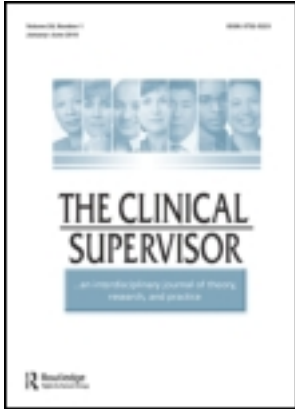


This article was downloaded by: [University of Oklahoma Libraries], [Lori Franklin]

On: 29 November 2011, At: 08:12

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



## The Clinical Supervisor

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wcsu20>

### Reflective Supervision for the Green Social Worker: Practical Applications for Supervisors

Lori D. Franklin<sup>a</sup>

<sup>a</sup> University of Oklahoma, Tulsa, Oklahoma, United States

Available online: 29 Nov 2011

To cite this article: Lori D. Franklin (2011): Reflective Supervision for the Green Social Worker: Practical Applications for Supervisors, *The Clinical Supervisor*, 30:2, 204-214

To link to this article: <http://dx.doi.org/10.1080/07325223.2011.607743>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.tandfonline.com/page/terms-and-conditions>

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

# **Reflective Supervision for the Green Social Worker: Practical Applications for Supervisors**

LORI D. FRANKLIN

*University of Oklahoma, Tulsa, Oklahoma, United States*

*Reflective supervision asks supervisors to focus on the themes expressed by supervisees and to examine meaning and relational content. However, supervisors may not be aware of how to facilitate this type of interaction at various levels of clinical development. This article integrates the ideas of developmental stage models and reflective supervision and discusses the implementation of reflective supervision to new social workers specifically. These concepts are applied to case vignettes to provide practical application for supervisors in implementing reflection throughout their work with new social workers with the goal of increasing reflective content early in the process.*

**KEYWORDS** *counseling supervision, developmental models, new social workers, reflective supervision, social work supervision, stage models of supervision*

## INTRODUCTION

We have all met green social workers, and know that their fresh ideas and enthusiasm can make for some of the most rewarding experiences of supervision. They are the new graduates who sit before us with bright smiles, the newly hired workers with endless streams of questions, or the students ready to catapult into performing the practice of their dreams. They are sometimes anxious, self-doubting, self-effacing clinicians looking for us to validate their performance or perhaps even overconfident new clinicians who truly believe that graduate education is all they needed to become an expert. However they present, they have some things in common. They are all new to the

---

Address correspondence to Lori D. Franklin, 4502 East 41st Street, Tulsa, OK 74135.  
E-mail: lfranklin@ou.edu

work and “green,” albeit in a wide variety of shades. A new graduate is clearly new to master’s-level practice, regardless of earlier experiences, and often craves directive instruction about how to take the next steps in his or her career.

The literature has looked at the different types of workers who present for supervision. Briefly summarized, these include the inexperienced new worker overwhelmed by orientation, the experienced new worker with a variety of baggage from previous employment, the abrasive new worker with an inflated sense of confidence, and the student in a field placement who is juggling multiple influences from the school and the agency (Shulman, 1993). And yet, even among these types, there are shades of green. We use the term “green” as shorthand for a number of concepts to describe new workers: inexperienced, untrained, fresh, raw, new, or even immature. Yet, the types of new workers just described may be any combination of these. A worker might be seasoned in an area of practice, yet green when faced with a new set of client problems. A recent graduate might be well trained through intensive classroom and fieldwork, yet green to the new environment of employment and struggling to apply theory to practice. A green new worker might be eager to absorb new information and grateful for new challenges, or exhausted and overwhelmed enough to make poor use of supervision. Regardless, these green social workers who are new postgraduate employees need clear guidance, are not ready to be too independent, and demand a different type of supervision that recognizes their unique needs.

Much has been written on the need to approach clinical supervision from a perspective that accounts for stages of professional development toward competence and expertise. Supervisees, while all unique, follow a general path of development that can be characterized through stage models. As clinicians strive to build competence and skills, approaches to supervision should consider the clinician’s proficiency and experience, and match supervision to the level of clinical development of each supervisee (Aten, Strain, & Gillespie, 2008; Ripley, Jackson, Tatum, & Davis, 2007; Stoltenberg, 2005; McNeill, Stoltenberg, & Romans, 1992).

