (26.7%, *n* = 570), and social workers (26.7%, *n* = 658) between the ages of 23 and 91, with a mean age of 48 years old. Respondents were 52.4% female (*n* = 1,118) and 47.4% male (*n* = 1,012). Borys and Pope divided respondents by geographical regions of the US, with 28% from the Northeast, 20.1% from the Midwest, 22.8% from the South, 23.9% from the West, and 0.52% from overseas areas. Most were married (70%, *n* = 1,509), 13% (*n* = 277) were separated or divorced, 9.3% 9.3% (*n* = 199) single, 4.7% cohabitating (*n* = 101), and 1.5% (*n* = 33) widowed.

Nigro (2003) expanded Borys and Pope's (1989) survey adding 19 new items based on a literature review of dual relationship issues. Nigro obtained 206 usable surveys and 199 respondents reported ages from 27 to 75 years old. Most participants were female (80%) and almost 20% were male. Most participants were married (62%), and the majority indicated that they practice in an urban area (80%) and 19% reported working in a rural area. Nigro did not provide an information about race or ethnicity.

Stevens (2008) adapted Nigro's (2000) survey, using the same 39 items but returned to Pope et al.'s (1987) layout. Stevens (2008) asked licensed professional counselors in Maine whether they had participated in specific behaviors with clients in the past two years to elicit a "yes" or "no" response. Participants then chose whether they believed the behavior to be a BC, a BV, or "neither." Stevens (2008) used the BPPS to survey 152 counselors licensed in the state of Maine. Stevens did not report participants' ethnicity but did report that 24.3 % of participants were male and 75 % were female. Stevens did not provide reliability and validity values in her study and did not give any statistical information regarding reliability and validity of the BPPS. However, Stevens did describe internal and external validity. According to Stevens, the BPPS, has two main threats to internal validity in her study. The first would be a tendency for participants to respond differently if being observed, which Stevens prevented by using an anonymous survey. Stevens stated that the other concern is instrumentation. Therefore, Stevens used an adaptation of an instrument used in several studies, recruited a panel of experts in counseling ethics to assess face validity, and conducted field testing with licensed counselors prior to conducting the main research. Stevens also considered threats to external validity, such as low response rates, and provided information about the research so that potential participants would understand the researcher's commitment to confidentiality and anonymity as well as the likely benefits of the research. Through this, Stevens reported that she was able to obtain a significant response.

The original Pope et al. (1987) survey (in various forms) has been used extensively to assess clinicians' EPs and BPs. The survey was appropriate for this study because it has been used in various versions for over thirty years. The survey includes items that are relevant to the kinds of boundary issues that counselors face. The BPPS instrument was a good fit for this study. Stevens gave permission for me to use the instrument in this study, permission to change the wording to say counselor rather than psychologist on one question, and permission to name the survey for ease of discussion (See Appendix E).

Operationalization

In this section, I describe each variable and give an operational definition for each of my variables. I provide a sample item for each variable. I describe how I measured each variable and how I calculated the scores.

Level of anxious attachment to supervisor. Attachment style refers to a pattern of needs, emotions, and behaviors in close relationships (Hazan & Shaver, 1987). Anxious attachment style in adult attachment theory refers to high levels of anxiety in relationships, and the level of concern an individual has about the accessibility of significant others (Chopik, 2015). According to Gnilka et al. (2016) adults with an anxious attachment style, experience feelings of abandonment and other negative emotions. Individuals with high levels of attachment anxiety have a strong need for closeness, worry about losing their partner, and tend to activate attachment strategies to manage self-doubt and worry (Fraley & Waller, 1998).

I measured anxious attachment through the anxiety and rejection subscale in the SASS (Menefee et al., 2014). Two sample items from the SASS anxiety subscale are: "I need a lot of reassurance that my supervisor approves of my work," and "I wish that I could be sure about whether or not my supervisor really likes me." Participants rated items on a scale ranging from 1 = *strongly disagree* through 6 = *strongly agree.* Certain items are reverse-scored such that a 1 is scored as a 6 and a 5 as a 2. The scores represent the level of anxious attachment to the supervisor, with higher scores indicating greater endorsement of anxious attachment to the supervisor.

Level of avoidant attachment to supervisor. Avoidant attachment style in adult attachment theory refers to how comfortable (or uncomfortable) individuals are with physical or emotional closeness in significant relationships (Chopik, 2015). According to Gnilka et al. (2016), adults who report having high levels of attachment avoidance feel uneasy being close to others, may withdraw, and value self□reliance. Fraley and Waller (1998) stated that those high in avoidance attachment are independent, uncomfortable with closeness, and use deactivating strategies to manage fears and insecurities.

I measured avoidant attachment through the avoidance subscale in the SASS (Menefee et al., 2014). Two sample items from the avoidance subscale are: "It is difficult for me to depend on my supervisor to help me solve problems," and "I rarely see the value of the supervisory relationship for improving my training outcomes." Participants rate items on a scale ranging from 1 = *strongly disagree* through 6 = *strongly agree.* Certain items are reverse-scored as described above. The scores represent the level of

avoidant attachment to the supervisor, with higher scores indicating greater endorsement of avoidant attachment to the supervisor.

Age. Age refers to the physical age of participants in terms of years as of the date of the survey. In this study, age is a continuous variable that participants entered into the survey as a numeric response. I gathered this information through a demographic questionnaire. The score was the number of years representing the physical age of the respondent.

Gender. In this study, gender is a categorical variable that participants chose based on the category that they believe best matched their gender orientation. Participants chose one of the following: masculine, feminine, transgender, other, or prefer not to answer. I gathered this information through a demographic questionnaire.

Relationship status. Relationship status refers to whether participants reported being in a loving, committed relationship at the time of the survey. Previous studies demonstrated that psychologists who engaged in sexual behaviors with clients tended to be single, divorced, or separated. However, attachment theory is more concerned with the closeness and commitment of the relationship. Therefore, I decided to ask participants to respond "yes" or "no" to the question, "Are you currently in a committed, loving, romantic relationship?" I asked this in order to access the relationship rather than a legal definition, such as "married," that might exclude those in same-sex relationships or other committed relationships and might confuse the data with those who would respond "married" when they are actually not committed to the relationship. From this question, I

obtained categorical, nominal data. I gathered this information through a demographic questionnaire.

Practice setting. Practice setting refers to whether participants provide counseling services in a predominantly rural, urban, or suburban setting. Previous studies demonstrated that boundaries might be less stringent in rural settings where boundaries may need to be more flexible (Helbock et al., 2006). Nigro (2003) asked participants to indicate practice setting in that study. Therefore, I wanted to control for the possible effects of practice setting. I asked participants to respond to the question, "Which setting best describes where you provide counseling services: rural, urban, or suburban?" Participants chose one. I gathered this information through a demographic questionnaire.

Ethical perceptions. Ethical perceptions refer to participants' beliefs about what behaviors constitute a BC, what behaviors constitute a BV, and what behaviors do not rise to the level of a BC or BV. I gathered this data using the BPPS (Stevens, 2008). Participants responded to each of 38 items and chose whether they perceived the item to be a BC, a BV, or "neither." A few sample items from the BPPS are: "Hired a previous client after termination of counseling" and "Gone into business with a client." The number of items participants reported as perceived BC, BVs, or neither on the BPPS yielded total scores of BCs, BVs, and "neither"s that yielded continuous scores to include in data analysis. Higher scores of BCs indicated that the NC perceived more of the BPs to be BCs. Higher scores of BVs indicated that the NC perceived more of the BPs to be BVs. Higher scores of BCs indicated that the NC perceived more of the BPs to be "neither" a BC nor a BV. I realized that a total score of BC and BV perceptions would

not be informative because some items are not a BC nor a BV so I would need a way to score these separately. Therefore, I chose to use an expert panel to interpret the ACA ethical codes to place items in each of the three possible categories. Then I was able to compare whether NCs perceived more or less of items to be in each category of BCs, BVs, or neither.

Boundary practices. Boundary practices refer to behaviors within the therapeutic relationship. The behaviors may be ethical or unethical and may include appropriate behaviors, BCs, and BVs. I used the BPPS (Stevens, 2008) to assess participants' actual BPs by participant report of engaging in BPs within the past two years. Two sample items are: "Become friends with a client" and "Purchased goods from a client." (The items are the same for EPs and BPs). The BPPS yielded a total score from a possible score of 0-38 for each participant of reported engagement in the items from the list of 38 possible boundary behaviors, which included items that could be considered BCs, BVs, or neither. I had planned to just use scores for each type of behavior that NCs reported. However, during the analysis stage, I realized that because the BPPS scale (Stevens, 2008) was used for inquiring about counselors' behaviors and perceptions it did not include interpretation of the ACA ethical codes as to what behaviors are BCs and BVs and what behaviors are not either a BC or a BV so scoring would be more difficult. I discuss this more in Chapter 4.

Boundary crossings. Boundary crossings, according to the definition used in the BPPS (Stevens, 2008), occur when a counselor changes the rules or guidelines of counseling to benefit the clients' needs and BCs are not intentionally harmful. An

example of a BC item on the BPPS is: “Accepted an invitation to client’s special occasion.” As noted above, each participant had a total score of BCs reported and a separate total score of items that the participant perceived as BCs. Higher scores of BCs indicated that the NC engages in more BCs.

Boundary violations. Boundary violations, according to the definition in the BPPS (Stevens, 2008), occur when counselors change the rules or guidelines of counseling to benefit the counselor’s personal needs and such practices can be harmful to the client. An example of a BV is: “Had a sexual relationship with a client.” Each participant had a total score of BVs reported and a separate total score of items that the participants perceived as BVs. Higher scores of BVs reported indicated that the NC engages in more BVs. Higher scores of BVs perceived indicated that the NC perceives more BPs to be BVs.

Table 1

Variables of the Study

Variables	Nominal	Scale of Measurement
Boundary Practices (BPs) self-report of BPs engaged in within the last two years (Dependent variable)	Number from 0-38	Ratio
Ethical Perceptions (EPs) self-report of perception of each item on BPPS as either a BC, a BV, or Neither (Dependent variable)	1 = Neither 2 = BC 3 = BV	Ordinal
SASS Level of Anxiety (Independent variable)	Mean score per participant	Ratio
SASS Level of Avoidance (Independent variable)	Mean score per participant	Ratio
Age in years (Independent variable)	Number	Ratio
Gender (given choice of male, female, transgender, other, and prefer not to answer) (independent variable)	1 = male 2 = female 3 = transgender 4 = other 5 = prefer not to answer	Nominal, categorical
Relationship Status (independent variable)	0 = no 1 = yes	Nominal, dichotomous
Practice Setting (independent variable) Urban, Suburban, or Rural	1 = rural 2 = suburban 3 = urban	Nominal, categorical

Data Analysis Plan

I used the Statistical Package for the Social Sciences, version 25 (SPSS, IBM Corp., 2017) to analyze the data that I gathered from participants. I conducted the survey using SurveyMonkey, reviewed the data through the online platform, exported the data to Microsoft Excel, and exported the data into SPSS-25. In preparation for data analysis, I screened the data and cleaned the data to increase the validity and reliability of the data for greater accuracy regarding conclusions of the study (Cronk, 2017). SurveyMonkey removed any participants who did not meet inclusion criteria. Then I examined the data to detect missing data, data errors, input errors, and incomplete data. I removed

incomplete or inaccurate data (Salkind, 2010). I used a scatterplot to identify outliers. If a survey was missing data from an essential item on the study because a respondent forgot to answer a question or chose not to answer a question, I excluded the survey from the study. If the omission was not a critical part of the survey (i.e. an item that the panel identifies as neither a BC nor a BV), then I included the survey in the study. In most cases, I was able to use SPSS to apply a code for missing data as long as it did not significantly affect the results.

In Chapter 1, I provided the three main research questions for this study. However, upon further reflection, I realized that each question had several parts that needed to be expanded upon in order for me to isolate the variables. When I expanded each question to reflect the variables of the study, I discovered that I actually had eleven research questions. I explored the following research questions in this study:

Research Question 1: Quantitative: To what extent is there a relationship between NCs' attachment to supervisors as measured by the SASS (Menefee et al., 2014) and NCs' reported boundary practices (BPs) as measured by the BPPS (Stevens, 2008)?

H_o1: NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) will not be significantly related to their reported BPs as measured by the BPPS (Stevens, 2008).

H_a 1: NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) will be significantly related to their reported BPs as measured by the BPPS (Stevens, 2008).

Research Question 2: Quantitative: To what extent does NCs' attachment to supervisors as measured by the SASS (Menefee et al., 2014) predict their perception of BPs as measured by the BPPS (Stevens, 2008)?

H_o2: NCs' attachment to supervisors as measured by the SASS (Menefee et al., 2014) does not predict their perception of BPs as measured by the BPPS (Stevens, 2008).

H_a 2: NCs' attachment to supervisors as measured by the SASS (Menefee et al., 2014) does predict their perception of BPs as measured by the BPPS (Stevens, 2008).

Research Question 3: Quantitative: To what extent does NCs' age as measured in a demographic survey predict NCs' reported BPs (BCs and BVs)?

H_o3: NCs' age as measured by the demographic survey does not predict their reported BPs as measured by the BPPS (Stevens, 2008).

H_a 3: NCs' age as measured by the demographic survey does predict their reported BPs as measured by the BPPS (Stevens, 2008).

Research Question 4: Quantitative: To what extent does NCs' gender as measured in a demographic survey predict NCs' reported BPs (BCs and BVs)?

H_o4: NCs' gender as measured by the demographic survey does not predict their reported BPs as measured by the BPPS (Stevens, 2008).

H_a 4: NCs' gender as measured by the demographic survey does predict their reported BPs as measured by the BPPS (Stevens, 2008).

Research Question 5: Quantitative: To what extent does NCs' relationship status as measured in a demographic survey predict NCs' reported BPs (BCs and BVs)?

H_o5: NCs' relationship status as measured by the demographic survey does not predict their reported BPs as measured by the BPPS (Stevens, 2008).

H_a 5: NCs' relationship status as measured by the demographic survey does predict their reported BPs as measured by the BPPS (Stevens, 2008).

Research Question 6: Quantitative: To what extent does NCs' practice setting (rural, suburban, or urban) as measured in a demographic survey predict NCs' reported BPs (BCs and BVs)?

H_o6: NCs' practice setting as measured by the demographic survey does not predict their reported BPs as measured by the BPPS (Stevens, 2008).

H_a 6: NCs' practice setting as measured by the demographic survey does predict their reported BPs as measured by the BPPS (Stevens, 2008).

Research Question 7: Quantitative: To what extent does NCs' age as measured in a demographic survey predict NCs' perceptions of BPs (BCs, BVs, and "neither")?

H_o7: NCs' age as measured by the demographic survey does not predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

H_a 7: NCs' age as measured by the demographic survey does predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

Research Question 8: Quantitative: To what extent does NCs' gender as measured in a demographic survey predict NCs' perceptions of BPs (BCs, BVs, and "neither")?

H_o8: NCs' gender as measured by the demographic survey does not predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

H_a 8: NCs' gender as measured by the demographic survey does predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

Research Question 9: Quantitative: To what extent do NCs' relationship status as measured in a demographic survey predict NCs' perceptions of BPs (BCs, BVs, and "neither")?

H_o9: NCs' relationship status as measured by the demographic survey does not predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

H_a 9: NCs' relationship status as measured by the demographic survey does predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

Research Question 10: Quantitative: To what extent do NCs' practice setting (rural, suburban, or urban) as measured in a demographic survey predict NCs' perceptions of BPs (BCs, BVs, and "neither")?

H_o10: NCs' practice setting as measured by the demographic survey does not predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

H_a 10: NCs' practice setting as measured by the demographic survey does predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

Research Question 11: Quantitative: To what extent do NC's attachment to supervisors predict NC's ethical perceptions and BPs when controlling for other predictors (age, gender, relationship status, and practice setting)?

H_o11: NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) does not predict their EPs and BPs as measured by the BPPS (Stevens, 2008) when controlling for other predictors.

H_a 11: NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) does predict their EPs and BPs as measured by the BPPS (Stevens, 2008) when controlling for other predictors.

In this study, I processed the data using SPSS-25 (IBM Corp., 2017). I conducted an HLR to analyze the data, which also provided a correlational analysis, and yielded data about the unique contributions of attachment to supervisor to BPs and EPs while controlling for demographic variables (Field, 2018). Hierarchical regression is useful to discover if the IVs can account for a statistically significant amount of variance in the DVs (Warner, 2013). I analyzed the predictive ability of each of the IVs on each of the DVs (Field, 2018). These regression analyses show the strength of the relationships between IVs and DVs (Frankfort-Nachmias et al., 2015). Warner (2013) described the process of HLR where at each step, I entered one or more predictor variables that have some evidence from the literature review or the theoretical rationale of a relationship with the DVs. I continued to add predictors to assess the contribution of each predictor while controlling for predictors I had previously entered. In the last steps, I added the attachment variables to evaluate what, if any, predictive usefulness they had (Warner, 2013).

From the analyses, I also provided a report of the descriptive statistics and the inferential statistics. Descriptive statistics helped to describe the demographic characteristics of the sample (Frankfort-Nachmias et al., 2015). I used descriptive statistical analysis to explore measures of central tendency (means, medians, etc.) and dispersion (standard deviations, ranges) to assess differences among EPs and BPs among

counselors with differing levels of supervisory attachment anxiety and attachment avoidance Descriptive statistics allowed me to summarize the data and uncover patterns (Balkin & Kleist, 2017).

In this study, there may have been potential covariates and confounding variables that I may not have been able to anticipate. Some potential participants may be on both the national listserv and a local listserv and may have received multiple invitations to the study. I could have ended up with participants from one geographic region of the US, from one practice setting, or from one gender. All respondents could have ended up being first-year graduates from a master's program. I could not predict who would respond to the invitation to participate.

Threats to Validity

In all research, there are certain threats to external and internal validity. In this study, I used a convenience sample, which meant that the sample may not be generalizable. Participants who answer an e-mail invitation or participants who are comfortable taking online surveys may not be representative of all NCs. Even though increasingly a greater number of the population regularly use the Internet, users are still more likely to be White and young than the general population (Hargittai & Jennrich, 2016).

Another threat to external liability is the use of a self-report survey. Participants may misrepresent themselves (intentionally or unintentionally) in the answers that they provide. Participants may be poor historians or may feel the need to misrepresent themselves so self-report information and may not be reliable (Burkholder et al., 2016).

