Philosophy of Supervision

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Clinical supervision is where counselors learn how to become more fully themselves as clinicians. Counselors enter the counseling room with knowledge and skills, and they bring themselves, including their experiences, beliefs, and emotions. My philosophy of supervision is grounded primarily in an intersubjective and psychodynamic perspective. Object relations, humanistic theory, and the NeuroAffective Relational Model (NARM; Heller & LaPierre, 2012) strongly influence my approach to supervision. I draw on Rønnestad and Skovholt's (2003) model of counselor development and find process-oriented models helpful for providing structure. I also understand supervision as a form of leadership. Supervisors have the privilege of helping to shape how developing counselors understand themselves and the profession they are entering (Luke & Peters, 2020). I want to wield that influence reflexively, with attention to the responsibility that comes with that power. In this paper, I discuss my approach to supervision, the values that guide my supervision, my motivation and purpose for becoming a supervisor, the ways that I might evaluate my supervision, and my goals for the next five to ten years as a supervisor.

Approach to Counseling Supervision

At the heart of my approach is the desire to create space for counselors to grow. I want supervisees to become increasingly self-aware and clinically competent while developing the confidence to advocate for their clients and their profession. I see supervision as preparation for leadership, because the ways counselors learn to use influence, tolerate uncertainty, and remain grounded in difficult moments can shape how they eventually lead others. More deeply, I hope supervision helps counselors become more grounded in who they are. As they grow in their own

humanity, they become better able to meet their clients' humanity with freedom, courage, and compassion.

My relational and intersubjective orientation shapes how I create that space. Intersubjective theory understands clinical relationships as encounters between subjective worlds rather than as one person objectively observing another (Stolorow et al., 1987). The same is true in supervision. Supervisor and supervisee both bring themselves into the relationship and influence what unfolds (Berman, 2000; Kron & Yerushalmi, 2000). Supervision itself can therefore become a place of learning rather than simply a conversation about what happened somewhere else. I pay close attention to the supervisee's experience in the room. When a counselor describes feeling responsible for a client's progress, afraid of disappointing someone, or unsettled by a client's anger, I want to slow down enough to become curious together. Psychodynamic concepts such as countertransference and parallel process can help make sense of these moments, while supervision can strengthen the counselor's capacity for self-reflection and relationship (Frawley-O'Dea & Sarnat, 2001; Sarnat, 2010).

My training in NARM has especially shaped this part of my supervisory style. NARM emphasizes present-moment awareness, relational connection, and personal agency (Heller & LaPierre, 2012). One of the greatest gifts of that training for me has been learning that awareness can create space between an internal reaction and the need to act on it, and in that space resides the freedom of choice. I want supervisees to experience something similar. Rather than reacting quickly or judging themselves, they can learn to notice their experience, understand it, and choose how they want to respond.

I want supervision to help counselors become more comfortable with uncertainty and imperfection. Clinical work rarely follows a script, yet newer counselors often feel pressure to

"do" therapy correctly. At times, talking about a difficult interaction may not be enough. I often use purposeful role-play or role reversal to help supervisees return to a clinical moment, notice what happens internally, and experiment with another way of responding. My goal is to create conditions where they can practice, recover from mistakes, and gradually develop greater flexibility and a clinical voice that feels uniquely theirs.

For this kind of reflection and experimentation to occur, the relationship itself matters. My humanistic orientation leads me to value warmth, respect, and authenticity. Research suggests that supervisees experience the supervisory relationship as central to effective supervision (Worthen & McNeill, 1996). Ladany et al. (1996) found that supervisees often withhold meaningful material from supervisors, which reminds me that relational safety cannot be assumed. I want supervisees to know that uncertainty, mistakes, and difficult reactions can be spoken about honestly. I expect moments of misunderstanding or disconnection. When these ruptures can be named and repaired, they may become some of the most meaningful learning experiences in supervision. Warmth does not remove responsibility, however. I remain accountable for client welfare, evaluation, and gatekeeping.

I view supervision as a developmental process. Rønnestad and Skovholt (2003) describe counselor development as a career-long process in which experience gradually becomes integrated into the clinician's sense of self. This encourages me to meet supervisees where they are. A newer counselor may need more teaching and reassurance. As counselors develop, I want to offer greater room for complexity, independent judgment, and a clinical voice that increasingly feels like their own. I hope they begin to see themselves as professionals who can advocate for clients, influence systems, and eventually mentor or lead others. In this way,

supervision can support the development of both clinical and leadership identity (Luke & Peters, 2020).

Finally, process models help me give this relational work structure within each supervision session. Page and Wosket's (2015) Cyclical Model is especially congruent with my approach because it creates movement from contracting and focus into reflective space, then back toward clinical practice and review. I am particularly drawn to the idea of *space*. Supervision does not always need to rush toward an answer. Sometimes the most useful thing I can offer is enough safety and time for a supervisee to notice what is happening, make meaning of it, experiment with what might come next, and discover a more intentional way forward.