Reflective supervision is an approach to supervision that encourages not only attention to the content of the work, but asks supervisors and clinicians to look deeper into their own reactions and processes as they relate to their experiences with clients. This type of reflection places a high emphasis on the relationship, not only between social worker and client, but the relationship between supervisor and supervisee. Reflective practice involves not only an examination of personal assumptions and judgments, but also asks the practitioner to utilize this reflection to influence practice (Scaife, 2010). This analysis occurs throughout the entire process of supervision (Parlakian & ZERO TO THREE, 2001). While most models encourage building clinicians’ self-awareness throughout supervision, reflective supervision emphasizes the analysis of relationships and models of collaboration throughout.

Schön framed this as “reflection-in-action,” challenging us as supervisors to not only reflect about action after it has occurred, but to educate practitioners on how to think while doing as they go about enriching the conscious use of self in the helping process (Schön, 1987). But as Scaife (2010) discusses, the supervisor and supervisee relationship also emphasizes reflection-in-action and asks supervisors to illuminate the parallel process of the supervisory relationship with the client relationship. This model of reflection is effective with supervisees who are utilizing collaborative models of treatment that place a high emphasis on the therapeutic relationship as it allows the supervision to assume a similar structure to the therapeutic session (Scaife, 2010). Of course, there are risks in conceptualizing the supervisee as a client, which may leave the supervisee feeling blamed or pathologized for having reactions that are completely normal as a novice clinician. Supervision must remain focused on the reflective process that exists between the client and the worker, while also avoiding implications that a supervisee has a personality flaw (Scaife, 2010).

Reflective supervision and models of supervision that emphasize practitioner development are both being written about in supervisory literature. But what is missing is a way to conceptualize reflective supervision in the context of a developmental model, specifically in regards to a blended model for new postgraduate social workers and the specific challenges they present in supervision. While a supervisor might understand that the supervisee will progress through stages of building clinical expertise, and be comfortable with a developmental framework, these models do not indicate how to incorporate the concepts of reflective supervision. Similarly, while reflective supervision indicates the need for a collaborative relationship with a supervisee that encourages reflection on meaning and process throughout supervision, a supervisor might be confused as to how to incorporate reflection from the start in supervision amid the barrage of technical questions often posed by green clinicians. This article blends the ideas of developmental stage models and reflective supervision, and discusses implementation of reflective supervision for one particular group: the green social worker as conceptualized as a new post-master’s employee. This type of blending has occurred in the understanding of supervising educators, but little has been discussed about how to practically implement reflection in the social service professions according to developmental levels. The author’s intention in this article is to provide supervisors with concrete and specific direction for implementing reflection throughout the initial supervisory process and how to adjust the actual content of reflections in light of clinical proficiency.

### Overview of Existing Models

Various models exist to analyze the stages of professional development as a social worker begins a journey toward clinical competence. Hatcher and

Lassiter (2007) conceptualized the stages of development of psychology students as novice, intermediate, and advanced. These were characterized by a novice stage involving limited skills of analysis, intervention, and implementation of technique, the intermediate student as able to recognize important elements of interaction and choose an appropriate intervention strategy, but still needing supervisory support to guide performance, and the advanced level with a more integrated knowledge of the skills and knowledge of advanced practice (Hatcher & Lassiter, 2007).

Studer (2006) discusses a stage model of development parallel to Erik Erikson's stages of psychosocial development, implying that trust must be established in the supervisory relationship as an initial task, and that other phases of the supervisory process follow the pattern of the Erikson stages with each stage containing a professional "crisis" or change in perspective. While certainly valid that trust is a crucial component of a constructive supervisory relationship, professional autonomy and the development of a professional identity is often simultaneous for new employees thrust into difficult practice situations where they are asked to perform at the master's level immediately.

The Integrated Developmental Model of supervision, or IDM, characterizes clinical development also in three major stages (Stoltenberg, 1987; Stoltenberg, McNeill, & Delworth, 1998; Stoltenberg, 2005). Briefly summarized, these consist of level 1, where clinicians experience high levels of anxiety and are focused mainly on themselves and their own effectiveness, level 2, where supervisees are able to shift more toward a focus on the client with a better understanding of the client's perspectives, and level 3, where the supervisee remains focused on the client but is increasingly self-aware of his or her own emotions, perspectives, and actions and how they relate to the client (Stoltenberg, 2005). Stoltenberg (2005) recommends utilizing prescriptive and conceptual interventions early in the supervision process as the supervisee craves structure while continuing to struggle with the mastery of foundation skills of linking theory to practice. Catalytic interventions, designed to expand the personal awareness of the supervisee in relation to the therapeutic process, are reserved for later levels in the supervisory experience.