In this study, I explored possible connections between supervisory attachment and ethical perceptions and boundary practices, and although I set out to find connections, I am not able to determine causality. Even with evidence that my hypotheses may be correct, my conclusions may be faulty. For instance, it could be that NCs who practice more unethical boundary behaviors may also engage with their supervisors in ways that undermine the security of the supervisory attachment, rather than the other way around.

I also considered internal threats to validity. I understand the possible response and acquiescence biases that participants may have in trying to appear more ethical. Also, because I conducted the survey at one point in time, I cannot determine possible changes over time in either attachment to supervisor or EPs and BPs. Regarding other internal threats to validity, I did not have concerns about history, maturation, regression, or mortality because participants only took the survey once at one point in time (Frankfort-Nachmias et al., 2015).

Ethical Procedures

I followed the guidelines for social research provided by my university through the Institutional Review Board (IRB), including not contacting potential participants and not collecting any data prior to IRB approval. Upon approval, I contacted potential participants via the listservs mentioned previously and provided an informed consent document at the start of the survey with information about the study, including possible risks and benefits. I attempted to follow all ethical principles, federal and state laws, IRB regulations, and scientific standards to ensure ethical research methods and procedures. I

also obtained permission from Walden University IRB (IRB# 06-05-19-062873) prior to starting data collection.

I did not intentionally recruit participants from vulnerable populations. However, I am aware that people from vulnerable populations might have chosen to participate and I would have no way of identifying them as such. These may include military persons, ethnic minorities, pregnant women, terminally ill patients, or those with physical or mental health issues (Shivayogi, 2013). Because I recruited NCs who graduated from masters or doctoral counseling programs, and given the nature of the study, there was minimal risk to participants.

I provided an informed consent document outlining the purpose of the study, the parameters of the study, risks, benefits, and the implications for social change. I provided my contact information and the contact information for my dissertation chair in case participants had any questions or concerns, including requesting to have their information removed from the study (ACA, 2014). Ethical concerns about participants' ability to understand the nature and purposes of the study were minimized because my sample population had obtained at least a master's degree and training as a counselor (ACA, 2014). I provided the survey only in English but I do not believe that this presented a significant barrier for potential participants because I recruited NCs in the US using listservs and social media counseling groups that are in English.

One of the main risks was that because of the sensitive nature of some of the question items, some participants could experience some distress. This concern was minimal because similar versions of the BPPS has been used in multiple research studies

since 1987 with no reports of significant distress or harm to participants. However, out of concern for ethical treatment of participants, for those who might have experienced distress, I provided a link to Mental Health America to help distressed participants locate a counselor in their community if needed. Mental Health America has a crisis line at 1-800-273-TALK and a crisis text line that is always available at 741-741 to which I referred participants who might need counseling services. In this way, I hoped to ensure that any participants who needed counseling services would have access to help in the event that the survey caused any type of mental distress.

Another main ethical concern was confidentiality. In order to promote anonymity and confidentiality for participants, I used SurveyMonkey to administer the survey and to process the survey results. SurveyMonkey masked individual identities of respondents and provided secure storage of the data (ACA, 2014). Once I downloaded information from SurveyMonkey, I stored the information in a password-protected file on an encrypted universal serial bus (USB) that I stored in a locked file cabinet in a locked office. I have made every effort to preserve participants' confidentiality, safety, and wellbeing. I am the only person with access to the data, and I will destroy the data five years after completion of my study.

Through the informed consent document, I made sure that participants understood that their participation was voluntary and that they could withdraw from the study at any time without any penalty. I did not force or coerce anyone to participate (Frankfort-Nachmias et al., 2015). I did not anticipate any adverse events given that I invited participants to a one-time online survey. I planned to immediately contact my committee

chair and the IRB to discuss a swift and appropriate ethical response had some unforeseen event occurred. There were not any ethical issues related to doing a study at my place of employment because I recruited through listservs, social media, and counselor educators. It may be possible that a colleague or former student participated in my study, but I could not know about that unless they told me because I did not collect any identifiable information. I am not aware of any potential conflict of interest or power differentials given that I used an anonymous online survey. I did offer a $5 gift card to thank all participants for their time. Participants had the choice to enter an unconnected survey that asked for the e-mail address where they would like the gift card to be sent or to decline to enter an e-mail if they wanted to ensure absolute anonymity.

Summary

The purpose of my study was to explore factors that might predict NCs EPs and BPs. I used a quantitative survey design to gather data from NCs and used HLR analyses to examine the relationship between variables of attachment anxiety, attachment avoidance, age, gender, relationship status, and type of practice setting. I examined the amount of influence these IVs had on the DVs of EPs and BPs. To ensure adequate power to detect statistical significance given my chosen effect size, I obtained a sample size of at least 110. Using multiple counseling listservs (described above) provided a convenient and cost-effective means of reaching a diverse sample of NCs comparable to the broader population of NCs. I also posted my survey invitation to counseling groups on LinkedIn and Facebook social media platform and contacted counselor educators to provide a link for them to invite NCs in their settings to go online to access the survey. I

had hoped this would help to reach NCs who may not be members of professional organizations and listservs.

In Chapter 4, I discuss the data collection process, time frame, and response rate. I report the descriptive and demographic characteristics of my sample. I present the results of my research and statistical analyses. Finally, I summarize the answers to my research questions based on the findings.

Chapter 4: Results

Boundaries in the therapeutic relationship continue to be an ethical problem area for counselors and account for a large number of complaints to state licensure boards (Ahia & Boccone, 2017; Wheeler & Bertram, 2015). Understanding possible relationships between predictor variables and boundary EPs and BPs could provide greater insight into the problem. One focus that has not gotten much attention is the supervisory relationship and its possible influence on EPs and BPs. The purpose of this quantitative survey study was to determine the strength of the relationship between NCs' attachment to supervisor and NCs' EPs of BPs and actual incidence of BPs. I used the following research questions and hypotheses to guide this study:

Research Question 1: Quantitative: To what extent is there a relationship between NCs' attachment to supervisors (ATS) as measured by the SASS (Menefee et al., 2014) and NCs' reported boundary practices (BPs) as measured by the BPPS (Stevens, 2008)?

H_o1: NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) will not be significantly related to their reported BPs as measured by the BPPS (Stevens, 2008).

H_a 1: NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) will be significantly related to their reported BPs as measured by the BPPS (Stevens, 2008).

Research Question 2: Quantitative: To what extent does NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) predict their perception of BPs as measured by the BPPS (Stevens, 2008)?

H_o2: NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) does not predict their perception of BPs as measured by the BPPS (Stevens, 2008).

H_a 2: NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) does predict their perception of BPs as measured by the BPPS (Stevens, 2008).

Research Question 3: Quantitative: To what extent does NCs' age as measured in a demographic survey predict NCs' reported BPs (BCs and BVs)?

H_o3: NCs' age as measured by the demographic survey does not predict their reported BPs as measured by the BPPS (Stevens, 2008).

H_a 3: NCs' age as measured by the demographic survey does predict their reported BPs as measured by the BPPS (Stevens, 2008).

Research Question 4: Quantitative: To what extent does NCs' gender as measured in a demographic survey predict NCs' reported BPs (BCs and BVs)?

H_o4: NCs' gender as measured by the demographic survey does not predict their reported BPs as measured by the BPPS (Stevens, 2008).

H_a 4: NCs' gender as measured by the demographic survey does predict their reported BPs as measured by the BPPS (Stevens, 2008).

Research Question 5: Quantitative: To what extent does NCs' relationship status as measured in a demographic survey predict NCs' reported BPs (BCs and BVs)?

H_o5: NCs' relationship status as measured by the demographic survey does not predict their reported BPs as measured by the BPPS (Stevens, 2008).

H_a 5: NCs' relationship status as measured by the demographic survey does predict their reported BPs as measured by the BPPS (Stevens, 2008).

Research Question 6: Quantitative: To what extent does NCs' practice setting (rural, suburban, or urban) as measured in a demographic survey predict NCs' reported boundary practices (BCs and BVs)?

H_o6: NCs' practice setting as measured by the demographic survey does not predict their reported BPs as measured by the BPPS (Stevens, 2008).

H_a 6: NCs' practice setting as measured by the demographic survey does predict their reported BPs as measured by the BPPS (Stevens, 2008).

Research Question 7: Quantitative: To what extent does NCs' age as measured in a demographic survey predict NCs' perceptions of BPs (BCs, BVs, and "neither")?

H_o7: NCs' age as measured by the demographic survey does not predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

H_a 7: NCs' age as measured by the demographic survey does predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

Research Question 8: Quantitative: To what extent does NCs' gender as measured in a demographic survey predict NCs' perceptions of BPs (BCs, BVs, and "neither")?

H_o8: NCs' gender as measured by the demographic survey does not predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

H_a 8: NCs' gender as measured by the demographic survey does predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

Research Question 9: Quantitative: To what extent do NCs' relationship status as measured in a demographic survey predict NCs' perceptions of BPs (BCs, BVs, and "neither")?

H_o9: NCs' relationship status as measured by the demographic survey does not predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

H_a 9: NCs' relationship status as measured by the demographic survey does predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

Research Question 10: Quantitative: To what extent do NCs' practice setting (rural, suburban, or urban) as measured in a demographic survey predict NCs' perceptions of BPs (BCs, BVs, and "neither")?

H_o10: NCs' practice setting as measured by the demographic survey does not predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

H_a 10: NCs' practice setting as measured by the demographic survey does predict their perceptions of BPs as measured by the BPPS (Stevens, 2008).

Research Question 11: Quantitative: To what extent do NC's attachment to supervisor predict NC's EPs and BPs when controlling for other predictors (age, gender, relationship status, and practice setting)?

H_o11: NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) does not predict their EPs and BPs as measured by the BPPS (Stevens, 2008) when controlling for other predictors.

H_a 11: NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) does predict their EPs and BPs as measured by the BPPS (Stevens, 2008) when controlling for other predictors.

In this chapter, I discuss the data collection process, time frame, and response rate. I report the descriptive and demographic characteristics of my sample. I also present

the results of my research and statistical analyses. Finally, I summarize the answers to the research questions based on the findings.

Data Collection

I gained IRB approval from Walden University on June 5, 2019 (IRB# 06-05-19-062873). I began data collection on June 18, 2019 by posting an invitation and link on the CES-NET-Listserv and LinkedIn groups to the anonymous SurveyMonkey survey. On June 20, 2019, I posted the invitation and link to AMHCA community groups and Helping Professionals listserv. The initial invitation included a description of the study and a link to SurveyMonkey that included the invitation, informed consent, and three inclusion questions. I closed the survey on June 20, 2019 because of the rapid response and limitations on money available to purchase more gift cards.

On July 2, 2019, I reopened the survey after discussing my concerns about possibly suspect data with my committee. I examined the data from the surveys and discovered some anomalies. For confidentiality reasons, I did not collect Internet Protocols (IPs) to ensure that each survey was completed independently. However, in looking at the optional thank you survey, I found that I had not disabled the feature to collect IPs and I found multiple repeat IPs (i.e. 18 from one IP address) in the thank you survey. I needed to open the survey to collect more data. I knew that I would need to take measures to try to filter the data, such as looking at the time a participant took to complete the survey. I also decided not to highlight the incentive to reduce the incentive to take the survey multiple times.

Over the next week, I received six more participants from the invitations that had been posted previously. Due to the low response, on the evening of July 8, 2019, I posted a second call invitation to CESNET-L to increase usable survey responses. I received 38 more responses between July 8, 2019 and July 15, 2019, but I did not have any way to know whether the participants responded to the CESNET-L or another previous invitation or were invited by a counselor educator or another participant through snowball sampling. Having obtained a reasonable sample, I closed the survey on July 17, 2019.

Response Rate

The response rate for my survey was difficult to calculate. The CESNET-L (listserv) estimates 4,025 recipients (Jencius, 2017). I estimated that about 4,000 people received the e-mail, but I did not know how many read the invitation. I posted to two counselor groups on LinkedIn: the Alabama counselors group, which reported 963 members as of June 2019, and the Behavioral health network, which reported 19,277 members as of June 2019. According to LinkedIn, there were 132 views of the invitation post on my LinkedIn page, where I had 258 followers, but LinkedIn does not provide data on how many people viewed the group postings. I posted in several AMHCA community groups: graduate student community, 28 members; integrated medicine community, 981 members; western region leaders, 16 members; and southern region leaders, 45 members. AMHCA members can be members of multiple groups. I also posted the invitation on the Helping Professionals listserv, which boasts over 3,000 members.

Although I had estimates of the number of CESNET-L recipients, LinkedIn group members and followers, AMHCA Community group members, and Helping Professionals listserv members, I could not calculate potential recipients because many of those who received the invitation would not have met the narrow criteria for the study. Many NCs may not yet be on listservs. Because of the lack of a good estimate of the number of NCs and the use of multiple recruitment strategies, including snowball sampling, there was no way to accurately calculate the response rate. If I had not had constraints of time and money, I would have continued to collect data to obtain a larger sample size from a wider variety of NCs.

Discrepancies in the Data Collection Plan

I did not follow my data collection plan as presented in Chapter 3 for a variety of reasons. I was surprised by an initial overwhelming response and chose to close the survey on 6/20/19 because of budget concerns. As I looked over the data, I became concerned about some of the data because the percentages of counselors who stated that they had engaged in a sexual relationship with a client was over 28%, which was significantly higher than findings from any previous study. Therefore, I looked at other items, such as the number of respondents who stated that they had hired a client, and found an unusually high number of over 26%. Given that many NCs would not be in a position to hire someone, I suspected duplicitous data.

According to the SurveyMonkey analytics, the average time to complete the survey was 9 minutes and 7 seconds. Only 13 of the 201 participants spent less than 4 minutes completing the survey, but among those participants, 11 reported that they had

sex with a client and the other two skipped the question. Of those 13 participants, nine reported that they had hired a client, two stated that they had not, and two skipped the item. Because these data seemed to fit some of the suspicious findings, I elected to consider a filter based on the amount of time a participant took to complete the survey. I estimated that someone could read and answer all the questions in as few as 4 minutes, so I decided that I would filter the results to consider only the responses from participants who had spent at least 4 minutes completing the survey. I also used filters to remove participants who had not completed most of the survey. I kept surveys in which respondents had skipped only one to three questions.

I also discovered that although some possible participants were disqualified through inclusion questions, some later answered that they were a psychologist or social worker, so I removed respondents who stated that they identified as anything other than a counselor or behavioral health specialist. Filtering the data left me with only 89 surveys, which fell short of the minimum sample size. Due to the problem with suspect data and because I had already gone over my budget, I was hesitant to resend the invitation or reopen the survey. However, I felt it was important to increase the sample size. Between June 22, 2019 and July 3, 2019, I responded to e-mails from CESNET-L members who stated that the survey was closed, and I sent them the link. I also e-mailed counselor educators to forward the invitation to recent graduates. However, I realized that I would need to continue to gather data, so on July 8, 2019, I reopened the survey only through CESNET-L to recruit more qualified respondents. I obtained 38 more participants, but once I applied the filters, I ended up with 25 completed surveys. I had planned to contact

SAMHSA agency directors if needed, but I was able to get enough usable responses without adding that recruitment strategy.

Baseline Descriptive and Demographic Characteristics of the Sample

From the start of data collection until the end, 201 respondents answered at least some of the survey questions. However, only 159 (79%) completed the survey. Out of the 201 respondents, 58 (29%) did not meet criteria of identifying as a counselor (i.e. when asked about their profession, they chose psychologist or social worker). Once I applied the filters (completed survey, identified as a counselor, and spent at least four minutes taking the survey), the number dropped to 115 respondents on SurveyMonkey. However, examining the data I discovered that one respondent did not answer any of the questions beyond the demographic data even though the filter was set to include on completed surveys. Therefore, my final sample consisted of 114 participants. I collected demographic data on the 114 participants to include gender, age, ethnicity, geographic region, practice setting, and year of graduation (See Table 2).

Representativeness of the Sample

According to Grobol (2019), there were 139,820 clinical mental health counselors in the US in 2017, an increase of 19% since 2011. There is no data on the number of NCs and I was not able to locate any statistics about the number or the demographic makeup of NCs. Therefore, I cannot assess whether my sample is representative of the population on NCs in the United States. However, my sample is diverse in gender, geographic location, and practice setting. Although there is no easily accessible data on the demographics of counseling program graduates, there is some data on counseling

students in a CACREP program. According to CACREP (2015b) vital statistics, 83% of counseling students were female and 17% were male. In my sample, 57% (n = 65) were female and 43% (n = 49) were male so my sample was more male than the general CACREP counseling student population. The CACREP vital statistics report also showed that 61% of counseling students were White, 19% were African American/Black, 8% were Hispanic/Latino, and 1.8% were Asian. My sample consisted of 87 White participants (76%), 15 African American participants (13%), seven Hispanic/Latino participants (6%), three Asian participants (2.6%), and two participants (1.7%) who did not answer the question about ethnicity. The CACREP report did not give ages of counseling students, but according to the website for the office of graduate studies at the University of Nebraska-Lincoln the average age of graduate students is 33 years old. In my sample, 41 NCs were 24-29 years old (36%), 28 were 30-34 years old (25%), and 22 were 35-39 years old (19%), and the remaining 18% were between 40-62 years old (n = 23). Though I cannot know how well my sample resembles the population of NCs, I can be reasonably certain that the sample is similar to counseling students and other graduate students, and therefore the sample may be useful for exploring the research questions.

Although accessing a (nonexistent) database of all NCs in the US and conducting a random sample would be preferred, using the sampling means available at this time and accessing a diverse group of NCs is a beginning step toward understanding the boundary practices and perceptions of NCs and how attachment may or may not play a role. Therefore the sample is adequate for a first study of NCs' attachment to supervisor and EPs and BPs, but the results may not generalize to the larger population of NCs.

Results

In this section, I present the results from the study. I describe the characteristics of my sample. I explain the statistical assumptions and the use of bootstrapping. I also describe the statistics of the two main instruments I used in the study, the SASS (Menefee et al., 2014) and the BPPS (Stevens, 2008).

Descriptive Statistics of the Sample

My sample of 114 respondents included 65 females (57%) and 49 males (43%). None of the participants chose 'transgender' or 'prefer not to answer' when asked to provide gender data. My sample included 87 White participants (76%), 15 African American participants (13%), 7 Hispanic/Latino participants (6%), 3 Asian participants (2.6%), and 2 participants (1.7%) who did not answer the question about ethnicity. The participants in the sample ranged in age from 24 to 62, with the largest number of participants in the 27- to 30-year-old range (See Table 2). I have included a complete list of all ages of participants in the appendices (See Appendix F).

