Statement of Supervision Philosophy
Lynne A. Bennion, Ph.D.

Center Activities:
- Individual therapy. Particular clinical interests/skills: Post-traumatic stress disorder, mood disorders, family of origin and/or abuse issues, borderline personality disorder, eating disorders. Occasional couples and group therapy.
- Teaching. Student Development 117 (Career Exploration); also Psychology 341 (Personality).
- Supervision.
- Committees: Training, Diversity, Departmental Rank Advancement.

Theoretical Style
I have a great interest in personality theories and believe that each of the major perspectives in psychology contributes something important to our understanding of how humans learn, develop troubles, and transcend troubles. I began my professional career with a strong preference for George Kelly's personal construct theory, with an appreciation for various cognitive-behavioral perspectives. After working with several clients with post-traumatic stress disorder (initially at the Veterans Affairs Medical Center), I became interested in psychodynamic/interpersonal theories and therapeutic techniques. In my overall theoretical assumptions, I am decidedly "constructivistic," but I tailor my specific therapeutic interventions to clients' presenting concerns and readiness for change.

Professional Issues
In addition to the clinical interests listed above, my particular research and training interests lie in the areas of racial identity theory and multicultural competencies.

Supervision Style
- I view myself as the trainee's advocate: I try to support the trainee in adjusting to the CCC, developing a professional role, completing a dissertation and engaging in a future job search, etc., in addition to supporting the trainee's clinical work at the CCC. I do not expect trainees to be anywhere near perfect!
- In general I prefer a "developmental" approach; my first interest is assessing where a trainee is in her/his growth as a provider of psychological services, and then I try to match my style of supervision to the particular needs of the trainee. Most often, for interns and externs this involves a focus on case conceptualization, a process I enjoy. I ask supervisees to regularly bring in videotapes of their work which we can review together.
- I highly value self-awareness. While I am very clear about the boundary between the role of supervisor and the role of therapist, at times my role as supervisor may involve helping a trainee process "countertransference" that emerges while providing therapy; I view our reactions to clients as a valuable source of information about both our clients and ourselves as therapists.
- I tend to tell stories about my own clinical experiences, but I am capable of reining that in!