Values That Guide My Supervision

Curiosity is the value I most want to cultivate as a supervisor. I want supervisees to become interested in themselves before they judge themselves. If a counselor notices irritation toward a client, I would wonder together about what the feeling might be telling us. Curiosity can turn an uncomfortable reaction into an opportunity for reflection rather than a reason for shame.

Honesty is equally important. I want supervisees to know they can tell me when they are feeling unsure, when a session did not go well, or when they do not know what to do. Supervision loses much of its usefulness when counselors feel they must project competence. Since I understand supervision intersubjectively, I believe I have a responsibility to notice how I contribute to whether honesty feels safe (Berman, 2000).

I value growing autonomy as one of the fruits of good supervision. My hope is that supervisees gradually need fewer answers from me. I want them to develop a clinical voice that feels genuinely unique to them. Rønnestad and Skovholt (2003) describe this growing integration

and professional individuation as part of counselor development. For me, supervision succeeds when a counselor becomes increasingly able to think deeply, evaluate their own judgment, and recognize when consultation is needed.

I see cultural humility as part of my responsibility. I aim to keep examining my own assumptions and to remain open to realities I may not fully understand (Hook et al., 2016). Multicultural supervision requires supervisors to pay attention to power rather than assuming it will simply take care of itself (Falender et al., 2013; Kemer et al., 2022). I want culture and identity to become natural parts of our conversations instead of topics saved for moments when difference becomes especially visible.

Additionally, I value collaboration. I want supervision to feel like work we are doing together rather than something I am doing *to* a supervisee. This means inviting counselors into goal setting, checking in about what they need, and remaining open to their feedback about our work together. At the same time, counselors develop within larger systems. When appropriate, I want to collaborate thoughtfully with site supervisors, faculty supervisors, and other members of the training team so that the supervisee receives consistent support rather than competing expectations. Effective supervision depends in part on clear roles, shared goals, and communication among those responsible for the counselor's development (Borders et al., 2014).

My Christian worldview also shapes how I understand supervision. Authority is stewardship. Whatever influence I have has been entrusted to me for the good of other people. This makes humility especially important. It strengthens my belief that investing in newer counselors is worth the cost in time and energy. Where spiritual integration is appropriate, I welcome thoughtful exploration of faith while respecting the supervisee's own beliefs.

Motivation and Purpose for Becoming a Counseling Supervisor

Much of my desire to supervise comes from how deeply I have been shaped by my own training. Some of my most formative experiences occurred when someone helped me understand what was happening within me rather than simply teaching me one more technique. NARM was particularly influential. Through that training, I became more capable of noticing my internal reactions without automatically organizing my behavior around them. I experienced more freedom as a therapist. I want developing counselors to experience that kind of growth too.

I have encountered newer counselors who know a great deal intellectually, yet still feel overwhelmed by what happens inside them when therapy becomes emotionally intense. A counselor may understand grief conceptually but feel uncomfortable when a client begins to cry. Another may understand boundaries and still feel guilty when a client is disappointed. These are deeply human reactions. More technique alone will not always change them. Reflective supervision gives counselors a way to understand themselves as they learn to accompany others.

I feel a responsibility to support counselors during a vulnerable stage of professional development. Beginning clinicians sit with profound human pain while simultaneously discovering how much they still have to learn. I remember what it has meant for other people to invest in me during seasons when I was still finding my footing. Supervision gives me an opportunity to offer that kind of presence to someone else.

I see supervision partly through the idea of *noblesse oblige,* a responsibility to give forward what others generously invested in me. I have received extraordinary amounts of time and wisdom from people who came before me, such as teachers, supervisors, and mentors. I believe receiving those gifts creates some responsibility to give them away again. This is one reason I see supervision as leadership. Mercurio (2017) describes authentic purpose as an "invisible leader" that can orient people toward meaningful work. Supervision is ultimately

about developing clinicians who can care well for other people and eventually invest in others themselves. This understanding resonates with servant leadership in counseling. Prasath and Bhat (2022) connect servant leadership with the development of counselors and counselor educators. McKibben et al. (2018), writing about L. DiAnne Borders's leadership, similarly describe the lasting influence of mentorship and modeling.

This work extends beyond professional competence. Rønnestad and Skovholt (2003) describe counselor development as an ongoing process of reflection and integration. Watkins (2020) similarly describes supervision as a signature pedagogy through which clinicians develop professional ways of thinking and being. To accompany people well through painful experiences, counselors themselves must continue growing. I hope supervision helps clinicians become more whole and more able to inhabit their own humanity.