In the demographic questionnaire, I designated geographic locations within the regions designated by the Association for Counselor Education and Supervision (ACES). The five geographical areas are the following: North Atlantic, North Central, Southern, Rocky Mountain, and Western. The North Atlantic Region is made up of the following states: Pennsylvania, New Jersey, New York, Vermont, New Hampshire, Maine, Massachusetts, Connecticut, Delaware, and Rhode Island. The North Central region is made up of the following states: North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Missouri, Iowa, Minnesota, Michigan, Wisconsin, Illinois, Indiana, and Ohio.

The Southern region is made up of the following states: Texas, Louisiana, Alabama, Mississippi, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Kentucky, Tennessee, Arkansas, and Maryland. The Rocky Mountain region is made up of the following states: Montana, Idaho, Wyoming, Utah, Colorado, and New Mexico. The Western region is made up of the following states: Washington, Oregon, California, Nevada, Arizona, Alaska, and Hawaii. The majority of participants in my sample stated that they are from the Southern region of the United States (n = 52, 45.6%). The other participants were from North Central (n = 29, 25.4%), Western (n = 15, 13.1%), North Atlantic (n = 11, 9.6%), and Rocky Mountain (n = 6, 5.2%).

Of the 114 respondents who completed the survey and took at least four minutes to do so, all 114 met criteria of currently providing counseling services of some kind. As to licensure, there were 59 LPCs (51.7%), 25 LMHCs (21.9%), 22 LPCAs (19.2%), two LACs (1.7%), and one each of ALC (.8%) and LPCC (.8%). Two respondents selected 'applied for license,' one chose 'I plan to apply for licensure,' and one respondent did not answer the licensure question. All of the participants graduated in the last five years. Five reported that they graduated in 2014 (4.3%), eight in 2015 (7%), 33 in 2016 (28.9%), 33 in 2017 (28.9%), 28 in 2018 (24.5%), and seven in 2019 (6.1%). For the question, "Are you currently in a committed, loving relationship?" 100 participants (87.7%) selected "Yes" and 14 (12.2%) selected "No."

Table 2

Characteristics of the Sample

Characteristics		*N*	Percent
GENDER	Male	49	43%
	Female	65	57%
AGE*	24-29	41	35.9%
	30-34	28	24.5%
	35-39	22	19.2%
	40-44	9	7.8%
	45-49	10	8.7%
	50-54	2	1.7%
	55-59	1	.8%
	60-62	1	.8%
ETHNICITY	White	87	76.3%
	African American	15	13.1%
	Latino	7	6.1%
	Asian	3	2.6%
	Missing	2	1.7%
SETTING	Urban	65	57%
	Suburban	29	25.4%
	Rural	19	16.6%
RELATIONSHIP	Yes	100	87.7%
	No	14	12.3%
GEOGRAPHIC REGIONS**	North Atlantic	11	9.6%
	North Central	29	25.4%
	Southern	52	45.6%
	Rocky Mountain	6	5.3%
	Western	15	13.2%
GRADUATION YEAR	2019	7	6.1%
	2018	28	24.5%
	2017	33	28.9%
	2016	33	28.9%
	2015	8	7%
	2014	5	4.3%
LICENSURE	LPC	59	51.7%
	LMHC	25	21.9%
	LPCA	22	19.2%
	LAC	2	1.7%
	ALC	1	.8%
	LPCC	1	.8%
	Applied for license	2	1.7%
	Plan to apply	1	.8%

Note: *The participants ranged in age from 24 to 62. **Geographic regions based on the *Association for Counselor Education and Supervision (ACES) Regions.*

Statistical Assumptions

Prior to conducting an HLR, certain assumptions of the data should be met. The first assumption is that the dependent variable needs to be measured on a continuous scale. This assumption was met for each of the five HLRs. The dependent variable (DV) in the first regression was a continuous, ratio variable of the number of BC behaviors in which NCs reported having engaged. In the second regression, the DV was a continuous, ratio variable of the number of BV behaviors in which NCs reported having engaged. In the third regression, the DV was a continuous, ratio variable of the score on the factor of EPs of BCs. In the fourth regression, the DV was a continuous, ratio variable of the score of NCs' EPs of behaviors that an expert panel agreed were neither a BC nor a BV. In the fifth regression, the DV was a continuous, ratio variable of the score of NCs' EPs of behaviors that an expert panel agreed were BVs.

The second assumption that should be met is to have two or more independent variables, which can be continuous or categorical. This assumption is met. In my study, I have six IVs that are categorical/nominal variables, such as age and gender, and categorical/ordinal-Likert items, such as the ranking for each item in the SASS (Menefee et al., 2014). The other variables are the mean scores of the level of attachment anxiety in attachment to supervisor and the level of attachment avoidance in ATS.

The third assumption is that there needs to be an independence of observations. Because my design did not include any matching or re-testing, I can assume that this assumption has been met. This assumption includes the supposition that each participant is only counted once in the study. I cannot guarantee that each participant only completed

one survey due to the discovery of multiple repeat IPs in the thank you survey. I was unable to verify the IPs of the main survey because I did not enable collection of IPs for confidentiality reasons. There must be no autocorrelation, which means that the residuals of two observations in the regression model should not be correlated. I checked this using the Durbin-Watson (DW) statistic in SPSS. The DW statistic is used in regression analysis to test for autocorrelation in the residuals. The values are between 0 and 4. A value of 2.0 suggests no autocorrelation found in the sample. When there is positive correlation in the sample the values will be less than 2 and when there is negative correlation, the values will be between 2 and 4. Field (2018) asserted that values between 1.5 and 2.5 are relatively normal, but values under 1 or over 3 are a problem. In the first regression with the Factor I named Reported BCs, the DW statistic was 1.703, suggesting a small positive correlation. In the second regression with the factor I named Reported BVs, the DW statistic was 2.015, suggesting a small negative correlation. In the third regression with the factor of NCs' EPs of BCs, the DW statistic was 1.689, suggesting some positive correlation. In the fourth regression with expert 'Neither' EPs, the DW statistic was 1.772, suggesting small positive correlation. In the fifth regression with expert BV EPs, the DW statistic was 1.051 suggesting some moderate positive correlation in the residuals. However, all these values were within the 'relatively normal' range (Field, 2018).

The fourth assumption is that there needs to be a linear relationship between each dependent variable and each of independent variables and between the dependent variable and the independent variables collectively. I checked scatterplots and partial

regression plots to check for linearity and found mixed results because the dichotomous variables do not fit typical linear patterns (See Appendix G). However, the continuous variables showed a moderate linear relationship with the DVs.

The fifth assumption is that the data needs to show homoscedasticity, meaning that variances along the line of best fit remain similar as you move along the line. I found irregularities for the factors of Reported BCs (DV) and Reported BVs (DV) with all IVs. In the plot, the dots are not scattered and seem to form a pattern, which could indicate that the residuals are not normally distributed. It may also mean that the residual is correlated with the IVs and could also potentially indicate that the variance of the residuals are not constant. For EPs of BCs (DV), for Neither Perceptions (DV), and for BV Perceptions, the data seems to be a little more scattered but still has a shape. Therefore, there were some issues of homoscedasticity that I had to address.

The sixth assumption is that the data must not show multicollinearity. Multicollinearity exists when two or more independent variables are highly correlated with each other. I checked for multicollinearity by inspecting the correlation coefficients and tolerance values and found that none exceeded the range indicating multicollinearity. Collinearity statistics for the IVs showed variance inflation factors (VIFs) less than 10 and tolerance statistics not below 0.2. Therefore, the assumption of no multicollinearity was met.

For the assumption that all the variables are normally distributed, I looked at Normal Q-Q plots and found that the factors of Reported BCs and Reported BVs did not fit well to the line (See Appendix F). However, ethical perceptions of BCs and Neither

perceptions fit fairly well to the line. Perceptions of BVs did not fit well. I also looked at the tests of normality and found significance in the Shapiro-Wilk tests gender, certain ages, relationship status, practice settings, and certain levels of attachment anxiety and attachment avoidance means (See Appendix G). Therefore, I had to reject the null hypothesis that the variables are normally distributed. However, a non-normal distribution made sense for much of the data which included dichotomous and dummy variables. In order to ensure a more robust sample, I chose to bootstrap the data.

Using Bootstrapping

Because of the minor violations of the assumptions noted above, I bootstrapped 2000 samples to increase the reliability of the results. Bootstrapping, a method of empirically deriving more samples, can offer a way to perform robust tests even though some assumptions are violated (Field, 2018). Relying on asymptotic small samples can mean that results may look stronger than they actually are so I chose to use bootstrapping to construct the sampling distribution nonparametrically to reduce this risk (Field, 2018). Bootstrapping enabled the computer to randomly generate 2000 samples based on the existing 114 samples and find the confidence intervals (CI) that correspond to the unknown population of interest, with a 95% CI for that data. In SPSS (IBM Corp., 2017), the computer randomly selected samples from my population ($N = 114$). I followed guidelines in performing bootstrapping in SPSS and chose simple sampling and bias corrected for the bootstrap operation.

Analyzing the Supervisee Attachment Strategies Scale

Menefee et al. (2014) investigated the use of the SASS to measure the self-reported attachment to supervisors of counselors in training. Menefee et al. (2014) conducted a factor analysis of the SASS instrument, which confirmed a two factor subscale related to adult attachment anxiety/rejection and attachment avoidance. The first subscale measures the level of avoidance in the supervisory relationship and the second subscale measures the counselor in training's level of fear of rejection, which is most often called anxiety in the attachment relationship. Counselors in training with more secure attachment to the supervisor would have lower levels of both attachment avoidance and attachment anxiety. Menefee et al. (2014) reported support for discriminant validity in that SASS scores were only slightly related to attachment security in romantic relationships.

Prior to performing the hierarchical linear regressions (HLR), I converted the level of attachment anxiety scale and the level of attachment avoidance scale to means for each scale. I could not use the scales reliably as a raw score because the two scales have a different number of items (i.e. one has 9 items and one has 13 items) making the scores difficult to compare. Menefee et al. (2014) did not provide instructions on what to do with the subscale scores other than to note on the scoring page which items to score for each scale and that the higher the subscale scores the more avoidance or anxiety is present. The design of the SASS (Menefee et al., 2014) is similar to the Experiences in close relationships- revised (ECR-R; Fraley, Waller, & Brennan, 2000). Fraley maintains a website where he answers questions about how to use the ECR-R in research. On that

site, Fraley explained how to score the subscales and find the mean in order to better understand the scores for each subscale. The means provide a score that suggests level of attachment anxiety and level of attachment avoidance, with higher mean scores indicating more anxiety and/or avoidance. Based on this recommendation, I also found the mean scores for each participant. Lower levels of anxiety and lower levels of avoidance represent more secure ATS. In scoring the SASS, certain items are reverse-scored (as noted by r* on the tables) such that each response was transposed in SPSS (IBM Corp., 2017) so that a 6=1, 5=2, 4=3, 3=4, 2=5, and 1=6.

I included tables of the items that the SASS instrument uses to assess level of attachment anxiety (Table 3) and attachment avoidance (Table 4). I included the mean scores for the combined scores of all participants for the level of ATS attachment rejection/ anxiety (See Table 3) and the level of ATS attachment avoidance (See Table 4). The anxiety subscale table showed that NCs reported the most anxiety on item #11, "I need a lot of reassurance that my supervisor approves of my work," and the least anxiety on item # 8, "I feel bad when my supervisor gives me corrective feedback." The avoidance subscale table showed that NCs reported the most avoidance on item #4, "I wish that I could be sure about whether or not my supervisor really likes me," and the least avoidance on item #1, "I feel encouraged by my supervisor to continue trying new things."

Table 3

Mean Scores on SASS Rejection/Anxiety Subscale

Item	Dependent variable – ATS Level of Anxiety	Mean
5.	I worry about my supervisor finding out how incompetent I feel.	2.78
7.	I rarely see the value of the supervisory relationship for improving my training outcomes.	2.27
8.	I feel bad about myself when my supervisor gives me corrective feedback	2.17
11.	I need a lot of reassurance that my supervisor approves of my work.	3.29
16.	My supervisor has reassured me that I am performing well, but I still feel that I will be negatively evaluated.	2.37
17.	I worry about displeasing my supervisor.	2.71
18.	Even when my supervisor reassures me that I am doing okay, I have a hard time believing it.	2.44
19.	I worry that I don't measure up to my supervisor's expectations.	2.81
21.	I worry about my supervisor rejecting me.	2.20

Note: The Likert scale used for survey items included *Strongly Agree* (6) *to Strongly Disagree* (1). Higher subscale scores indicate greater endorsement of rejection/anxiety in attachment to supervisor.

Table 4

Mean Scores on SASS Avoidance Subscale

Dependent variable – ATS Level of Avoidance	Item numbers	Mean
1.r*	I feel encouraged by my supervisor to continue trying new things.	2.03
2.	My supervisor is far less accessible than I would prefer.	2.57
3.r*	The interactions that I have had with my supervisor make me feel good about the profession of counseling.	2.22
4.	I wish that I could be sure about whether or not my supervisor really likes me.	3.37
6.	It is difficult for me to depend on my supervisor to help me solve problems.	2.36
9.r*	I rely on my supervisor as a sounding board for problem-solving tough issues.	2.53
10.r*	My supervisor seems attentive to my needs.	2.63
12.r*	I look to my supervisor as an experienced person that I can depend on.	2.18
13.r*	I trust that my supervisor is nearby and ready to help.	2.23
14.r*	The relationship I have with my supervisor helps me manage the stress associated with training.	2.60
15.r*	When my training experiences are distressing, I actively seek my supervisor for support.	2.61
20.r*	I rely on my supervisor to help me gain competence.	2.68
22.r*	I look to my supervisor to provide a protective environment while I am in training at his or her site.	2.39

Note: The Likert scale used for survey items included *Strongly Agree* (6) *to Strongly Disagree* (1). *These items are reverse-scored such that 6 = 1, 5 = 2, 4 = 3, 3 = 4, 2 = 5, 1 = 6. Higher subscale scores indicate greater endorsement of avoidance in attachment to supervisor.

Analyzing the Boundary and Practices and Perceptions Scale

The BPPS (Stevens, 2008) consisted of 39 boundary practices. However, during data analysis, I discovered that I had inadvertently left out one of the questions on the BPPS. I neglected to include item #5 "become friends with a client." I had to adjust the numbering for the remainder of the items to ensure that the item numbers from the expert panel matched those on the survey. The BPPS instrument was difficult to analyze because it has been previously used only to gage therapists' practices and perceptions (Borys & Pope, 1989; Nigro, 2003; Pope et al., 1987) without any kind of scoring or guidelines about which items are in fact BCs, BVs, and which items are neither a BC nor a BV. I included the number of each response for each item and the percentages of the responses for each item on the BPPS (See Appendix H). The BPPS was also complicated to analyze because of the large number of items on the survey. Therefore, I decided to use factor analysis to identify those items that belong together as the main factors of the instrument.

Factor Analysis for Boundary Practices

Agresti and Finlay (2009) stated that factor analysis is a useful way to uncover patterns and interrelationships among variables and identify a small group of factors. I used factor analysis to test which items belonged together and then used reliability testing to see how well they related to one another. Using SPSS (IBM Corp., 2017), I conducted a factor analysis using a principal component analysis extraction method and Varimax with Kaiser normalization for the rotation method. Varimax was the appropriate rotation method because the factors were not correlated (Allen, 2017). Varimax is a statistical

procedure to help identify the relationship among factors by adjusting the data from the principal components analysis (Allen, 2017).

The factor analysis resulted in an 11 factor model with a scree test plot indicating that the slope of the line approached zero significantly after factor 2 (See Figure 1). A scree plot graphs the eigenvalue against the factor number. After the second factor, the line becomes almost flat, indicating that each successive factor accounted for less and less of the total variance. I did not remove any items from the BPPS survey because all items loaded above .30 and loaded highest on either factor 1 or factor 2, except for one item. The item, "hugging a client," loaded highest on factor 3 but the loading was very close on all three factors and no other items loaded highest on factor 3. When I examined Factors 4-11, I found that most did not meet inclusion criteria because of item loadings below the absolute value of .40 (Brown, 2014). According to Brown, there are not any unequivocal rules for selecting which items make up which factors. However, items are generally interpreted to be meaningfully related to a factor when the factor loadings are greater than or equal to .30 or .40.

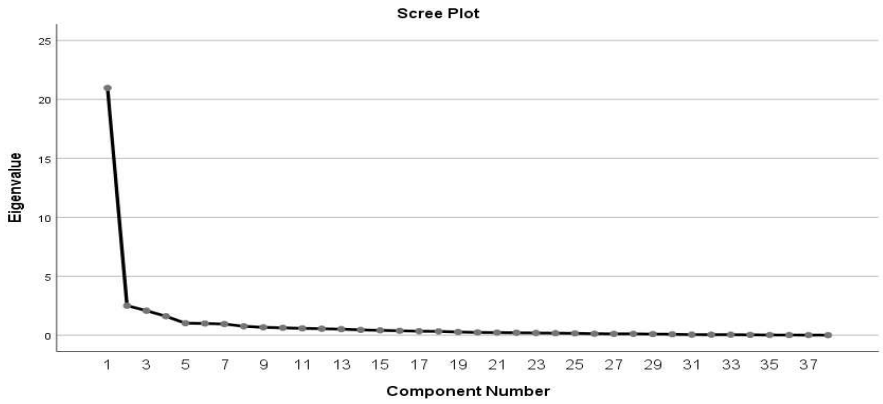

Figure 1. Scree plot of the factor analysis for boundary behaviors based on the BPPS (Stevens, 2008).

Using factor analysis, I identified two main factors in the BPPS instrument. I considered the content of those items found on the two reliable factors that emerged with eigenvalues well above 1 and labeled them according to the content as Factor 1: Reported Boundary Crossings and Factor 2: Reported Boundary Violations. The first factor, labeled Reported BCs, had an eigenvalue of 7.858 with 33 items with factor loadings ranging between .523 and .908. I named it Reported BCs because factor 1 included all the survey items except #8, #14, #18, #19, and #24. Factor 1 BCs had a very strong inter-item reliability with a Cronbach's alpha = .979. The second factor, Reported BVs, had an eigenvalue of 3.371 with five items with factor loadings ranging between .421and .713. I examined these items and discovered that they were more serious boundary behaviors such as hiring a client, having sex with a client, or with a previous client, and a less serious item, hugging a client so I referred to factor 2 as Reported BVs. I performed a reliability analysis on reported BVs and found that this factor had a strong inter-item reliability with a Cronbach's alpha of .836. No other reliable factors emerged (See

Appendix I for factor loadings of all items). Therefore, I used these two factors as DVs in the first two regressions.