Models of reflective supervision, however, do not support waiting for advanced development before initiating reflective processing. Reflective supervision asks supervisors to form collaborative relationships with supervisees that encourage reflective thinking and analysis throughout the supervision process (Parlakian & ZERO TO THREE, 2001). Supervisees are asked to try "stepping back from the immediate, intense experience of hands-on work and [take] the time to wonder what the experience *really* means" (Parlakian & ZERO TO THREE, 2001). Supervisees are asked to think about their roles in client interactions, examine their thoughts and feelings, and reflect upon the relationship of their personal experiences to client care. Reflective supervisors are challenged to focus on the "thematic rather than content patterns of the supervisees' report of the counseling session"

(Ward & House, 1998). This emphasis on self-awareness and collaboration begins at the first supervisory session, not waiting for anxiety to subside, but utilizing active listening and thoughtful questioning to create an atmosphere of collaboration in the supervisory relationship from the very beginning (Parlakian, 2001).

Ward and House (1998) offer a useful and specific series of questions that promote reflection while also suggesting a phase model of clinical development for counselors that emphasizes “concurrent development of both supervisees and the supervision relationship” (p. 4). Their framework for instituting reflective supervision will in turn promote clinical independence by encouraging a self-analysis process. While very useful, Ward and House do not focus specifically on the green social worker and the unique and complex presentations of this novice stage.

Reflective supervision and reflective practice’s emphasis on process over content as well as personal reactions has emphasized that a relationship-based approach is useful for both supervisees as well as clients (Gilkerson & Ritzler, 2005; Parlakian, Seibel, & ZERO TO THREE, 2001; Gibbs, 2001; Scaife, 2010), and that asking a supervisee to “reflect-in-action” (Schön, 1983) addresses the consistent gap between academic knowledge and what Schön refers to as the “swampy lowlands” of actual messy practice. New graduates are accustomed to the cleaner, research-based technique and theory presented in the academic environment and are acquiring new skills of application to practice that require significant reflective processing. Schön compares it to improvisation in jazz music; musicians are cognizant of a schema of the music, but it is their own intuitive and tacit understanding of the theme of the music that frees them to improvise (Schön, 1983). This author once had an MSW student compare this process to a coloring book; upon graduation, she had the knowledge and skills that formed a thick black outline of a picture, but now she was poised to use her career to express herself by choosing the colors to fill it in. But the color choice is guided by a supervisor who helps that supervisee explore and reflect on his or her own experience of practice-in-action from the very beginning of supervision.

Reflective supervision moves away from a task-focused or instructional model of supervision, and promotes a more collaborative and emotionally supportive atmosphere. Gibbs (2001) studied child protection workers and discovered that a lack of emotional processing about the pressures of this field of practice led to externalizing of blame toward children, families, and the agency, as well as higher rates of burnout and low job satisfaction. The interviewed workers craved more than a task focus; they craved a place to process the emotional content of their work.

Educators in early childhood programs and infant mental health have led the way in understanding reflective supervision and implementing it into program models and training for early childhood teachers and providers (Hyun & Marshall, 1996; McCallister & Thomas, 2007; Osofsky, 2005; Parlakian & ZERO TO THREE, 2001; Shahmoon-Shanok, 2006). Hyun and Marshall (1996)

summarize a three-stage model of reflection in the process of educating early childhood teachers that includes technical reflection, practical reflection, and critical reflection. These concepts of building reflective competency, while applied to teachers, involve an evolution from a focus on technical application of skills and knowledge about teaching, to the practical stage of reaching independent and individual decisions about pedagogical issues, to a stage of critical reflection characterized by consideration of moral and ethical issues of social compassion and justice (Hyun & Marshall, 1996, Table 1).

While Hyun and Marshall's work focused on the development of reflection among early childhood teachers, encouraging them to become increasingly independent decision makers and proficient in meeting the needs of young children in a thoughtful manner, these stages are easily applicable to the development of social workers and psychotherapists as well. These three stages of development of reflective processes—technical, practical, and critical—coincide well with other three-stage models.