Client welfare remains central to that purpose. Supervisors must evaluate competence and address concerns when they arise (American Counseling Association [ACA], 2014). Competency-based supervision additionally emphasizes clear expectations and meaningful feedback (Falender & Shafranske, 2004). Caring for a supervisee cannot mean avoiding difficult conversations. I want feedback to be clear enough to promote growth and compassionate enough that dignity remains intact.

Standards for the Quality of My Supervision

I would judge the quality of my supervision by what develops in the counselor and by the quality of the supervisory relationship itself. Effective supervision should strengthen clinical competence and ethical judgment while increasing a counselor's capacity for reflection. Over time, I want supervisees to become more comfortable with complexity, more able to recognize the limits of their competence, and more willing to seek consultation when it is needed. Growing

autonomy should include the ability to make thoughtful decisions without losing humility or awareness of professional responsibility.

The supervisory relationship provides another important measure. If supervisees do not feel able to disclose uncertainty, mistakes, or difficult reactions, meaningful material may remain outside the room (Ladany et al., 1996). I therefore want supervision to include collaborative goals, regular feedback, and clear evaluation procedures (Borders et al., 2014). Ethical supervision also requires transparency about informed consent, confidentiality, documentation, boundaries, emergency procedures, and the limits of the supervisory relationship. When concerns about competence arise, I want to address them directly and early while preserving the supervisee's dignity and keeping client welfare central.

I also want supervisees to have a meaningful way to evaluate me. I incorporate regular supervisory alliance feedback so I can understand how the relationship is being experienced and make adjustments when appropriate. For me, quality supervision is therefore reflected not only in whether supervisees feel supported, but in whether they are becoming more competent, reflective, ethically grounded, and able to use supervision honestly and productively.

Goals for the Next Five to Ten Years

Over the next five to ten years, I hope supervision becomes an important part of both my clinical leadership and academic identity. In clinical settings, I want to help develop supervisors who see their role as more than management. I want to help create cultures where clinicians are known, challenged, and supported as they continue developing.

I also want to grow intentionally into triadic and group supervision. Triadic and group supervision interests me because counselors can learn from one another. These formats align with my relational orientation because they create opportunities for shared learning and

interpersonal feedback (Borders et al., 2012). I want to pursue additional training and consultation before expanding substantially into these formats; continuing to develop as a supervisor is part of the responsibility of supervision itself (Borders, 2014; Watkins, 2012).

Within university settings, I hope to supervise counselors-in-training and emerging counselor educators. Over time, I would like to develop other supervisors. McKibben et al. (2018) illustrate how leadership through mentorship can continue influencing people long after the original relationship has ended. That is the kind of generative leadership I hope to practice. I want to invest deeply in counselors who will eventually invest in someone else.

Ultimately, I hope the counselors I supervise become less dependent on me. I want them to leave supervision with greater confidence in thoughtful judgment and greater comfort with not knowing everything. Most of all, I hope they remain connected to themselves and to the deeper purpose that drew them into this work.

Conclusion

My philosophy of supervision is ultimately a philosophy of relationship, development, and leadership. Intersubjective and psychodynamic perspectives remind me that counseling and supervision happen between people who affect one another. NARM has taught me the value of slowing down and becoming curious about what is happening in the present moment. Rønnestad and Skovholt's model reminds me that becoming a counselor is a lifelong journey rather than a destination.

Leadership gives that journey direction. Mercurio's (2017) concept of authentic purpose reminds me that the most important leader in supervision should not be the supervisor's authority. It should be the purpose toward which that authority is directed. I have been shaped by

people who were willing to teach me and make room for my growth. I want to steward what I have received by doing the same for counselors coming behind me.

Ultimately, I hope supervision helps clinicians become more capable without becoming harder. I hope they become more knowledgeable while remaining curious. I hope they develop confidence without losing humility. Most of all, I hope they become increasingly whole people who can meet other human beings with courage, compassion, and integrity.

References

American Counseling Association. (2014). *2014 ACA code of ethics*. https://www.counseling.org/docs/default-source/default-document-library/ethics/2014-aca-code-of-ethics.pdf

Berman, E. (2000). Psychoanalytic supervision: The intersubjective development. *The International Journal of Psychoanalysis*, *81*(2), 273–290. https://doi.org/10.1516/0020757001599762

Bernard, J. M., & Goodyear, R. K. (2018). *Fundamentals of clinical supervision* (6th ed.). Pearson. https://ci.nii.ac.jp/ncid/BA52745856

Borders, L. D. (2014). Best practices in clinical supervision: Another step in delineating effective supervision practice. *American Journal of Psychotherapy*, *68*(2), 151–162. https://doi.org/10.1176/appi.psychotherapy.2014.68.2.151

Borders, L. D., Glosoff, H. L., Welfare, L. E., Hays, D. G., DeKruyf, L., Fernando, D. M., & Page, B. (2014). Best practices in clinical supervision: Evolution of a counseling specialty. *The Clinical Supervisor*, *33*(1), 26–44. https://doi.org/10.1080/07325223.2014.905225