Factor Analysis for Ethical Perceptions

I performed a factor analysis to determine the main items for ethical perceptions and uncovered two main factors. Factor 1 EPs included most items related to BCs. The inter-item reliability was strong with a Cronbach's alpha of .894. Factor 2 EPs included a large number of items (#14R, #18R, #19R, #20, #21, #23, #27, #28, #32R, and #35). Some items were reverse coded (#14, #18, #19, and #32). Factor 2 items were difficult to interpret as they included clear violations like "hiring a client" (#14) and "having a sexual relationship with a client" (#18) along with items that are neither a BC nor a BV, such as "running into a client at a fitness center" (#27) and "dining in a restaurant where a client is a server" (#28). I checked the inter-item reliability and obtained a lower Cronbach's alpha of .60. Therefore, I chose to use the expert panel's choices for their perceptions of which items are BVs and perceptions of items that are neither a BC nor a BV.

The factor analysis of the EPs resulted in an 11 factor model with a scree test plot indicating that the slope of the line approached zero significantly after factor 2 (See Figure 2). A scree plot graphs the eigenvalue against the factor number.

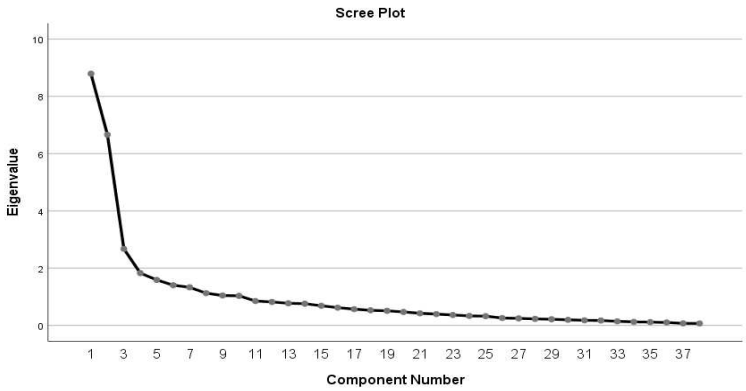

Figure 2. Scree plot of the factor analysis for ethical perceptions of boundary behaviors based on the BPPS (Stevens, 2008).

I decided to perform two separate regressions using the items identified by the expert panel. I only used the items that all four experts agreed belonged in each category. Within the category of EPs of BCs, all four experts placed items #2, #10, #13, #25, and #26. These were all captured by the factor 1 EPs of BCs so I used the Factor 1 EPs of BCs for the NCs' EPs of BCs. The only two items that all four experts agreed were BVs were item #18 and #32 (#19 and #33 on the original BPPS). I used the scores on these two items for the NCs' EPs for these items as BVs. The three items that all agreed were neither a BC nor a BV were items #7, #20, and #23. I used the score from these three items for the measure of NCs' EPs of items that were neither a BC nor a BV. I also had to transform the scores for the EPs. I changed the data from 1 = BC, 2 = BV, 3 = neither to 1 = neither, 2 = BC, 3 = BV to reflect level of boundary concern from least to greatest so that the data would be more descriptive.

Description of the Expert Panel

To assemble the expert panel, I contacted several respected counselor educators and supervisors I knew and four agreed to participate. The panel consisted of two men and two women who all have shown interest in ethical issues in counseling. Expert 1 has a PhD in CES and is licensed counselor supervisor and a clinical director of integrated medical clinic. Expert 1 stays up to date on ethical issues to guide clinicians in the practice. Expert 2 has been a counselor for over 20 years and has been a licensed supervisor for over 7 years. Expert 2 is a counselor educator who has taught ethics for the past 7 years. Expert 3 is a seasoned professional counselor for over 25 years and is a past president of the state counseling association. Expert 3 has been a supervisor for over 23 years and is a counselor educator, speaker and trainer, who often presents training on legal and ethical issues. Expert 4 is a nationally recognized expert on ethical issues, national speaker, and author of several textbooks on ethics. Experts 1-3 all live and work in SC, but Expert 4 does not. This was evident in some of the EPs in that the laws of SC prohibit counselors from engaging in bartering. I asked each expert for their feedback on the BPPS regarding which items were a BC, a BV, or neither. Each participant rated each item on the BPPS instrument as either a BC, a BV, or neither according to their understanding of ACA and AMHCA ethical codes for counselors. There was a variety of responses (See Table 2) with only a few items that all four gave the same rating (Those items are bolded). All four agreed on only two items as being clearly a boundary violation (#19 and #33). All four agreed on five items being boundary crossings (2, 11, 14, 26, & 27). All four agreed on three items being neither (8, 21, 24). I was surprised

that experts did agree on more items. To view the full chart of each expert's EP of each item, see Appendix K.

Dummy Coding for Demographic Variables

For the categorical variable of gender, given that participants only chose two of the four possible responses, the variable was dichotomous. I dummy coded such that 1 = female and 0 = male. For the categorical, dichotomous variable of relationship status, I dummy coded the variable such that 0 = no and 1 = yes to the question of whether the participant is currently in a loving, committed romantic relationship. For the categorical variable of practice setting, I included three options: urban, rural, and suburban. Then I dummy-coded urban and rural as separate variables to compare to the reference group of suburban practice setting. The zero level for a dummy coded variable is the reference group; all resulting dummy coded variables represent a comparison to the zero level, or reference (Aiken, Cohen, Cohen, & West, 2013).

Statistical Analysis

To test the hypothesis that BPs and EPs regarding BPs is a function of age, gender, relationship status, practice setting, and ATS (level of attachment anxiety and level of attachment avoidance), I performed five separate HLRs. I performed five two-stage hierarchical linear regressions (HLRs) with five different DV variables (NCs' reported BCs, NCs' reported BVs, NCs' Perceptions of BCs, NCs' Perceptions of items experts agreed were not a BC nor a BV, and NCs'

Perceptions of items experts agreed were BVs), one in each of the five HLRs. I entered age, gender, practice setting, and relationship status in stage one of each HLR. In stage two of each HLR, I added the ATS level of attachment anxiety and ATS level of attachment avoidance by adding the mean of the anxious scale and mean of the avoidant scale. I chose which variables to add at each stage based on the previous findings for BVs in therapy. I chose to add attachment variables in the last stage because they were my primary variables of interest.

The hierarchical linear regression analysis of the reported BCs paired with the independent variables of the study revealed that in Model 1, age (p = .001), female gender (p = .001), and urban practice setting (p = .000) were significant predictors of NCs' BCs; $F(5,104) = 16.196$, p = .000 and in Model 2, age (p = .002), female gender (p = .002), and urban practice setting (p = .001) were again significant predictors of NCs' BCs; $F(7,102) = 11.727$, p = .000 (See Table 5). The goodness of fit for Model 1 revealed a value of R^2 = .438 and the Attachment to Supervisor Model 2 revealed a value of R^2 = .446. This result stated that with all else being equal, 43.8% of the variation in how an NC engages in boundary crossings (BCs) was explained by NCs' age, gender, practice setting, and relationship status. The ATS level of attachment anxiety and ATS level of attachment avoidance only accounted for an additional .008 (See Table 5).

Results of the regression analysis provided partial confirmation for the research hypothesis (See Table 5). Beta coefficients for the six predictors were age, β = -.350, t = -3.24p = .001; female gender, β = -8.331, t = -3.603, p = .001; relationship status, β = -4.369, t = 1.833, p = .065; urban practice setting, β = 9.544, t = 3.858, p = .000; rural

practice setting, β = .740, t = 0.309, p = .767; ATS level of anxiety, β = .454, t = 0.409, p = .691; ATS level of avoidance, β = 1.174, t = 0.987, p = .309. The best fitting model for predicting rate of NCs' reported BC behaviors is a linear combination of the variables of age, gender, relationship status, and practice setting (R = .662, R^2 = .438, F (5,104) = 16.196, p = .000). The significant predictor variables in model 1 were age (2000 bootstrapped CI_95 = -.555 - .135), female gender (2000 bootstrapped CI_95 = -12.852 – -3.980), and urban setting (2000 bootstrapped CI_95 = 4.773 - 14.457). Addition of the ATS anxiety and avoidance variables did not significantly improve prediction (R^2 change = .008, F (7,102) = 11.727, p = .000).

Table 5

Regression 1: Results Reported BCs (DV) Paired With Independent Variables

	Model 1			Model 2		
Variable	*B*	*SE B*	*BC 95% CI [LL, UL]*	*B*	*SE B*	*BC 95% CI [LL, UL]*
(Constant)	21.235	4.484	[12.222, 30.153]	16.779	5.631	[5.372, 27.185]
Age	-0.350**	0.108	[-0.555, -0.135]	-0.331**	0.113	[-0.544, -0.103]
Female[a]	-8.331***	2.312	[-12.852, -3.980]	-8.308***	2.408	[-12.986, -3.656]
Rel. Status[b]	4.369	2.383	[-0.345, 8.880]	4.193	2.478	[-0.728, 9.122]
PS Urban[c]	9.544***	2.474	[4.773, 14.457]	9.340***	2.473	[4.701, 14.485]
PS Rural[d]	0.740	2.394	[-3.697, 5.549]	0.370	2.426	[-3.989, 5.262]
ATS Anxiety				0.454	1.111	[-1.890, 2.482]
ATS Avoidance				1.174	1.189	[-0.890, 3.848]

Note. Bootstrap results are based on 2000 bootstrap samples. *LL* and *UL* represent the lower limit and upper limit of the confidence interval. n = 114. * indicates p < .05. ** indicates p < .01. *** indicates p < .001. a. Gender: 1 = female, 0 = male, male is the reference group. b. Relationship status, dichotomous 0 = no, 1 = yes, not in a committed, loving relationship is the reference group. c. Practice setting: 1= urban 0=all others, suburban is reference group. d. Practice setting: 1= rural 0= all others.

Results of regression analysis 2 provided partial confirmation for the research hypothesis (See Table 6). Beta coefficients for the six predictors were age, β = -.019,

t = -1.90, p = .042; female gender, β = -.215, t = -1.064, p = .304; relationship status, β = .264, t = 2.237, p = .023; urban practice setting, β = -.122, t = -0.542, p = .591; rural practice setting, β = -.293, t = -1.646, p = .101; ATS level of anxiety, β = .444, t = 4.111, p = .001; ATS level of avoidance, β = .177, t = 1.735, p = .077.

The hierarchical linear regression analysis of the NCs' reported BV practices paired with the independent variables of the study revealed that age was mildly significant at p = .042, and relationship status was significant at p = .023 (See Table 6). In Model 2, ATS level of attachment anxiety was a significant predictor of Reported BVs; F (7,104) = 7.881, p = .000 (See Table 6). The goodness of fit for the Attachment to Supervisor model revealed a value of R^2 = .347. This result stated that with a value of R^2 = .086 for Model 1, the remaining 26.1% of the variation in how a NC engages in boundary violations was explained by NCs' level of ATS attachment anxiety and level of ATS attachment avoidance.

Table 6

Regression 2: Results Reported BVs (DV) Paired With Independent Variables

	Model 1			Model 2		
Variable	*B*	*SE B*	*BC 95% CI [LL, UL]*	*B*	*SE B*	*BC 95% CI [LL, UL]*
Constant	1.045	0.408	[0.285, 1.865]	-0.959	0.401	[-1.766, -0.170]
Age	-0.019*	0.010	[-0.038,-0.001]	-0.007	0.008	[-0.023, 0.009]
Female[a]	-0.215	0.202	[-0.598, 0.174]	0.001	0.168	[-0.334, 0.332]
Rel. Status[b]	0.264*	0.118	[0.051,0.520]	0.186	0.170	[-0.152, 0.538]
PS Urban[c]	-0.122	0.225	[-0.579, 0.311]	-0.202	0.199	[-0.610, 0.182]
PS Rural[d]	-0.293	0.178	[-0.658, 0.027]	-0.333	0.189	[-0.726, 0.006]
ATS Anxiety				0.444***	0.108	[0.225, 0.643]
ATS Avoidance				0.177	0.102	[0.007, 0.415]

Note. Unless otherwise noted, bootstrap results are based on 2000 bootstrap samples. *LL* and *UL* represent the lower limit and upper limit of the confidence interval. $n = 114$. * indicates $p < .05$. ** indicates $p < .01$. *** indicates $p < .001$. a. Gender: 1 = female, 0 = male, male is the reference group. b. Relationship status question, dichotomous 0 = no, 1 = yes, not in a committed, loving relationship is the reference group. c. Practice setting: urban, dummy coded 1= urban 0=all others, suburban is reference group. d. Practice setting: rural, dummy coded 1= rural 0= all others, suburban is reference group.

The hierarchical linear regression analysis of the NCs' BC Perceptions paired with the independent variables of the study revealed that an urban practice setting $p = .000$ is a significant predictor of NCs' perceptions of boundary crossings; Model 1 $F(5,106) = 7.207$, $p = .000$ ($\alpha < .05$-see Table 7) Model 2 $F(7,104) = 5.104$, $p = .000$ ($\alpha < .05$, See Table 7). The goodness of fit for Model 1 revealed a value of $R^2 = .254$, and Model 2, the Attachment to Supervisor model revealed a value of $R^2 = .256$. Only Model 1 was significant. This result stated that with all else being equal, 25.4% of the variation in how a NC perceives boundary crossings was explained by NCs' age, gender, relationship status, and urban practice setting.

Results of the regression analysis provided partial confirmation for the research hypothesis (See Table 7). Beta coefficients for the six predictors were age, β = .011, *t* = 0.012, *p* = .899; female gender, β = 1.322, *t* = 0.817, *p* =.417; relationship status, β = -3.800, *t* = -2.246, *p* = .021; urban practice setting, β = -8.155, *t* = -4.806, *p* = .000; rural practice setting, β = -2.777, *t* = -1.567, *p* = .113; ATS level of anxiety, β = -.393, *t* = -0.350, *p* = .720; ATS level of avoidance, β = 0.535, *t* = 0.505, *p* = .617. The best fitting model for predicting rate of NCs' perceptions of BCs is a linear combination of the variables of age, gender, relationship status, and practice setting (*R* = .504, R^2 = .254, *F* (5,106) = 7.207, *p* = .000). Urban practice setting was the most significant predictor (2000 bootstrapped CI_95 = -11.696 - -4.613). Addition of the ATS anxiety and avoidance variables did not significantly improve prediction (R^2 change = .002, *F* (2,104) = 5.104, *p* = .000).

Table 7

Regression 3: Results of NCs' BC Perceptions With Independent Variables

	Model 1			Model 2		
Variable	*B*	*SE B*	*BC 95% CI [LL, UL]*	*B*	*SE B*	*BC 95% CI [LL, UL]*
(Constant)	55.855	3.446	[49.118, 62.627]	55.966	4.628	[47.375, 65.891]
Age	.011	.083	[-.171, .170]	.004	.086	[-0.176, 0.166]
Female[a]	1.322	1.618	[-1.750, 4.471]	1.013	1.774	[-2.506, 4.576]
Rel. Status[b]	-3.800*	1.692	[-7.132, -0.332]	-3.794*	1.726	[-7.072, -0.175]
PS Urban[c]	-8.155***	1.697	[-11.505, -4.732]	-8.153***	1.729	[-11.625, -4.695]
PS Rural[d]	-2.777	1.772	[-6.212, 0.968]	-2.974	1.844	[-6.464, 0.833]
ATS Anxiety				-0.393	1.123	[-2.804, 1.606]
ATS Avoidance				0.535	1.060	[-1.585, 2.678]

Note. Unless otherwise noted, bootstrap results are based on 2000 bootstrap samples. *LL* and *UL* represent the lower limit and upper limit of the confidence interval. $n = 114$. * indicates $p < .05$. ** indicates $p < .01$. *** indicates $p < .001$. a. Gender: 1 = female, 0 = male, male is the reference group. b. Relationship status question, dichotomous 0 = no, 1 = yes, not in a committed, loving relationship is the reference group. c. Practice setting: urban, dummy coded 1= urban 0=all others, suburban is reference group. d. Practice setting: rural, dummy coded 1= rural 0= all others, suburban is reference group.

When exploring the other perceptions, I chose to conduct an HLR using the NCs' EPs of BVs of the 10 items that were grouped during the factor analysis. I ran the regression and found no significance in either model. However, due to the concerns discussed above regarding items in EPs of BVs, I decided to use the expert panel's items for the regression analysis.

The hierarchical linear regression analysis of the items that experts agreed belonged in the 'Neither' category paired with the independent variables of the study revealed that female gender ($p = .007$) was a significant predictor of perception of 'neither' category of boundary behaviors in Model 1 (See Table 8). In Model 2, female gender ($p = .004$), rural setting ($p = .034$), and the mean score of level of attachment

avoidance toward supervisor (p = .046) were significant predictors of NCs' perception of boundary behaviors belonging in the 'neither' category (i.e. not a BV nor a BC); Model 1 $F(5,106) = 3.677$, p = .004; Model 2 $F(7,104) = 3.121$, p = .005. The goodness of fit for Model 1 revealed a value of R^2 = .148, and in Model 2, the Attachment to Supervisor model revealed a value of R^2 = .174. This result stated that with all else being equal, 14.8% of the variation in NCs' perception of boundary behaviors that are not viewed by experts as either BCs or BVs was explained by NC's age, gender, relationship status, and practice setting, and 2.6% of the variation in in NCs' perception of boundary behaviors that are not viewed by experts as either BCs or BVs was explained by NCs' level of attachment anxiety and level of attachment avoidance to their supervisor.

Results of the regression 4 analysis provided partial confirmation for the some of the variables in the research hypotheses (See Table 8). Beta coefficients for the six predictors were age, β = -.033, t = -1.571, p = .106; female gender, β = -.947, t = -2.835, p = .007; relationship status, β = -.202, t = -0.394, p = .671, rural practice setting, β = -.927, t = -1.880, p = .065, urban practice setting, β = -.482, t = -1.262, p = .215, ATS level of anxiety, β = -.194, t = -0.847, p = .385 and ATS level of avoidance, β = .395, t = 1.975, p = .046 (See Table 8). The best fitting model for predicting NCs' perceptions of expert neither behaviors is a linear combination of the age, gender, relationship status, and practice setting (R = .384, R^2 = .148, F (5,106) = 3.677, p = .004). Gender was the most significant predictor (2000 bootstrapped CI_95 = -1.8390.267 - -0.421). Females rated less behaviors as neither a BC nor a BV. The addition of the ATS variables in

model 2 was significant but only slightly improved prediction (R^2 change = .026. $F = 3.121$, $p = .005$).

