

# Philosophy of Supervision by Dr. Valerie Correa

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Before delving into the specifics of supervision, I must first share why supervision is a professional commitment of mine. I believe that supervision is walking along with a beginning therapist as they are discovering a new world and language. My job is to help translate this language, to be a guide, to challenge their assumptions, to champion their fluency, and to support this new vulnerable traveler as they feel isolated and alien. I believe these beginning moments create the lasting foundation for the therapist. Just as a secure base (Bowlby,1988) dramatically influences the trajectory of a child, I believe the quality of mentorship and leadership for a beginning therapist greatly influences their ability and future. When therapists enter this field with a supervisor who can enrich the therapist's self –confidence, open awareness, give practical tools to have as resources, and create a solid ethical base, a beginning therapist can launch into the profession with a secure knowledge that they are capable.

Conversely, if beginning therapists have a supervisor with a lack of leadership or skill, who is without clear ethical principles and boundaries, or who negatively inflames insecurity and incompetence, the therapist is at risk of leaving the profession or worse yet, internalizing these inadequate models as competence. The abuses of power and incompetence have potential since our tool for productivity is ourselves. Therefore, good training, on-going education and consultation, and a personal self- care plan are imperative to keep a supervisor healthy to nurture others into this field.

Needless to say, I have a strong desire to be an influential mentor that can positively impact the therapist, which in turn, will positively impact clients. My belief is that just as we want families to have intergenerational patterns of health and nurturance, I want the enriched lessons and experiences I gained from my systemic training and share them with the next generation of therapists. These therapists can gain the knowledge that I was gifted by strong supervisors and avoid the pitfalls that I experienced from inadequate supervisors. Through this transmission of

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information and mentorship, the knowledge then exponentially affects more therapists that will then help more clients. This process furthers the impact of systemic training by entering into more systemic realms through each individual contact.

I enjoy providing private contractual supervision in my private practice as well as providing supervision at a University setting. Just as I am sharing my wisdom, new students and practitioners educate me on new theories, practices and paradigm shifts which inform my practice to continue to be current and relevant. Therefore, I see this mentorship process as circular and systemic.

As a supervisor, I rely on my history as a therapist as empirical evidence. I integrate narrative, rational emotive behavior therapy, emotion focused, structural, Bowenian, general systems theory with a competence based approach. I am developmentally focused as well. I often will use other theories if it seems to fit the presenting issue but these are the main tenets of my work.

Besides providing specific therapeutic interventions from my integrative model, I specifically use the different theories to enhance supervision (Storm & Todd, 2002). Just as common factors around empathy, friendliness, approachability, humor, etc. are important in therapy, they help create a foundation for relationship building, gathering history, and facilitating trust and disclosure for effective supervision (Falender & Shafranske, 2004). Therefore, a general competence based approach is the lens in which all the theories integrate themselves under. Even though each individual supervision relationship is as unique as our relationships with clients, the universality of ethical guidelines stays constant for safety of all members of the system (supervisor, supervisee, therapist, and client).

Specific theories of my perspective are as followed: The developmental perspective assesses abilities for instruction of intervention and how best to communicate so the supervisee can feel

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empowered and encouraged. Also, attention is paid to the developmental issues relating to clients and those issues are emphasized.

I use Structural theory to highlight the power differentials of ethical issues, to discuss boundaries, identify family alliances and parentification of children. Bowenian perspective guides the use of genograms at the onset of supervision so we can refer back to family patterns if isomorphic relationships are occurring of their role in the client system to their family of origin or creation. Also, I rely on Bowenian principles of differentiation and emotional detachment to realign the therapist back to a safe role in their clinical family system of clients.

One of my main tenets of supervision is Narrative theory. I enjoy highlighting metaphors and language used by clients and therapists that form and facilitate intervention. This bridges the content of therapy and enhances supervisee's ability to conceptualize the process of therapy at the same time. Also, narrative theory in supervision externalizes problems inside the treatment and the supervisory relationship. Due to its postmodern underpinnings, narrative perspective often opens multicultural issues to a more personal perspective of each client's cultural identity. This allows a unique approach to deal with diversity issues and contextual difficulties and creates a sensitivity to the implications of developmental, biological, socio-cultural, gender and family of origin issues that relate to diversity in client populations.

Emotion Focused Theory and Rational Emotive Behavior Theory shape the work with supervisee's internal emotional and thought processes as they develop their identity as therapists. They usually need validation of the person of therapist issues as they discover their natural therapeutic style, and need concrete instruction to mediate feelings and affect of anxiety and excitement. They balance the feelings of competence and incompetence gain tolerance for ambiguity. They often need a gentle confrontation using REBT when they are hard on themselves and having negative attributions. These theories also can help the supervisees

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pay attention to and learn how to mediate the emotional content of clients' information. They often feel it is not natural to be so intrusive into people's privacy, through emotion focused consultation supervisees can go through the enculturation process of therapist role. They can discover their view of how to facilitate change and their role in creating that change and what stops them from inhabiting that role.

So the question becomes, what is the process of the supervision I provide? Supervisees will come prepared to discuss cases by mostly case presentation. For more specific training and consultation, supervisees in the private setting can present cases like University students in the format of conceptualization papers and presentations with video-to see live nonverbal and systemic interventions as well as gives students practice in professional development. This is optional based on whatever requirements are pursued for licensure or AAMFT clinical membership status.

I find supervision often follows a developmental course. At the onset of supervision, I find that beginning therapists want and need direct teachings on concrete intervention to provide clients. I will often use these theories as suggestions to conceptualize and treat clients. Developmentally, at the beginning of supervision, I will be very directive in saying what to do, how to do it, why, and what is acceptable and not acceptable. My role is as a directive authoritative supervisor (Long & Lawless, 2002) to engender security during a time of anxiety around inadequacy. As a beginning therapist, the professional role is forming and in infancy. Just as we do not expect a baby to get up and walk on its own, I believe this beginning stage requires the structure and directness to provide a sense of safety and competence that can become internalized.

As the therapist recognizes their own therapeutic style, develops confidence, finds what theories and practices they gravitate towards, I then become more of a supporter and facilitator

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of their inner process of redefining their own differentiation from me and discovering their own inner talents and skill base. Gradually, I become less directive closer to timed termination to lessen dependency and increase autonomy for launching. I become a nondirective affiliative supervisor (Long & Lawless, 2002). At this stage, a collaborative dialogue becomes the route in which more conceptualization and internalization occurs. Throughout this process, there are discussions on personal growth and professional development.

I leave it up to the therapist to discover how much personal information they want to share as they work through counter transference issues and isomorphic processes. If it looks like a therapist is getting stuck with a developmental personal issue, I will recommend personal therapy as a venue for transformation. I recommend personal therapy for supervisees not only during times of difficulty but also to enhance the supervisee's awareness of the therapeutic process. Research (Lee, Nichols, Nichols, & Oldom, 2004) shows that supervisees are typically low utilizers of personal therapy, I believe it is important to have a personal experience of how the therapeutic process is felt from the client's perspective to enhance clinical skills.

As termination of this mentorship comes to a close, I view the process like launching an adolescent in a family. It is a rewarding process to launch a competent caring therapist into the professional world. Discussions often shift towards professional development and case consultation as the end nears. Our roles become redefined through respectful boundaries to shift our work from supervisor and supervisee to professional collaborative peers (Green, Shilts, & Bacigalupe, 2001) as our contract becomes complete.

In conclusion, each supervisory relationship is an intricate experience weaving multi-layers of theory, personal style, current and past experience, nurturance and mutual mentorship that I look forward to with each new introduction.

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