Borders, L. D., Welfare, L. E., Greason, P. B., Paladino, D. A., Mobley, A. K., Villalba, J. A., & Wester, K. L. (2012). Individual and triadic and group: Supervisee and supervisor perceptions of each modality. *Counselor Education and Supervision*, *51*(4), 281–295. https://doi.org/10.1002/j.1556-6978.2012.00021.x

Falender, C. A., Burnes, T. R., & Ellis, M. V. (2013). Multicultural clinical supervision and benchmarks: Empirical support informing practice and supervisor training. *The Counseling Psychologist*, *41*(1), 8–27. https://doi.org/10.1177/0011000012438417

Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency-based approach*. American Psychological Association. https://doi.org/10.1037/10806-000

Frawley-O'Dea, M. G., & Sarnat, J. E. (2001). *The supervisory relationship: A contemporary psychodynamic approach* (1st ed.). Guilford Press.

Heller, P., & LaPierre, A. (2012). *Healing developmental trauma: How early trauma affects self-regulation, self-image, and the capacity for relationship*. North Atlantic Books.

Hook, J. N., Watkins, C. E., Jr., Davis, D. E., Owen, J., van Tongeren, D. R., & Marciana, J. R. (2016). Cultural humility in psychotherapy supervision. *American Journal of Psychotherapy*, *70*(2), 149–166. https://doi.org/10.1176/appi.psychotherapy.2016.70.2.149

Kemer, G., Li, C., Attia, M., Chan, C. D., Chung, M., Li, D., Neuer Colburn, A., Peters, H. C., Ramaswamy, A., & Sunal, Z. (2022). Multicultural supervision in counseling: A content analysis of peer-reviewed literature. *Counselor Education and Supervision*, *61*(1), 2–14. https://doi.org/10.1002/ceas.12220

Kron, T., & Yerushalmi, H. (2000). The intersubjective approach in supervision. *The Clinical Supervisor*, *19*(1), 99–121. https://doi.org/10.1300/j001v19n01_06

Ladany, N., Hill, C. E., Corbett, M. M., & Nutt, E. A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology*, *43*(1), 10–24. https://doi.org/10.1037/0022-0167.43.1.10

Luke, M., & Peters, H. C. (2020). Supervision as the signature pedagogy for counseling leadership. *Teaching and Supervision in Counseling*. https://doi.org/10.7290/tsc020204

McKibben, W. B., Young, J. S., Cashwell, C. S., & Tangen, J. L. (2018, January). L. DiAnne Borders: Leadership through mentorship and modeling. *Journal of Counselor Leadership and Advocacy*, *5*(1), 71–81. https://doi.org/10.1080/2326716X.2017.1422996

Mercurio, Z. (2017). *The invisible leader: Transform your life, work, and organization with the power of authentic purpose*. Advantage Media Group.

Page, S., & Wosket, V. (2015). *Supervising the counsellor and psychotherapist: A cyclical model* (3rd ed.). Routledge.

Peters, H. C., & Luke, M. (2021, January). Supervision of leadership model: An integration and extension of the discrimination model and socially just and culturally responsive counseling leadership model. *Journal of Counselor Leadership and Advocacy*, *8*(1), 71–86. https://doi.org/10.1080/2326716X.2021.1875341

Prasath, P. R., & Bhat, C. S. (2022, January). Psychological capital as an antecedent to servant leadership in the counseling profession. *Journal of Counselor Leadership and Advocacy*, *9*(1), 71–85. https://doi.org/10.1080/2326716X.2022.2036269

Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, *30*(1), 5–44. https://doi.org/10.1177/089484530303000102

Sarnat, J. (2010). Key competencies of the psychodynamic psychotherapist and how to teach them in supervision. *Psychotherapy: Theory, Research, Practice, Training*, *47*(1), 20–27. https://doi.org/10.1037/a0018846

Stolorow, R. D., Brandchaft, B., & Atwood, G. E. (2014). *Psychoanalytic treatment an intersubjective approach* (1st ed.). Routledge.

Watkins, C. E., Jr. (2012). Development of the psychotherapy supervisor: Review of and reflections on 30 years of theory and research. *American Journal of Psychotherapy*, *66*(1), 45–83. https://doi.org/10.1176/appi.psychotherapy.2012.66.1.45

Watkins, C. E., Jr. (2020). Psychotherapy supervision: An ever-evolving signature pedagogy. *World Psychiatry*, *19*(2), 244–245. https://doi.org/10.1002/wps.20747

Worthen, V., & McNeill, B. W. (1996). A phenomenological investigation of "good" supervision events. *Journal of Counseling Psychology*, *43*(1), 25–34. https://doi.org/10.1037/0022-0167.43.1.25