Table 8

Regression 4: Results 'Neither' Perceptions Paired With IVs

	Model 1			Model 2		
Variable	*B*	*SE B*	BC 95% CI [*LL, UL*]	*B*	*SE B*	BC 95% CI [*LL, UL*]
Constant	7.343	0.845	[5.494, 8.910]	7.083	1.107	[4.820, 9.241]
Age	-0.033	0.021	[-0.071, 0.011]	-0.036	0.022	[-0.076, 0.013]
Female[a]	-0.947**	0.334	[-1.633, -0.297]	-1.121**	0.361	[-1.839, -0.421]
Rel. Status[b]	-0.202	0.513	[-1.245, 0.777]	-0.211	0.525	[-1.295, 0.805]
PS Urban[c]	-0.482	0.382	[-1.200, 0.273]	-0.494	0.388	[-1.226, 0.280]
PS Rural[d]	-0.927	0.493	[-1.868, 0.127]	-1.068*	0.491	[-2.017, -0.074]
ATS Anxiety				-0.194	0.229	[-0.700, 0.192]
ATS Avoidance				0.395*	0.200	[0.047, 0.821]

Note. Unless otherwise noted, bootstrap results are based on 2000 bootstrap samples. *LL* and *UL* represent the lower limit and upper limit of the confidence interval. $n = 114$. * indicates $p < .05$. ** indicates $p < .01$. *** indicates $p < .001$. a. Gender: 1 = female, 0 = male, male is the reference group. b. Relationship status question, dichotomous 0 = no, 1 = yes, not in a committed, loving relationship is the reference group. c. Practice setting: urban, dummy coded 1= urban 0=all others, suburban is reference group. d. Practice setting: rural, dummy coded 1= rural 0= all others, suburban is reference group.

The hierarchical linear regression analysis of the items that experts agreed were BVs paired with the independent variables of the study revealed that female gender ($p = .012$) was a significant predictor of perception of BVs in Model 1 (See Table 9). In Model 2, female gender ($p = .005$), age ($p = .019$), and the mean score of level of attachment anxiety toward supervisor ($p = .009$) were significant predictors of NCs' perception of boundary violations; Model 1 was not significant $F(5,106) = 1.882$, $p = .104$; Model 2 was significant $F(7,104) = 2.589$, $p = .017$ ($\alpha < .05$-see Table 9). The goodness of fit for Model 1 revealed a value of $R^2 = .082$, and Model 2, the Attachment

to Supervisor model revealed a value of R^2 = .148. This result stated that with all else being equal, 8.2% of the variation in NCs' perceptions of BVs was explained in model 1 and 6.7% of the variation was explained by NCs' level of attachment anxiety and/or level of attachment avoidance toward supervisors (See Table 9).

Results of the regression 5 analysis provided partial confirmation for the some of the variables in the research hypotheses (See Table 9). Beta coefficients for the six predictors were age, β = .013, t = 1.625, p = .110; female gender, β = .446, t = 2.624, p = .012; relationship status, β = .074, t = 0.667, p = .478, rural practice setting, β = -.125, t = -0.962, p = .324 , urban practice setting, β = .052, t = 0.283, p = .772, ATS level of anxiety, β = .238, t = 2.587, p = .009, and ATS level of avoidance, β = .025, t = 0.305, p = .743. The model 1, a linear combination of the age, gender, relationship status, and practice setting is not significant for predicting NCs' perceptions of expert BV-type behaviors is (R = .286, R^2 = .082, F (5,106) = 1.882, p = .104). Adding the ATS variables in model 2 did significantly improve the prediction of NCs' EPs of BVs (R^2 change = .067. F = 2.589, p = .017). Specifically, NC's ATS level of anxiety (2000 bootstrapped CI_95 = 0.65 - .423) increased NC's perceptions of BVs as being more serious as measured by a scale of 1 = neither, 2 = BC, 3 = BV to reflect level of boundary concern from least (i.e. neither a BC nor a BV) to greatest (i.e. a BV).

Table 9

Regression 5: Results BV Perceptions (DV) Paired With Independent Variables

	Model 1			Model 2		
Variable	*B*	*SE B*	*BC 95% CI [LL, UL]*	*B*	*SE B*	*BC 95% CI [LL, UL]*
(Constant)	3.263	0.354	[2.563, 3.927]	2.357	0.477	[1.319, 3.184]
Age	0.013	0.008	[-0.001, 0.029]	0.019*	0.008	[0.005, 0.036]
Female[a]	0.446*	0.170	[0.127, 0.789]	0.573**	0.180	[0.238, 0.939]
Rel. Status[b]	0.074	0.111	[-0.150, 0.291]	0.039	0.126	[-0.209, 0.280]
PS Urban[c]	0.052	0.184	[-0.314, 0.404]	0.016	0.184	[-0.348, 0.361]
PS Rural[d]	-0.125	0.130	[-0.404, 0.116]	-0.123	0.155	[-0.449, 0.167]
ATS Anxiety				0.238**	0.092	[0.065, 0.423]
ATS Avoidance				0.025	0.082	[-0.126, 0.195]

Note. Unless otherwise noted, bootstrap results are based on 2000 bootstrap samples. *LL* and *UL* represent the lower limit and upper limit of the confidence interval, respectively. $n = 114$. * indicates $p < .05$. ** indicates $p < .01$. *** indicates $p < .001$. a. Gender: 1 = female, 0 = male, male is the reference group. b. Relationship status question, dichotomous 0 = no, 1 = yes, not in a committed, loving relationship is the reference group. c. Practice setting: urban, dummy coded 1= urban 0=all others, suburban is reference group. d. Practice setting: rural, dummy coded 1= rural 0= all others, suburban is reference group.

Results for Each Research Question

Research Question 1. To what extent is there a relationship between NCs' attachment to supervisors (ATS) as measured by the SASS (Menefee et al., 2014) and NCs' reported boundary practices (BPs) as measured by the BPPS (Stevens, 2008)? For research question 1 regarding Reported BCs, ATS Model 2 did not significantly contribute (.475) adding only .008% of the variance. For Reported BVs, ATS Model 2 is significant at the .000 level and accounts for 34.7% of the variance, an increase of 26% from Model 1, which only accounted for 8.6% of the variance. The ATS level of attachment avoidance mean was not significant at $p = .097$. However, the ATS level of attachment anxiety mean was significant at $p = .000$.

Research Question 2. To what extent does NCs' attachment to supervisor as measured by the SASS (Menefee et al., 2014) predict their perception of BPs as measured by the BPPS (Stevens, 2008)? For NCs' ethical perceptions of BCs, ATS Model 2 did not significantly contribute adding only .002% of the variance. Therefore, it seems that ATS is not a significant predictor.

Research Question 3. To what extent does NCs' age as measured in a demographic survey predict NCs' reported BPs (BCs and BVs)? The factor, Reported BCs, was significant for age at $p = .001$. The factor, Reported BVs, was mildly significant for age at $p = .042$. Although previous research of allied professionals showed that older professionals were more likely to engage in BVs, this study of NCs showed that younger NCs, particularly 32 year olds, were more likely to engage in BVs and as age increased, reported BVs decreased (See Figure 3).

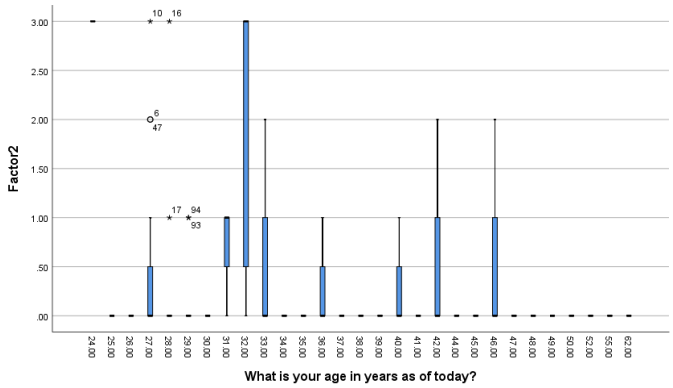

Figure 3. Number of boundary violations reported by novice counselors according to age given on a demographic survey and reported BVs on the BPPS (Stevens, 2008).

Research Question 4. To what extent does NCs' gender as measured in a demographic survey predict NCs' reported BPs (BCs and BVs)? Reported BCs were

significant for female gender at $p = .001$. Reported BVs were not significant for gender. However, I conducted a Chi-Square test to see the relationship of gender to BVs for the item #18 dealing with sexual relationships with clients and found that it was significant for males, which is consistent with prior research with a broad range of counselors and other allied professionals (Andreopoulos, 2017; Barnett, 2014; Kozlowski, 2008; Lamb & Catanzaro, 1998; Nigro, 2004).

Research Question 5. To what extent does NCs' relationship status as measured in a demographic survey predict NCs' reported BPs (BCs and BVs)? Reported BCs were not significant for relationship status. Reported BVs were significant for relationship status at $p = .023$. In contrast to previous research, in this study, those who reported being in a committed, loving romantic relationship reported engaging in more BVs.

Research Question 6. To what extent does NCs' practice setting (rural, suburban, or urban) as measured in a demographic survey predict NCs' reported BPs (BCs and BVs)? Reported BCs were significant for an urban setting at $p = .000$, but not significant for any other practice settings. Reported BVs were not significant for any of the three practice settings.

Research Question 7. To what extent does NCs' age as measured in a demographic survey predict NCs' perceptions of BPs (BCs, BVs, and "neither")? For EPs of BCs, Model 1 was not significant for age ($p = .882$). For Neither Perceptions, age was not significant, $p = .106$. For ethical perceptions of BVs, age was not significant in model 1 ($p = .110$). However, in model 2, age was significant, $p = .019$. These differences can be explained by the random nature of bootstrapping samples.

Research Question 8. To what extent does NCs' gender as measured in a demographic survey predict NCs' perceptions of BPs (BCs, BVs, and "neither")? For EPs of BCs, neither model was significant for gender. For Neither Perceptions, female gender was significant in both model 1, $p = .007$, and in model 2, $p = .004$. For ethical perceptions of BVs, female gender was significant in both model 1, $p = .012$, and in model 2, $p = .005$.

Research Question 9. To what extent do NCs' relationship status as measured in a demographic survey predict NCs' perceptions of BPs (BCs, BVs, and "neither")? Counselors' EPs of BCs were significant for relationship status at $p = .021$. For Neither Perceptions, model 1 was significant ($p = .004$), but relationship status was not a significant predictor. For ethical perceptions of BVs, relationship status was not significant in either model.

Research Question 10. To what extent do NCs' practice setting (rural, suburban, or urban) as measured in a demographic survey predict NCs' perceptions of BPs (BCs, BVs, and "neither")? For ethical perceptions of BCs the results were significant for urban setting at $p = .000$ in both model 1 and model 2. For Neither Perceptions model 2, a rural practice setting was significant, $p = .034$. However, in Neither Perceptions model 1, a rural practice setting was not significant, $p = .065$. For BV Perceptions, practice setting was not significant in either model.

Research Question 11. To what extent do NC's attachment to supervisor predict NC's EPs and BPs when controlling for other predictors (age, gender, relationship status, and practice setting)? For reported BCs, attachment to supervisor in Model 2 did not

significantly contribute (.475) adding only .008% of the variance. In model 2, both ATS level of attachment anxiety and ATS level of attachment avoidance were not significant. For reported BVs, attachment to supervisor in Model 2 was significant at the $p = .000$ level and accounted for 34.7% of the variance. For reported BVs, attachment to supervisor level of attachment anxiety was significant ($p = .001$), but ATS level of attachment avoidance was not significant. For EPs of BCs, attachment to supervisor level of attachment anxiety and ATS level of attachment avoidance were not significant and Model 2 did not significantly contribute. For Neither Perceptions, Model 2 was significant and explained 26% of the variance (Model 1 $R^2 = .148$ and Model 2 $R^2 = .174$). For ethical perceptions of BVs, attachment to supervisor Model 2 was significant, $p = .017$, with Model 2 explaining 14.8% of the variance, 6% more than model 1 alone. The ATS level of attachment anxiety mean was significant, $p = .009$.

Summary

In this chapter, I analyzed the results from the survey respondents and found the following significant results for the variables of age, gender, relationship status, practice setting, and ATS levels of attachment anxiety and avoidance. The variable of age was significant in several regressions. For reported BC practices, as age increased the number of BC practices decreased. As age increases, the number of reported BVs also decreased. The majority of NCs who reported engaging in BVs were under 32 years old. However, age was only mildly significant in the regression model ($p = .047$).

The variable of gender was significant in that females reported engaging in more BC behaviors. Although the regression on reported BVs did not show any significance

for gender, on the one BV of engaging in a sexual relationship with a client, NCs who reported this BV were more likely to be male. Gender also appeared to influence perceptions of boundary practices. Females were less likely to endorse an item as being neither a BC nor a BV, and more likely to perceive an item as a BV as compared to males. Comparing NCs' perceptions of items that an expert panel agreed were BVs based upon their interpretation of ACA ethical codes revealed that males significantly more often than females did not consider those behaviors to be BVs.

The variable of relationship status was significant for reported BCs and EPs of BC. Those NCs reporting that they were currently not in a committed, loving relationship endorsed more items as BCs. Contrary to previous studies, those who reported being in a committed, loving romantic relationship reported more BV behaviors. Of the 14 NCs who reported that they were not in a committed, loving romantic relationship, none endorsed any of the Reported BVs. Of the 15 respondents who reported that they had sex with a client, all 15 responded that they were currently in committed, loving relationships. There were statistically significant differences in perceptions as well. Results also showed that those who responded that they were not in a committed relationship endorsed more items as BCs.

The NCs' practice setting was often significant. Counselors who practice in urban areas reported engaging in more BC practices, and those who practice in suburban areas reported less BC behaviors. Both rural and urban practicing counselors reported less BV behaviors. Perceptions were also influenced by practice setting. Counselors practicing in urban areas endorsed less items as BCs.

In this study ATS attachment levels of anxiety and avoidance were significant in several regressions. As ATS attachment anxiety increased, the NCs' number of reported BV behaviors and the number of items that respondents perceived as BVs increased. As ATS attachment avoidance increased, the number of items respondents perceived as neither a BC nor BV increased. Those NCs with higher levels of ATS avoidance tended to perceive more items as not belonging to either the BC or the BV category.

In Chapter 5, I discuss the implications of the findings of this study. I interpret the findings and explain the limitations of the study. I make recommendations for future study of ATS and boundary behaviors. I also discuss the implications of the study related to social change and provide a conclusion to this study.

Chapter 5: Discussion, Conclusions, and Recommendations

Counselors are mandated to comport themselves ethically in therapeutic relationships (ACA, 2014). Supervision is a primary means of ensuring that supervisees understand how to apply ethical principles in therapy (Borders, 2014). However, the supervision process can create anxiety and resistance in NCs due to the power differential and evaluative role of supervisors (Borders, 2014). Wrape et al. (2017) contended that NCs' attachment patterns may be activated by the stress common to learning new skills and may surface in the supervisory relationship. A supportive supervisory relationship could provide a safe place for NCs to process stress and adapt to their new roles (Mesrie et al., 2018). Fitch et al. (2010) proposed that when attachment issues are triggered in NCs, knowledgeable supervisors can help NCs manage therapeutic boundaries. Learning how to manage boundaries is a major concern in supervision (Corey et al., 2015). Therefore, I examined the role of attachment in the supervisory relationship to determine its possible influence on NCs' perceptions and boundary practices.

Purpose and Nature of the Study

The purpose of this quantitative survey study was to examine the relationship between the independent variables of NCs' attachment to supervisor level of attachment anxiety and level of attachment avoidance, and the dependent variables of NCs' EPs of and incidence of BPs. For each regression, the purpose was to explain the variation in the DVs according to the IVs of age, gender, relationship status, and practice setting in the first model and also ATS level of attachment anxiety and level of attachment avoidance in the second model. I collected survey data to examine potential relationships between

ATS and ethical perceptions of BPs and actual BPs. I used hierarchical linear regression to determine whether the IVs predict NCs' BPs and EPs.

Key Findings

The current study confirmed some general findings from previous studies but also challenged some previous conclusions. I found that several of the variables significant in the literature, such as age, gender, and relationship status were also significant in the current study. However, only male gender was significant in the same way in that more males reported engaging in boundary violations. Male behavior and perceptions differed significantly from female behavior and perceptions. Males significantly more often than females did not consider behaviors designated by the expert panel as BVs to be BVs, and more females than males agreed with the expert panels' perception of items that were neither a BC nor a BV.

Variables of age and relationship status were significant but contrary to previous findings. For this sample of NCs, as age increased reported BVs decreased. Most of those who reported engaging in BVs were under 32 years of age. Contrary to studies showing that single, separated, or divorced therapists were more likely to breech boundaries with clients (Barnett, 2014; Nigro, 2004), NCs who reported engaging in BVs indicated that they were currently in a committed, loving romantic relationship. Of the 14 NCs who reported that they were not in a committed, loving romantic relationship, none of them endorsed any BVs.

Practice setting was significant in this study, but the results did not fit with some previous research. Novice counselors in both rural and suburban practice settings

reported engaging in fewer BCs, whereas NCs in urban practice settings reported engaging in more BCs. Also, NCs in rural and suburban settings perceived more items to be BCs. However, practice setting was not significant for reported BVs or perceived BVs.

The relationship between the ATS variables of attachment anxiety and attachment avoidance and BPs and EPs had not been previously studied. I found that higher levels of ATS anxiety resulted in more reported BVs and more perceived BVs. The results also showed that higher levels of ATS anxiety correlated with higher perceived BVs. There was also a correlation between NCs with higher levels of ATS avoidance and NCs perceiving more items as neither a BC nor a BV.

Interpretation of the Findings

In this study, variables of age, male gender, and urban practice setting significantly predicted NCs' higher reported levels of engagement in BCs, which fit with other findings (Barnett, 2014; Nigro, 2004). In previous studies of allied professionals (i.e., psychologists and social workers), researchers compiled a picture of those who engaged in BVs as older, White males who were single, separated, or divorced (Barnett, 2014; Lamb & Catanzaro, 1998; Nigro, 2004). Comparing NCs' perceptions of items that an expert panel agreed were BVs revealed that males significantly more often than females did not consider those behaviors to be BVs, which may offer some insight into the higher proportion of males engaging in BVs. In this study, more females agreed with the expert panels' perception of items that were neither a BC nor a BV.

In this study, age was significant but contrary to previous findings. As age increased, BVs decreased. This may have resulted from the larger percentage of NCs who

were in the 25-32 age range. The age finding may have resulted from the population being limited to those who had graduated from a counseling program in the last 5 years. Levitt et al. (2019) grouped ages in the same way as Neukrug and Milliken (2011), with one group of respondents younger than 40 years and one group older than 40 years. Levitt et al. described differences among the older and younger groups regarding variables not addressed in my study, such as religious and personal values. Levitt et al. did not describe findings for items addressed in my study so I was not able to compare findings on age. Therefore, I corresponded with one of the researchers of the Levitt et al. study, Carlisle (personal communication, September 9, 2019), who reported that there were no significant findings for age for the items that were similar to items in my study.