While the different models conceptualize the stages of development in a variety of ways, they all agree that there is an initial stage of development that has some common characteristics. Whether this stage is called novice, Level 1, or a technical stage, it is addressing the unique issues of green social workers and the first step in their progression to clinical competence.

While these models indicate a linear progression to proficiency and expertise, it is important to remember that this progression may vary widely. Supervisees may have significant experience and competence with specific populations, but return to a “lesser” stage of development when transferred to a different department within an agency, where a different population is served. They might be increasing in their abilities to apply theoretical knowledge in their interventions, but return to a more technical stage when attempting to implement a different theory that is less familiar. Part of the process of continuing to challenge supervisees will naturally involve movement in and out of comfort zones that may result in an increase in the anxiety associated with lower stages of clinical development. So while it is clear that the stages do not have rigid boundaries, there are generalizations that can be made about development of a clinician, and there are issues to consider in utilizing reflective processing in each stage.

## THE GREEN SOCIAL WORKER

The green social worker, as a new employee following graduation with the master's degree, is often characterized by a focus on the particular procedures of a workplace and a struggle with implementing the techniques and skills of intervention with client populations. Although they have had field experience while in graduate school, these supervisees might be new to clinical supervision, unfamiliar with the norms of a supervisory

relationship, anxious to impress their supervisors, and lacking confidence in their abilities to create movement in a client system. They might have many questions about the nuts and bolts of a job and/or how to implement classroom knowledge into interventions, and may have a persistent need for validation and support from the supervisor. Consider the following scenarios:

*Janie just returned from her first solo home visit with a family, after shadowing other staff for a few weeks. She runs to your office and says, "The home had roaches everywhere and the baby was crawling around on the floor. The four-year-old was eating raw macaroni out of a bag and watching soap operas on TV while the mom looked like she had just woken up. I don't know what I'm supposed to do! That home was just awful! Do I call child protective services?"*

*Molly is new to the agency and is a new MSW graduate. She is working with adults with mental illnesses, which is new for her. She is bright and seems eager to learn. Today she says, "While I was talking to a client today, he started telling me that he heard voices calling his name. I know that happens with schizophrenia, but how am I supposed to talk to him and get the information I need when he has all that going on? I just felt so sorry for him as he seemed so confused."*

*Jake has been in practice as an MSW for about two years, but is now pursuing his license. He is new to working with children, but has experience with adults with mental illnesses. Today he says, "I didn't know what to do with this kid today. He was just going on about school and his friends at recess, and we just sat there and played with blocks. I don't think I accomplished much, but what all can you really do with a seven-year-old?"*

These clinicians are preoccupied with doing things "right" and need a supervisor who is supportive and validating. Their interactions with the supervisor are marked by questions, contain an undercurrent of anxiety, and are almost pleading with the supervisor to provide a directive and prescriptive response. It may be tempting for the supervisor to answer these supervisees' questions with explanations: an explanation of the conditions of neglect necessary to warrant a report to child protective services, an explanation of how to work effectively with an actively psychotic client, or an explanation about the process of engagement with a seven-year-old client. Other supervisors might respond with some information probes to encourage more critical thinking by asking to hear more about the conditions of the home, more about the client's responses to the voices, or more about the child's disclosures, in hopes that the supervisee could come to his or her own conclusion about the "right" thing to do.

But a reflective supervisor might look instead at what is known about the clinician; in this case, Janie is new to home visits, Molly is a new graduate working with an unfamiliar population, and Jake has some limited experience, but is also taking on the challenge of a new and different group of

clients. The supervisor will be aware that there is an emotional reaction to the content of these disclosures, but may not be sure what the supervisee is actually experiencing emotionally without asking. These supervisees may be doubting their competence, feeling insecure, and perhaps even wondering if they chose the right career. Janie may be overwhelmed, confused, and perhaps even frightened by the daunting tasks of helping families at risk. Molly may possibly be disoriented, fearful, or uncomfortable after her interaction with a client experiencing psychosis, and Jake might be realizing that he has lost feelings of competence and might be doubting himself after feeling ineffective with a young client.