My findings on relationship status were also different from the description of an offending therapist as someone who was single, separated, or divorced. In the current study, NCs who reported engaging in BVs stated that they were currently in a committed, loving romantic relationship. Of the 14 NCs who reported that they were not in a committed, loving romantic relationship, none of them endorsed any BVs. I realized that the question regarding relationship status may not yield clear evidence of the connection between relationship status and BVs. It may be that those who had engaged in a BV are now in a committed relationship but were not in one when the BV occurred. It may even be that the loving, committed relationship that they are in is with the client with whom they had engaged with in a BV. Contrary to studies showing that single, separated, or divorced therapists were more likely to breech boundaries with clients (Barnett, 2014; Nigro, 2004), the NCs who reported engaging in BVs in the current study indicated that

they were currently in a committed, loving romantic relationship. Kozlowski (2008) found that most therapists who committed sexual BVs were married, but there was an indication that the marriages might be struggling. Therefore, I decided to ask whether participants were in a loving, committed relationship. Because relationship status had been shown to be significant in opposite ways, relationship status might be a confounding variable that is measuring some other as yet unidentified variable.

The practice setting was significant in several of the regression models. However, whereas Helbock et al. (2006) found that rural psychologists were more likely to have more diffuse boundaries with clients, I found that NCs in both rural and suburban practice settings had fewer reported BCs. Participants in an urban practice setting had more reported BCs. Both rural and suburban practice settings were significantly positively related to NCs' perceptions of BCs, meaning that NCs in those settings perceived more items to be a BC. Practice setting was not significant for reported BVs or perceptions of BVs. In the current study, participants were asked to choose from three practice settings (urban, suburban, and rural), rather than urban or rural, as in the Helbock et al. study. I am not sure if that contributed to the conflicting results. I am also curious about whether younger NCs are operating more like therapists in small communities within large cities. Juday (2015) described the huge increase in 22- to 34-year-olds moving into urban cities to live and work. It might be that urban practice settings might resemble the rural practice settings of the past.

In studies by Borys and Pope (1989) and Stevens (2008), no participants indicated that they had engaged in a sexual relationship with a client, but in the current study 15

NCs (13%) reported that they had engaged in a sexual relationship with a client. Most indicated that having sex with a client was a BV (*n* = 83, 73%), but 24 (21%) indicated that it was neither a BC nor a BV. Other items that were rare in previous studies were also more common in the current study, including inviting a client to a social event (*n* = 48, 42%) and counseling an employee (*n* = 43, 38%). The differences may be due to fraudulent answers, but given that I applied filters to reduce the influence of fraud, it may be that there are differences in the boundary behaviors of NCs.

I was not able to locate any study in which researchers had examined the relationship between attachment to supervisor and BPs and EPs, so the current study provided new findings. In previous research, ATS was shown to be a factor in the working alliance between supervisor and supervisee, in level of disclosure in supervision, and level of client focus in supervision (Gunn & Pistole, 2012). Menefee et al. (2014) found that the SASS avoidance subscales were highly negatively correlated with working alliance total scores and level of disclosure. McNulty et al. (2013) found that therapists who had engaged in sexual misconduct with clients reported less disclosure in supervision. Several studies indicated that nondisclosure increased when supervisees had higher ATS levels of attachment anxiety or higher ATS levels of attachment avoidance or both (Cook & Welfare, 2018; Gunn & Pistole, 2012; Hess et al., 2008; Mehr et al., 2010, 2015).

I examined NCs' reported BPs and EPs and found that for ATS levels of attachment anxiety and attachment avoidance, NCs' EPs of boundary behaviors were not as significant as their actual boundary behaviors. NCs who scored higher in attachment

anxiety were also more likely to engage in BVs, which supported a key hypothesis of the study that attachment anxiety toward the supervisor may contribute to NCs engaging in BVs with clients. Level of attachment anxiety in ATS was also significant with higher levels of ATS anxiety correlated with higher perceptions of items as BVs, meaning ATS anxiety led NCs to judge boundary behaviors as more serious. NCs who scored higher in ATS avoidance perceived more items as being neither a BC nor a BV.

Researchers have begun to examine attachment beyond the child-parent relationship by addressing adult relationships, including attachment within the supervisory relationship (Gunn & Pistole, 2012; Kivlighan & Marmarosh, 2018; McKibben & Webber, 2017; Mesrie et al., 2018; Pistole, 2008; Read, 2017; Wrape et al., 2017). Features of the supervisory relationship, such as learning new skills while being evaluated, have the potential to trigger attachment responses in supervisees (Gunn & Pistole, 2012; Pistole, 2008; Wrape et al., 2017). Gunn (2007) contended that attachment theory could explain behavioral differences among supervisees.

According to attachment theory, individuals with a secure attachment, meaning low levels of attachment anxiety and attachment avoidance, are able to conduct themselves in a more professional manner because attachment needs are being met outside of therapy (Bennett et al., 2013; Chopik, 2015; Fitch et al., 2010; Gillath et al., 2016; MacDonald et al., 2015; Nigro, 2004). Tschan (2003) asserted that therapists who sexually abused their clients displayed insecure attachment patterns. This finding was confirmed in the current study in that NCs with more ATS attachment anxiety engaged in more BVs.

The current study highlighted the possible effects of insecure attachment on the boundary practices and perceptions of NCs. Allen et al. (2010) found that insecure supervisees sought out feedback less often and disclosed less in supervision, which McNulty et al. (2013) found to be a key factor among therapists who had engaged in a sexual relationship with a client. Although in the present study I did not address supervisees' level of disclosure, those with insecure attachment, as indicated by higher ATS attachment anxiety did report more BVs.

In this study, attachment in the supervisory relationship seemed to affect NCs' boundary behaviors in that those NCs with more attachment anxiety engaged in more BVs and also believed that more behaviors were BVs. Insecure attachment appears to negatively affect behavior and perception for those who have higher levels of attachment avoidance. Those NCs with higher levels of attachment avoidance perceived more items as being neither a BC nor a BV. This finding aligns with studies that have shown that those with more avoidant attachment rarely focus on issues of fairness, protection of vulnerable others, and engaging in prosocial behaviors (Chopik, 2015). Chopik (2015) asserted that those higher in attachment anxiety and attachment avoidance would be more likely to believe that a relationship is not unethical and would not likely question how the relationship could be harmful. Though this study did not demonstrate that the beliefs of those with higher levels of ATS avoidant attachment affected their behavior, it does raise the question of whether such beliefs will in time lead those NCs with more attachment avoidance to engage in more BCs and BVs.

Limitations of the Study

As in all research, this study has limitations. This study was limited by the chosen sampling strategy, purposive sampling and snowball sampling. I was not able to obtain a list of the NCs in the US and randomly select participants from that list. I am not aware of any national database that would enable a researcher to randomly sample this population. This study was non-experimental so I could only investigate the relationships between variables, not the causes of differences in EPs and BPs.

This study was also limited due to sampling bias (Fowler, 2014). Participants self-selected by choosing to respond to an invitation and others who might differ in significant ways may not have been inclined to participate. Due to the sampling strategy (non-random) and the sampling bias, I cannot generalize findings to all counselors.

The study also had a major limitation due to the likelihood of fraudulent answers due to the offer of a small incentive. Research has shown that a small incentive, even as small as .20, can increase survey participation (Chopik, 2015). I thought that a small incentive of $5 would help to access my sample, but I did not anticipate that people might take the survey multiple times thereby making the incentive not so small. Monetary incentives are useful for encouraging participation and to thank participants for their time. Unfortunately, offering incentives in an anonymous, online survey can open the door for fraudulent respondents. In addition, because I used self-report measures, I cannot guarantee that any respondents answered truthfully or recalled events accurately.

Another limitation of this study is that instruments that measure supervisory attachment are still new and researchers would benefit from better attachment measures

designed to measure attachment in the supervisory relationship. The SASS (Menefee et al., 2014) offered what I believed to be the best measure of specific supervisory attachment strategies without the awkward wording of measures developed from instruments originally designed to measure attachment in romantic relationships (ESS, Gunn, 2007). The SASS may include some confounding variables that access the supervisory working alliance and levels of disclosure so further testing is warranted. As researchers develop better instruments to assess supervisory attachment, it would be helpful to repeat this study and compare the findings.

An unforeseen limitation of the study is that I inadvertently left out one of the items on the BPPS (Stevens, 2008). I omitted question #5 in the online version of the survey, so I missed out on the data for the question. Thankfully, the measure did not depend on that one item for usefulness.

Another limitation was that due to having a large amount of categorical and dichotomous data, the assumptions of normal distribution were not met for every item. I discovered the non-normal distribution of two factors, Reported BV behaviors and EPs of BCs. To overcome this limitation, I used bootstrapping with 2000 samples to increase the robustness of the data.

As an initial examination of the ethical beliefs and practices of NCs, this study became rather complex with many factors and resulted in five separate regressions. I began with a desire to better understand why intelligent, caring professionals would end up in harmful, career ending sexual relationships with clients. However, given that previous studies had not yielded any participants who admitted to having sex with a

client, I was hesitant to focus the study exclusively on serious ethical boundary practices in case I was not able to get any useful data to compare. The complexity of the study may have diminished the strength of the findings regarding ATS.

Recommendations

In retrospect, I believe that this study would have benefitted from a more limited research focus as discussed above. As a novel study on NCs attachment and boundary practices and perceptions, I needed to check multiple variables to evaluate whether results with NCs were similar to results in studies with experienced counselors and studies with other allied professionals. Now that we have some initial data, further studies could explore a larger sample and look more closely at specific variables. The complexity of the study was due to the multiple variables necessary for this early examination of the influence of attachment to supervisors on the behaviors and perceptions of NCs. Future researchers could focus more and decrease the complexity of the research question for clearer outcomes.

This study confirmed some findings regarding the tendency of NCs with higher attachment anxiety to disclose less in supervision. Those same NCs were more likely to violate boundaries with clients, which aligns with the McNulty et al. (2013) findings about nondisclosure and BVs. Future researchers may want to explore this link in greater detail. Future researchers may want to repeat this study with a larger sample, with a narrower research focus, and using a more precise instrument to measure supervisory attachment.

Implications

The implications from this study provide direction for counselor education training. Continuing to explore how the supervisory relationship could help or hinder NCs' ethical practices and perceptions would offer insight in the development of counselor training programs as well as supervisor training. The finding that NCs with more attachment anxiety in the supervisory relationship are prone to engage in more serious boundary infractions could be useful in training counselors about the importance of developing a healthy relationship with their supervisors. The information might also prompt program directors to train supervisors in how to increase attachment in the supervisory relationship due to the importance of ethical training. Counselor educators and supervisors could also highlight the link between nondisclosure and BVs and encourage more disclosure in a safe supervisory setting. Cook and Welfare (2018) contended that supervisors should help supervisees understand their attachment styles, and this study showed that awareness should extend to supervisees' attachment to supervisors. As Fitch et al. (2010) noted, the supervision process can activate attachment processes so supervisors need to understand how to enhance the supervisory relationship. Helping supervisors promote secure attachment and disclosure in supervision could possibly foster more ethical boundary behaviors by NCs.

One interesting finding should be noted. Even though NCs with higher attachment anxiety rated more behaviors as BVs, they were also more likely to engage in BVs. It appears that the belief that items are BVs (even when they are not) did not protect these NCs from engaging in BVs. Therefore, the strategy of increasing fear in trainees and NCs

about boundary issues does not appear to be a sound strategy. Anxiety may change perceptions and increase the beliefs that boundary behaviors are unethical, but increased attachment anxiety will not change unethical behaviors. However, secure attachment in supervision does appear to provide some protection against NCs engaging in BVs.

Implications for Positive Social Change

This study has the capacity to initiate positive social change for counselors and supervisors (and those they serve) through better education about attachment influences in ethical behaviors for counselors and supervisors. Gunn (2007) proposed that a greater realization of the role of attachment in the supervisory relationship could help supervisors understand how to strengthen supervisory bonds and how to repair relational fissures. As supervisors gain awareness of attachment factors, they can help NCs' learn to recognize and manage attachment triggers in the therapeutic relationship. As counselor educators incorporate findings from this study into ethical training, they can potentially help NCs learn to identify attachment influences early in the training process and learn how to address attachment needs appropriately outside of the therapy relationship so that they can manage boundary issues within the therapeutic relationship more effectively. The potential for positive social change also extends to society in that NCs' boundary behaviors can negatively impact clients and the counseling profession as a whole. Teaching NCs to practice good boundaries with clients will help to protect clients, and shield NCs' budding careers from consequences resulting from unethical practice.

Methodological, Theoretical, and Empirical Implications

This study revealed one of the methodological difficulties of a study of counselor ethical boundary behaviors. There is widespread disagreement about what constitutes a BC or a BV or neither. Even the panel of four experts who teach ethics and author textbooks on ethics could not agree on more than a few items that belonged in each category. This study mirrored what other studies found in that counselors only agree on a few boundary practices as being ethical or unethical. The majority of items draw a range of responses as BCs, or BVs, or neither. Levitt et al. (2019) also found that even with the significant increase in ethics education, perceptions of what is ethical is still unclear for counselors. Counseling associations continue to update ethical codes, but interpretation of those codes is often lacking. Various state licensure boards interpret boundary behaviors differently as do various counseling theories and modalities. Counselor educators often struggle to teach ethical boundaries appropriate to practice setting and cultural norms. Attachment is only one factor, but it may provide some clarity as a means of developing the person of the therapist as one who has his or her needs met appropriately outside of the therapy context and can interact appropriately with clients within the therapeutic relationship.

Recommendations for Practice

Supervisors can use this information to gain awareness and appreciation for attachment influences in the supervisory relationship. Supervisors can understand the importance of promoting secure attachment in supervision and creating a safe space for

NCs to develop their clinical skills. Within this secure and supportive relationship, supervisors can train NCs to practice ethically.

Counselor educators can use the findings from this study to help students understand the importance of the supervisory relationship. They can also help students understand the complexity of boundary perceptions and practices. Counselor educators could raise awareness about particular characteristics that might place students and NCs at risk of breeching ethical boundaries. Counselor educators can stress the importance of secure relationships as a possible protective buffer against poor boundary behaviors.

Information from this study can also help NCs to evaluate their boundary practices and perceptions. As NCs consider the influence of the supervisory relationship, they may be empowered to locate a supervisor whom they trust and with whom they can feel secure. As NCs gain awareness of their attachment triggers both with clients and with supervisors, they can learn to management strategies to mediate attachment influences in order to act ethically in therapeutic and supervisory relationships.

Conclusion

Appropriate ethical boundary behaviors are critical to effective therapy, protection of clients, and the reputation of the counseling profession. Attachment issues may play a role in the EPs and BPs of NCs. The full implications of supervisory attachment influences on NCs boundary behaviors is not yet known. However, the findings of the current study show that NC's level of anxious attachment in the supervisory relationship does play a significant role in predicting more serious BVs. Attachment avoidance also seems to distort NCs' perceptions of BPs, leading them to misperceive BCs and BVs as

not being an abnormal behavior in the therapeutic relationship. There is the risk that they may engage in those behaviors in the future (even though it did not show as significant in this study) if they do not perceive them as crossing or violating appropriate therapeutic boundaries.

Counselor educators and supervisors can use these findings to help train counseling students, interns, and supervisees to understand predictors that may increase NCs' risk of engaging in BCs and BVs, including understanding attachment influences. Counseling students and NCs can use this information to learn more about ways to increase ethical boundary behaviors with clients. Understanding ethical behaviors and learning to navigate appropriate boundaries with clients is a challenge for NCs. Perceptions of ethical behaviors vary over time with increased training in ethics, revisions to legal and ethical codes, and general cultural shifts in societal norms (Kocet & Herlihy, 2014; Levitt et al., 2015; Schwartz-Mette, & Shen-Miller, 2018). Unethical boundary practices can harm clients, derail NCs' careers, and harm the reputation of the counseling profession. Therefore, understanding factors that may predict unethical behaviors and errors in perceptions of unethical behaviors is critical for equipping NCs to practice ethically.

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Appendix A: Invitation

My name is Glenda Nanna and I am a doctoral student in the PhD in Counselor Education and Supervision (CES) at Walden University. I would like to invite you to participate in my research and/or send the invitation to others who you think might be interested in participating. This study (will be) has been approved by the IRB at Walden University prior to collecting data. I am conducting this study in partial fulfillment of the requirements for the PhD in CES. The purpose of the research is to explore the possible influence of novice counselors' attachment to supervisors on counselors' boundary practices and ethical perceptions.

In order to participate in the study, you must meet the following criteria:
1. Must be a graduate within the last five years of a masters or doctoral program in counseling
2. Must provide mental health counseling services of some kind.
3. Must be licensed as a counselor or in the licensure process.

I have provided the Survey Monkey link below. The survey should take approximately 15-20 minutes to complete. Participation in the study is voluntary, and a participant may withdraw at any point. You will not be asked to provide any identifying information, such as your name. Data from the survey will be kept private and confidential, with all data being kept on a secure, password-protected hard drive in a locked filing cabinet.
If you choose to participate in this study, you will have the opportunity to enter a drawing for one of six $25 gift cards to Amazon.com by submitting your e-mail address to participate in the drawing. If you have questions about the study, you may contact me at 803-807-5354 or by e-mail at glenda.nanna@waldenu.edu. If you are interested in participating in the study, please click on the link below for informed consent information and to access the online survey.

Appendix B: Demographic Questionnaire

1) Which license or provisional license do you hold?
___LPC ____ LMHC ___LCPC ____ Other ___License Applied for

2) What year did you graduate from a masters or doctoral counseling program?
___ Prior to 2013 ___ 2014 ___ 2015 ___ 2016 ___2017 ___ 2018 ___ 2019

3) Which best describes your gender?
___ Female ___ Male ____ Transgender ___ Other ___Prefer not to answer

4) What is your age in years as of today? ____

5) Which race/ethnicity best describes you? (Please choose only one.)
White or Caucasian
Black or African American
Hispanic or Latino
Asian or Asian American
American Indian or Alaska Native
Native Hawaiian or other Pacific Islander
Biracial or Multiracial
Another race/ethnicity
Prefer not to Answer

6) In what geographic region do you provide counseling services?
____ North Atlantic: CT, DE, MA, ME, NH, NJ, NY, PA, VT
____ North Central: IA, IL, IN, KS, MI, MO, MN, ND, NE, OH, OK, SD, WI
____ Southern: AL, AR, FL, GA, KY, LA, MD, MS, NC, VA, SC, TN, TX, WV
____ Rocky Mountain: CO, ID, MT, NM, UT, WY
____ Western: AK, AZ, CA, HI, NV, OR, WA

7) Which setting best describes where you provide counseling services?
____ Rural ____ Suburban ____ Urban

8) Which of the following best describes your profession in mental health?
Licensed Clinical Social Worker (e.g., LCSW, MCSW)
Psychologist
Marriage and Family Therapist
Behavioral Health Specialist
Licensed Counselor (e.g. LPC, LMHC, Psychotherapist)
Other (please specify)

9. Are you currently in a committed, loving, romantic relationship? YES or NO

Appendix C: Permission to Use SASS

2/13/2019 Mail - Glenda Nanna - [redacted]

RE: SASS- PERMISSION TO CHANGE WORDING
[redacted]
Tue 9/25/2018 9:59 AM
To: Glenda Nanna <[redacted]
Hi, please feel free to change the wording. Thank you and good luck.

DSM

From: Glenda Nanna [[redacted]]
Sent: Tuesday, September 25, 2018 7:13 AM
To: [redacted]
Subject: [EXTERNAL] Re: SASS- PERMISSION TO CHANGE WORDING

Dr. [redacted],
Thank you again for permission to use your scale. I am very excited to see what I can find regarding supervisor attachment and ethical perception and practices. I am sorry to bother you again, but I discovered that I need to change the wording slightly for this question: The interactions that I have had with my supervisor make me feel good about the profession of psychology. For my study, the word psychology will need to be changed to counseling.
May I have your permission to make the change?

Sincerely,
Glenda Hill Nanna, LPC, LPCS
Doctoral Student in Counselor Education & Supervision at Walden University
Associate Professor in Clinical Counseling

From: [redacted]
Sent: Wednesday, August 29, 2018 11:04 AM
2/13/2019 Mail - Glenda Nanna - Outlook
To: Glenda Nanna
Subject: RE: SASS

Dear Ms. Nanna,
The attached scale and Scoring instructions are provided for your use in your dissertation with full permission. Best of luck to you.

DSM

Deleene S. Menefee, PhD
Licensed Psychologist
[redacted]

From: Glenda Nanna [mailto:glenda.nanna@waldenu.edu]
Sent: Friday, August 17, 2018 9:14 AM
To: [redacted]
Subject: [EXTERNAL] Fw: SASS
From: Glenda Nanna
Sent: Wednesday, July 18, 2018 9:58 AM
To: [redacted]
Subject: SASS

Dr. Menefee,
I am a doctoral student working on my dissertation. I am very interested in seeing the Supervisee Attachment Strategies Scale (SASS) scale that you developed and reference in the 2014 article with Day, Lopez, and McPherson. I am proposing to study the relationship between counselors' general attachment styles, their attachment to their supervisors, and their perceptions of boundary behaviors (crossing? violation? or neither?). I would love to be able to use your instrument as it appears to capture more of the specific supervision features than the ESS which just adapted the ECR for use with supervisors. I am also trying to look at Marmarosh's Therapist Attachment to the Supervisor to see which more closely captures the attachment relationship. Did you look at that instrument in your development of the SASS? Are they similar?
Thank you for your time. I sincerely appreciate your help. If you have any other resources or information that you might think would help me as I begin this project, please let me know. My phone is 843-789-XXXX if that is easier for you.

Thank you again,
Glenda

Appendix D: Permission to Use BPPS

2/16/2019 Mail - Glenda Nanna - Outlook

[redacted]

Re: Jeri Stevens

[redacted]

Fri 2/15/2019 2:11 PM

To: Glenda Nanna [redacted]

You absolutely have my permission to use my survey and to name it to meet your dissertation needs. Best of luck to you. If you want to share your findings, I am interested. Thank you

Jeri

On Wed, Feb 13, 2019 at 3:14 PM Glenda Nanna <glenda.nanna@waldenu.edu> wrote:

Hi Dr. Stevens,

We corresponded in July 2018. Now I am at the proposal stage of my dissertation and wanted to see if I can get a clear copy with your permission to use the Dual relationships survey that you did for your dissertation. I understand that it is an adaptation of Nigro's instrument, which was an adaptation of an instrument originally developed by Pope, Tabachnick, and Keith Spiegel (1987). I was not able to contact Nigro and I really like the format of your version of the survey. Could I get your permission to use your version for my dissertation? Also do you have a title for the survey? I would like to have a name to be able to more easily refer to it in my dissertation? I was considering something like Boundary Practices and Perceptions Survey. Would that be acceptable or do you have another name you prefer?

Thank you again for your encouragement in this process.

Sincerely,

Glenda Hill Nanna, LPC/ LPCS

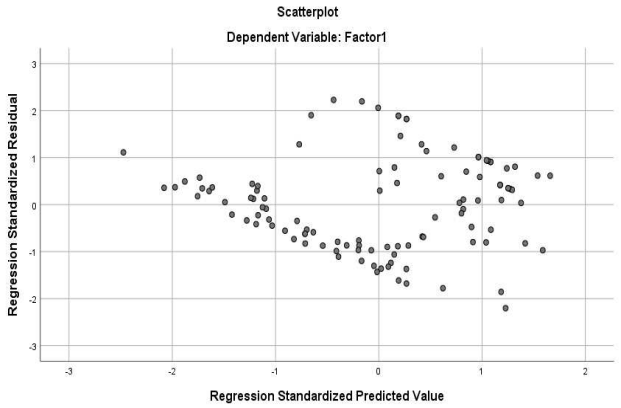
[redacted]

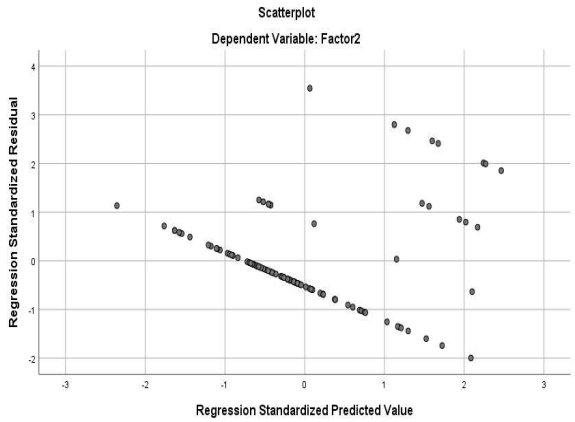
Appendix E: Ages of Participants

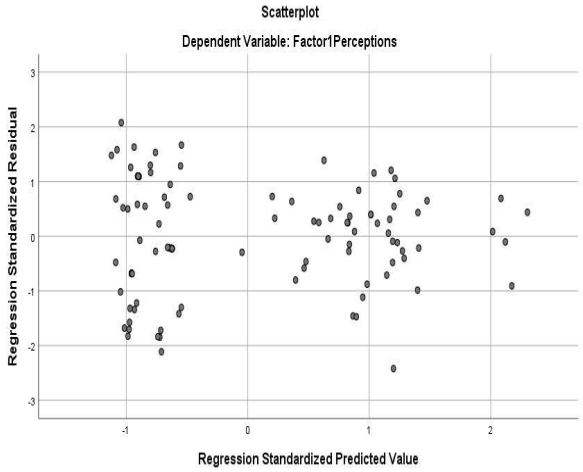
What is your age in years as of today?

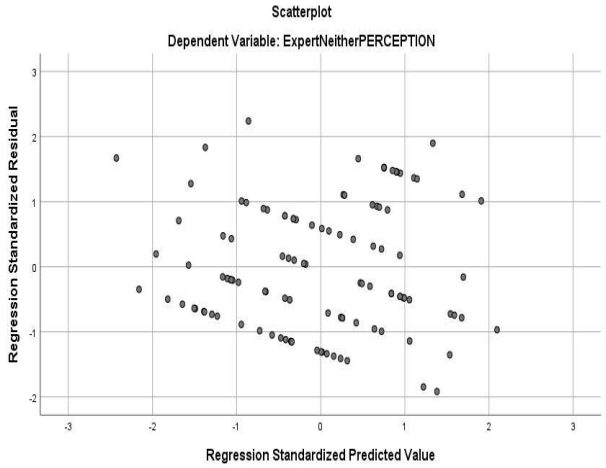
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	24	2	1.8	1.8	1.8
	25	3	2.6	2.6	4.4
	26	3	2.6	2.6	7.0
	27	15	13.2	13.2	20.2
	28	9	7.9	7.9	28.1
	29	9	7.9	7.9	36.0
	30	9	7.9	7.9	43.9
	31	3	2.6	2.6	46.5
	32	7	6.1	6.1	52.6
	33	4	3.5	3.5	56.1
	34	5	4.4	4.4	60.5
	35	8	7.0	7.0	67.5
	36	3	2.6	2.6	70.2
	37	4	3.5	3.5	73.7
	38	4	3.5	3.5	77.2
	39	3	2.6	2.6	79.8
	40	4	3.5	3.5	83.3
	41	1	.9	.9	84.2
	42	3	2.6	2.6	86.8
	44	1	.9	.9	87.7
	45	1	.9	.9	88.6
	46	4	3.5	3.5	92.1
	47	2	1.8	1.8	93.9
	48	2	1.8	1.8	95.6
	49	1	.9	.9	96.5
	50	1	.9	.9	97.4
	52	1	.9	.9	98.2
	55	1	.9	.9	99.1
	62	1	.9	.9	100.0
	Total	114	100.0	100.0	

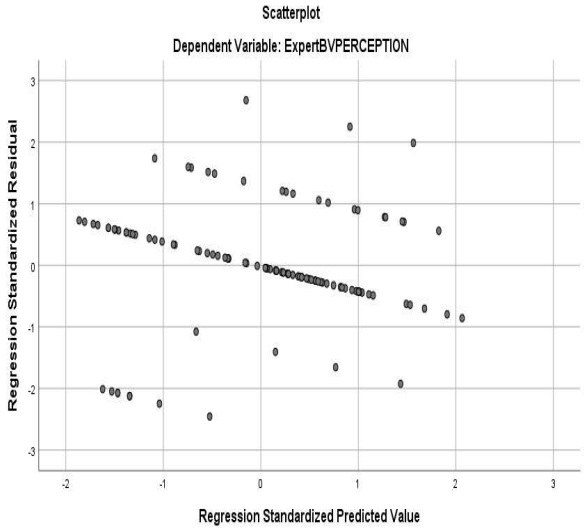
Appendix F: Tests for Homoscedasticity



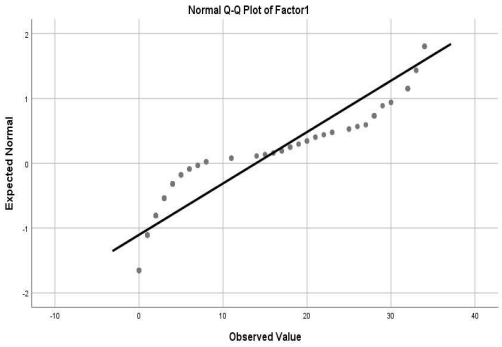


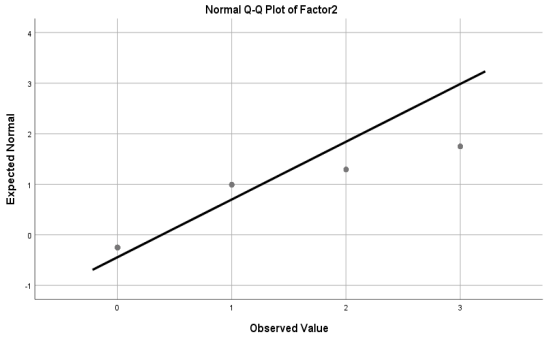


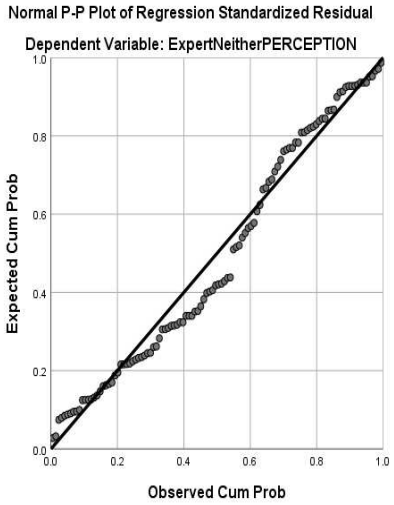


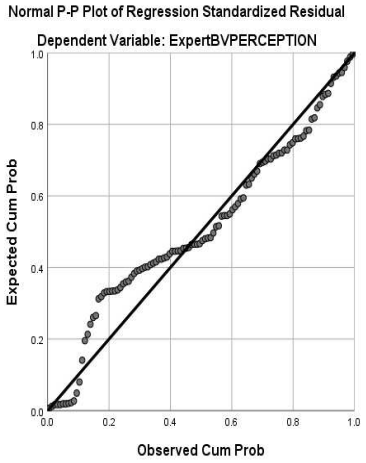


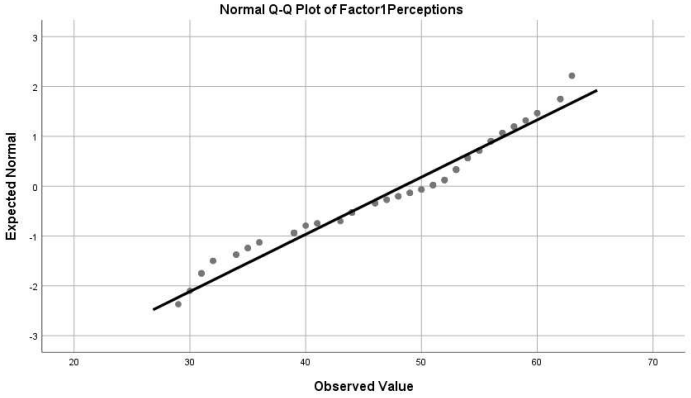
Appendix F: Tests for Homoscedasticity (continued)











Appendix G: Tests of Normality

Tests of Normality[c,d,e,f,g,h,i,j]

	What is your age in years as of today?	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Factor1	24.00	.260	2	.			
	25.00	.175	3	.	1.000	3	1.000
	26.00	.253	3	.	.964	3	.637
	27.00	.189	13	.200*	.865	13	.045
	28.00	.329	9	.006	.761	9	.007
	29.00	.291	9	.027	.792	9	.017
	30.00	.293	8	.042	.814	8	.040
	31.00	.385	3	.	.750	3	.000
	32.00	.234	7	.200*	.841	7	.102
	33.00	.296	4	.	.854	4	.240
	34.00	.266	5	.200*	.884	5	.328
	35.00	.245	8	.173	.850	8	.096
	36.00	.385	3	.	.750	3	.000
	37.00	.280	4	.	.808	4	.117
	38.00	.294	4	.	.793	4	.091
	39.00	.260	2	.			
	40.00	.198	4	.	.958	4	.764
	42.00	.369	3	.	.787	3	.085
	46.00	.418	4	.	.664	4	.004
	47.00	.260	2	.			
	48.00	.260	2	.			

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

c. Factor1 is constant when What is your age in years as of today? = 41.00. It has been omitted.

d. Factor1 is constant when What is your age in years as of today? = 44.00. It has been omitted.

e. Factor1 is constant when What is your age in years as of today? = 45.00. It has been omitted.

f. Factor1 is constant when What is your age in years as of today? = 49.00. It has been omitted.

g. Factor1 is constant when What is your age in years as of today? = 50.00. It has been omitted.

h. Factor1 is constant when What is your age in years as of today? = 52.00. It has been omitted.

i. Factor1 is constant when What is your age in years as of today? = 55.00. It has been omitted.

j. Factor1 is constant when What is your age in years as of today? = 62.00. It has been omitted.

Appendix G: Tests of Normality (continued)

Tests of Normality

	Which best describes your gender?	Kolmogorov-Smirnov[a] Statistic	df	Sig.	Shapiro-Wilk Statistic	df	Sig.
Factor1	Female	.301	62	.000	.705	62	.000
	Male	.198	48	.000	.877	48	.000

a. Lilliefors Significance Correction

Tests of Normality

	Are you currently in a committed, loving, romantic relationship?	Kolmogorov-Smirnov[a] Statistic	df	Sig.	Shapiro-Wilk Statistic	df	Sig.
Factor1	Yes	.179	97	.000	.858	97	.000
	No	.199	13	.166	.909	13	.177

a. Lilliefors Significance Correction

Appendix G: Tests of Normality (continued)

Tests of Normality

		Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	RURAL	Statistic	df	Sig.	Statistic	df	Sig.
Factor1	.00	.192	92	.000	.850	92	.000
	1.00	.198	18	.060	.782	18	.001

a. Lilliefors Significance Correction

Tests of Normality

		Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	URBAN	Statistic	df	Sig.	Statistic	df	Sig.
Factor1	.00	.294	47	.000	.685	47	.000
	1.00	.182	63	.000	.870	63	.000

a. Lilliefors Significance Correction

Appendix G: Tests of Normality (Avoidance Mean)

Tests of Normality[a,c,d,e,f,g,h,i,k,l,m,n,o,p,q,r,s]

		Kolmogorov-Smirnov[b]			Shapiro-Wilk		
	AVOIDMEAN	Statistic	df	Sig.	Statistic	df	Sig.
Factor1	1.08	.	2	.			
	1.15	.260	2	.			
	1.38	.151	4	.	.993	4	.972
	1.69	.369	3	.	.789	3	.089
	1.77	.260	2	.			
	1.85	.175	3	.	1.000	3	1.000
	1.92	.260	2	.			
	2.00	.175	3	.	1.000	3	1.000
	2.08	.297	14	.002	.767	14	.002
	2.15	.408	10	.000	.603	10	.000
	2.23	.229	4	.	.923	4	.555
	2.38	.385	3	.	.750	3	.000
	2.46	.292	3	.	.923	3	.463
	2.54	.379	10	.000	.685	10	.001
	2.77	.282	4	.	.880	4	.338
	2.85	.260	2	.			
	2.92	.394	4	.	.727	4	.023
	3.00	.373	3	.	.779	3	.065
	3.15	.283	5	.200*	.852	5	.202
	3.23	.200	3	.	.995	3	.862
	3.31	.	2	.			
	3.38	.200	3	.	.995	3	.862
	3.62	.260	2	.			

*. This is a lower bound of the true significance.

a. Factor1 is constant when AVOIDMEAN = 1.00. It has been omitted.

b. Lilliefors Significance Correction

c. Factor1 is constant when AVOIDMEAN = 1.31. It has been omitted.

d. Factor1 is constant when AVOIDMEAN = 1.46. It has been omitted.

e. Factor1 is constant when AVOIDMEAN = 1.62. It has been omitted.

f. Factor1 is constant when AVOIDMEAN = 2.31. It has been omitted.

g. Factor1 is constant when AVOIDMEAN = 2.62. It has been omitted.

h. Factor1 is constant when AVOIDMEAN = 2.69. It has been omitted.

i. Factor1 is constant when AVOIDMEAN = 3.08. It has been omitted.

k. Factor1 is constant when AVOIDMEAN = 3.46. It has been omitted.

l. Factor1 is constant when AVOIDMEAN = 3.54. It has been omitted.

m. Factor1 is constant when AVOIDMEAN = 4.00. It has been omitted.

n. Factor1 is constant when AVOIDMEAN = 4.15. It has been omitted.

o. Factor1 is constant when AVOIDMEAN = 4.23. It has been omitted.

p. Factor1 is constant when AVOIDMEAN = 4.38. It has been omitted.

q. Factor1 is constant when AVOIDMEAN = 4.62. It has been omitted.

r. Factor1 is constant when AVOIDMEAN = 4.69. It has been omitted.

s. Factor1 is constant when AVOIDMEAN = 4.85. It has been omitted.

Appendix G: Tests of Normality (Anxiety Mean)

Tests of Normality[b,c,d,e,g,h,i,j,k,l,m,n]

	ANXMEAN	Kolmogorov-Smirnov[a]			Shapiro-Wilk			
		Statistic	df	Sig.	Statistic	df	Sig.	
Factor1	1.00	.385	3	.	.750	3	.000	
	1.22	.292	3	.	.923	3	.463	.000
	1.56	.337	3	.	.855	3	.253	.463
	1.67	.260	2	.				.253
	1.78	.	3	.	.	3	.	
	2.00	.487	16	.000	.475	16	.000	.
	2.11	.228	8	.200*	.898	8	.276	.000
	2.22	.260	2	.				.276
	2.33	.318	7	.031	.684	7	.003	
	2.44	.308	14	.001	.754	14	.001	.003
	2.56	.407	4	.	.702	4	.012	.001
	2.67	.234	7	.200*	.828	7	.076	.012
	2.78	.343	3	.	.842	3	.220	.076
	2.89	.179	5	.200*	.962	5	.823	.220
	3.11	.343	4	.	.775	4	.065	.823
	3.44	.231	5	.200*	.886	5	.339	.065
	3.67	.253	3	.	.964	3	.637	.339
	4.22	.385	3	.	.750	3	.000	.637
	4.33	.260	2	.				.000
	4.89	.260	2	.				

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

b. Factor1 is constant when ANXMEAN = 1.11. It has been omitted.

c. Factor1 is constant when ANXMEAN = 1.33. It has been omitted.

d. There are no valid cases for Factor1 when ANXMEAN = 1.444. Statistics cannot be computed for this level.

e. Factor1 is constant when ANXMEAN = 1.89. It has been omitted.

g. Factor1 is constant when ANXMEAN = 3.33. It has been omitted.

h. Factor1 is constant when ANXMEAN = 3.56. It has been omitted.

i. Factor1 is constant when ANXMEAN = 3.78. It has been omitted.

j. Factor1 is constant when ANXMEAN = 3.89. It has been omitted.

k. Factor1 is constant when ANXMEAN = 4.00. It has been omitted.

l. Factor1 is constant when ANXMEAN = 4.56. It has been omitted.

m. Factor1 is constant when ANXMEAN = 5.00. It has been omitted.

n. Factor1 is constant when ANXMEAN = 5.22. It has been omitted.

l. Factor1 is constant when ANXMEAN = 4.56. It has been omitted.

m. Factor1 is constant when ANXMEAN = 5.00. It has been omitted.

n. Factor1 is constant when ANXMEAN = 5.22. It has been omitted.

Appendix H: Boundary Practices and Perceptions Results

Boundary Practices and Perceptions Scale (BPPS)

		BPs					EPs				
	Yes	%	No	%	Skip	BC	%	BV	%	Neither	%
ng for a friend	49	43%	65	57%		53	46%	53	46%	8	.07%
	49	43%	65	57%		65	57%	34	30%	15	13%
	43	38%	70	61%	1	45	39%	57	50%	12	11%
	36	32%	78	68%		61	54%	44	39%	9	8%
	51	45%	63	55%		43	38%	46	40%	25	22%
a personal party or social event	48	42%	66	58%		34	30%	68	60%	12	11%
ended an ongoing community class ga, art)	56	49%	58	51%		41	36%	19	17%	54	47%
	52	46%	61	53.5%	1	40	35%	24	21%	50	44%
	44	39%	70	61%		57	50%	35	31%	22	19%
	60	53%	54	47%		55	48%	24	21%	35	31%
	43	38%	71	62%		47	41%	55	48%	12	11%
ng with a coworker	45	39%	69	61%		55	48%	48	42%	11	10%
client after termination of	40	35%	74	65%		56	49%	49	43%	9	8%
	16	14%	98	86%		35	31%	51	45%	28	25%
to enroll in your class for a grade	38	33%	76	67%		36	32%	47	41%	31	27%
	66	58%	48	42%		59	52%	32	28%	23	20%
eling to a current supervisee	32	28%	82	72%		53	46%	41	36%	20	18%
ationship with a client	15	13%	99	87%		7	6%	83	73%	24	21%
ationship with a previous client two on	12	11%	102	89%		12	11%	70	61%	32	28%
gathering and run into a client	79	69%	35	31%		51	45%	6	5%	57	50%
	58	51%	56	49%		47	41%	36	32%	31	27%

22.	35	31%	79	69%		43	38%	57	50%	14	12%
23.	44	39%	69	60.5%	1	52	46%	22	19%	40	35%
24. Hugged a client	36	32%	78	68%		47	41%	9	8%	58	51%
25. Accepted an invitation to a client's special occasion (e.g. wedding, graduation)	44	39%	70	61%		68	60%	25	22%	21	18%
26. Given a client a ride home after a session	36	32%	77	67.5%	1	56	49%	30	26%	28	25%
27. Attended a fitness facility where you occasionally run into a client(s)	64	56%	50	44%		35	31%	16	14%	63	55%
28. Dined in a restaurant where a client is a server	60	53%	54	47%		37	32%	16	14%	61	54%
29.	41	36%	73	64%		51	45%	40	35%	23	20%
30.	40	35%	73	64%	1	51	45%	49	43%	14	12%
31.	36	32%	78	68%		42	37%	63	55%	9	8%
32. Gone into business with a client	27	24%	87	76%		32	28%	69	61%	13	11%
33.	32	28%	82	72%		38	32%	55	48%	21	18%
34.	28	25%	86	75%		36	32%	59	52%	19	17%
35. Sold a client an item under $10 that could be considered a counseling aid (e.g. relaxation tapes)	46	40%	68	60%		51	45%	22	19%	41	36%
36. Received goods and/or services in exchange for counseling if a client became unable to pay	39	34%	75	66%		55	48%	37	32%	22	19%
37. Provided counseling for an equal time amount (e.g. 1:1) of "professional" services (e.g. lawyer, accountant, dentist, etc.)	50	44%	64	56%		52	46%	39	34%	23	20%
38. Provided counseling for an unequal time amount (e.g. 1:4) of "manual" services (e.g. cleaning, yard work, etc.)	46	40%	68	60%		43	38%	52	46%	19	17%

Note: The items are re-numbered to match the survey that was published online so that there are only 38 items (#5 is missing) and item 6-39 became items 5-38.

Appendix I: Factor Analysis of BPPS

Factor loadings and communalities based on a principal components analysis with Varimax rotation for 38 items from the BPPS (n = 114).

Item #	Factor 1 Boundary Crossings	Factor 2 Boundary Violations	Factor 3 Neither	Factor 4 Unclear	Factor 5 Unclear	Item #	Factor 1 Boundary Crossings	Factor 2 Boundary Violations	Factor 3 Neither	Factor 4 Unclear	Factor 5 Unclear
1.	.894	.033	-.234	.064	-.097	20.	.536	-.105	.428	.103	.092
2.	.852	-.110	.053	.131	-.166	21.	.523	-.233	.104	-.128	.627
3.	.855	-.180	.053	.094	.005	22.	.726	-.152	-.354	-.255	.248
4.	.776	-.070	-.180	-.091	-.006	23.	.743	-.114	-.214	-.046	.121
5.	.833	-.123	.154	.113	-.260	24.	-.236	.428	.487	.374	.160
6.	.879	-.044	.016	.147	-.181	25.	.845	-.087	.101	.048	.052
7.	.591	.344	.499	-.112	.098	26.	.640	-.153	.103	.560	.068
8.	.569	.421	.279	-.174	-.228	27.	.653	-.078	.341	.059	.220
9.	.866	-.070	-.139	.011	-.170	28.	.685	-.132	.280	.006	.118
10.	.615	-.046	-.090	.160	-.261	29.	.886	-.039	-.061	.034	.020
11.	.864	-.058	-.188	.082	-.083	30.	.858	-.171	-.018	-.096	-.003
12.	.887	.028	-.218	.017	-.099	31.	.865	-.101	-.269	-.090	.130
13.	.908	-.024	-.131	-.033	.115	32.	.762	.368	.009	-.324	-.042
14.	.524	**.559**	-.169	.139	.170	33.	.737	.298	.150	-.346	-.047
15.	.667	.231	.447	-.220	-.061	34.	.709	.247	-.032	-.473	-.060
16.	.665	.012	.017	.245	-.112	35.	.870	-.183	.230	.005	-.040
17.	.630	.021	-.199	.424	.121	36.	.886	-.076	-.210	-.167	.075
18.	.359	**.705**	-.299	.201	.138	37.	.846	-.214	.186	.043	.015
19.	.348	**.713**	-.279	.244	.062	38.	.905	-.086	.154	.043	-.075

Appendix J: Expert Panel Results

Expert Panel Perceptions Results from BPPS: Items all agreed

Item #	Expert 1	Expert 2	Expert 3	Expert 4
BPPS 2- *Provided counseling to a relative of a friend*	**BC**	**BC**	**BC**	**BC**
BPPS 7- *Coincidentally attended an ongoing community class with a client (e.g. yoga, art)*	**N**	**N**	**N**	**N**
BPPS 10- *Provided therapy to a relative of an ongoing client*	**BC**	**BC**	**BC**	**BC**
BPPS 13- *Hired a previous client after termination of counseling*	**BC**	**BC**	**BC**	**BC**
BPPS 18- *Had a sexual relationship with a client*	**BV**	**BV**	**BV**	**BV**
BPPS 20- *Attend a social gathering and run into a client*	**N**	**N**	**N**	**N**
BPPS 23- *Discover that your children have become friends with a client or a client's child*	**N**	**N**	**N**	**N**
BPPS 25- *Accepted an invitation to a client's special occasion (e.g. wedding, graduation)*	**BC**	**BC**	**BC**	**BC**
BPPS 26- *Given a client a ride home after a session*	**BC**	**BC**	**BC**	**BC**
BPPS 32- *Gone into business with a client*	**BV**	**BV**	**BV**	**BV**

Note: BC indicates a boundary crossing. BV indicates a boundary violation. The expert panel took the BPPS. Items all four agreed were either a BC, a BV, or neither became the items for those factors. The bolded items represent those items where all four experts agreed on the EP of the behavior.

Appendix K: Regressions 1 and 2 Model Summaries

Regression 1: Reported BCs

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.662[a]	.438	.411	9.68834	.438	16.196	5	104	.000
2	.668[b]	.446	.408	9.71173	.008	.750	2	102	.475

a. Predictors: (Constant), RURAL, What is your age in years as of today?, Are you currently in a committed, loving, romantic relationship?, Which best describes your gender?, URBAN

b. Predictors: (Constant), RURAL, What is your age in years as of today?, Are you currently in a committed, loving, romantic relationship?, Which best describes your gender?, URBAN, AVOIDMEAN, ANXMEAN

Regression 2: Reported BVs

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.293[a]	.086	.042	.85372	.086	1.985	5	106	.087
2	.589[b]	.347	.303	.72859	.261	20.769	2	104	.000

a. Predictors: (Constant), RURAL, What is your age in years as of today?, Are you currently in a committed, loving, romantic relationship?, Which best describes your gender?, URBAN

b. Predictors: (Constant), RURAL, What is your age in years as of today?, Are you currently in a committed, loving, romantic relationship?, Which best describes your gender?, URBAN, AVOIDMEAN, ANXMEAN

Appendix L: Regressions 3 and 4 Model Summaries

Regression 3: EPs of Boundary Crossings

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.504[a]	.254	.219	7.68287	.254	7.207	5	106	.000
2	.506[b]	.256	.206	7.74606	.002	.139	2	104	.871

a. Predictors: (Constant), RURAL, What is your age in years as of today?, Are you currently in a committed, loving, romantic relationship?, Which best describes your gender?, URBAN

b. Predictors: (Constant), RURAL, What is your age in years as of today?, Are you currently in a committed, loving, romantic relationship?, Which best describes your gender?, URBAN, AVOIDMEAN, ANXMEAN

Regression 4: Neither Ethical Perceptions

Model Summary[c]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					
					R Square Change	F Change	df1	df2	Sig. F Change	Durbin-Watson
1	.384[a]	.148	.108	1.59025	.148	3.677	5	106	.004	
2	.417[b]	.174	.118	1.58101	.026	1.621	2	104	.203	1.772

a. Predictors: (Constant), URBAN, What is your age in years as of today?, Are you currently in a committed, loving, romantic relationship?, Which best describes your gender?, RURAL

b. Predictors: (Constant), URBAN, What is your age in years as of today?, Are you currently in a committed, loving, romantic relationship?, Which best describes your gender?, RURAL, AVOIDMEAN, ANXMEAN

c. Dependent Variable: NeitherPERCEPTION

Appendix M: Regression 5 Model Summary

Regression 5: Boundary Violation Perceptions

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.286[a]	.082	.038	.77860	.082	1.882	5	106	.104
2	.385[b]	.148	.091	.75691	.067	4.082	2	104	.020

a. Predictors: (Constant), URBAN, What is your age in years as of today?, Are you currently in a committed, loving, romantic relationship?, Which best describes your gender?, RURAL

b. Predictors: (Constant), URBAN, What is your age in years as of today?, Are you currently in a committed, loving, romantic relationship?, Which best describes your gender?, RURAL, AVOIDMEAN, ANXMEAN

Appendix N: Factor Analysis of Ethical Perceptions

Item Number	1	2	3	4	5		Item Number	1	2	3	4	5
1. Is _ a:	.394	-.430	.066	.151	.161		19. Is _ a:	-.499	.460	-.018	-.157	-.085
2.	.578	-.169	.096	.192	.436		20.	.664	.062	.242	-.210	-.330
3	.551	-.137	-.001	.259	-.042		21.	.392	.205	-.199	-.197	.041
4.	.189	.363	-.417	.169	-.067		22.	.173	.204	-.481	.091	-.137
5.	.59	.197	-.158	.024	.170		23.	.451	.200	-.081	-.216	-.526
6.	.584	.062	-.074	-.074	.143		24.	.230	.603	.282	-.204	.175
7.	.316	.378	.523	-.237	-.072		25.	.414	.367	-.253	.094	.123
8.	.216	.484	.400	-.014	.002		26.	.364	.322	-.267	-.151	.255
9.	.445	-.139	.099	.203	-.362		27.	.670	.086	.144	-.421	-.343
10	.530	-.155	.188	-.085	-.248		28.	.685	.076	.148	-.373	-.227
11.	.602	-.132	.030	.240	-.087		29.	.375	.218	-.307	.100	-.227
12.	.603	-.082	.110	.225	-.078		30.	.395	.323	-.423	.208	.128
13.	.460	.045	-.024	.356	-.087		31.	.386	.244	-.505	.314	-.174
14.	-.114	.707	.088	.124	.017		32.	-.101	.234	.441	.559	-.202
15.	.187	.377	.393	-.003	.489		33.	.046	.258	.366	.617	.054
16.	.564	-.185	.188	-.129	.117		34.	-.204	.532	.123	.355	-.098
17.	.217	.164	-.233	-.417	.233		35.	.486	.058	-.069	-.158	.208
18.	-.658	.418	-.003	-.220	.215		36.	.221	-.017	-.395	.020	.147
19.	-.499	.460	-.018	-.157	-.085		37.	.601	-.176	.066	.072	.403
20.	.664	.062	.242	-.210	-.330		38.	.686	-.187	.172	.022	.346

Appendix N: Factor Analysis of Ethical Perceptions

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	8.794	23.141	23.141	8.794	23.141	23.141	6.038	15.890	15.890
2	6.662	17.533	40.674	6.662	17.533	40.674	4.190	11.027	26.918
3	2.674	7.038	47.712	2.674	7.038	47.712	3.773	9.928	36.846
4	1.826	4.804	52.516	1.826	4.804	52.516	2.331	6.133	42.979
5	1.590	4.183	56.699	1.590	4.183	56.699	2.244	5.906	48.885
6	1.403	3.692	60.391	1.403	3.692	60.391	2.022	5.321	54.205
7	1.330	3.501	63.891	1.330	3.501	63.891	1.881	4.949	59.154
8	1.125	2.962	66.853	1.125	2.962	66.853	1.741	4.580	63.734
9	1.045	2.750	69.603	1.045	2.750	69.603	1.686	4.436	68.170
10	1.033	2.717	72.320	1.033	2.717	72.320	1.577	4.150	72.320

Extraction Method: Principal Component Analysis.

Appendix O: Levitt et al. Study Findings

Email regarding Levitt, Carlisle, & Neukrug Study 2019

Carlisle, Kristy L. [redacted]
Tue 9/10/2019 11:08 AM

Nope, no significant differences based on age for those items. I'm eager to read your study!
Kristy

Kristy L. Carlisle, Ph.D., LPC-R (VA), HS-BCP
Editor
Journal of Human Services

From: Glenda Nanna [redacted]
Sent: Monday, September 9, 2019 11:54 AM
To: Carlisle, Kristy L. [redacted]
Subject: Re: Prospectus

Awesome! I am trying to finish up my dissertation so please let me know when it happens. Also I am looking at the items I assessed and whether there are any age differences for participants. A few of your items are the same and I wondered if you found age differences for these items-- do you have anything about items such as 15 - hugging a client and 17- attending a client's wedding and 44- selling a product 55- becoming sexually involved with a person your client knows well.

The article mentioned age differences but unfortunately they were not about items I asked about--- just wondering since I did find some ae differences BUT mine are all new counselors within the last 5 years so the ages are limited.