A reflective supervisor would consider starting here first: exploring personal reactions and their meanings in the therapeutic process, without utilizing a directive or prescriptive response that might thwart the supervisee's independent thinking. The supervisor might respond with a large dose of active listening, and questions that focus on how the supervisee felt during the session emotionally, what the supervisee makes of these feelings, relationships of these feelings to past events or other experiences in the supervisee's life, and how these issues might be influencing the supervisee's view of the client situation. With Jamie, a reflective supervisor might begin with questions such as, "How did it feel to be in this family's home? What emotions were you aware of as you spent time with the family?" This might trigger identification of the many complex emotions of which she might have been previously unaware, but it will also set the stage for the supervisor to follow up with a discussion of how her gut reactions, be they of anxiety, fear, insecurity, disgust, or even something completely unexpected, affected her view on assessing the situation.

Janie's supervisor might explore what Janie's own family experiences were like, in an effort to uncover any similarities or dissimilarities that may be affecting her perceptions. A supervisor may assume that Janie's family's living conditions were unlike those of the family she visited today and therefore Janie is reacting out of shock or disbelief at the conditions she observed. But if the supervisor becomes didactic without exploring that reaction and asking the supervisee to reflect, the supervisor may never uncover any information to challenge that assumption. Perhaps Janie was herself raised in a similar situation and visiting this home triggered her own feelings of helplessness and impotence as a child. Obviously, this would be an important piece of life experience for Janie to examine, and it would benefit her to sort out her own projections with guidance from a supervisor.

With Molly, the supervisor may wish to utilize similar questions about the feelings and emotions Molly was aware of as she spent time in the room with the client, but may also wish to explore Molly's experiences and perceptions of schizophrenia. Simply asking, "Have you ever spent time with someone with schizophrenia before?" might lead her to identify her discomfort due to unfamiliarity, or perhaps even share her past experiences with persons with mental illnesses. This may even uncover misperceptions,

misinformation, or internalized messages about mental illness that can shed light on her reaction to this client.

A supervisor must take care in these interactions to normalize the anxiety that is inherent in the novice practitioner's first experiences with "messy" practice situations. It would be important not to imply that there is something wrong with Molly for being uncomfortable, or to make assumptions that her reactions are due to a personal problem in any fashion. It would also be important to establish enough trust with Molly that the tone of questions that ask her to explore her reaction to a client are not perceived by her as prying or judgmental. Naturally, with her heightened anxiety, asking questions to promote self-exploration run this risk, and the supervisor must use his or her own clinical judgment to assess the relationship between the supervisor and the supervisee. But through meaningful dialogue beyond a didactic role, trust is likely to develop in the relationship.

With Jake, although he has some experience with other populations, he is expressing anxiety about work with a new population, which is of course expected and normal. Exploring this anxiety through questions such as, "How was it different for you to work with a child versus an adult?" might lead to a meaningful discussion. It would be important to explore his experiences with children outside of his professional work, as well as his family-of-origin dynamics to discover his perceptions of children and families and shed light on how he views the process of helping a child. Perhaps he will himself discover any skills of mentoring, modeling, or rapport building he displayed in his interaction with the child.

Naturally, there are times when supervisees need directive feedback and didactic information to fill in their gaps in knowledge. Urgent supervisory situations where quick decisions must be made often require a directive approach from a supervisor to ensure that the supervisee takes appropriate action immediately. In this situation, Jake may need guidance on how to move his interactions from rapport building and engagement to a more deliberate process of creating change in the client system. He may need help in building the skills for goal setting and the execution of specific interventions with his client. But moving straight to that runs the risk of an implication that he cannot discover those skills on his own or access that knowledge from his educational experiences, and re-creates a relationship built on hierarchy instead of collaboration. A reflective supervisor must learn to balance when to postpone the didactic portions of supervision to explore "self" first, and when to provide the supervisee needed information.

## CONCLUSION

Reflective supervision asks that a supervisor encourage supervisees to examine their relationships with clients, with their supervisors, and with themselves.

Supervisors are challenged to avoid impulses to give direct answers, prescribe interventions, or even explore content right away. Instead reflective supervisors look at the themes of supervisees' disclosures and encourage the supervisees to examine their own reactions and critically analyze complex relational issues.

Clearly, though, this process is different for supervisees in various stages of development. While different from developmental models that encourage more prescriptive interaction among supervisees and supervisors in initial stages, reflective supervision looks at relational processes beyond content from the beginning of supervision. While this may be a new way of thinking about responses to supervisees, especially to green social workers, supervisors may benefit from holding these ideas together with developmental models and conceptualizing reflective supervision as a stage process as well.

While this article may assist supervisors in reframing their interactions with green social workers, there are implications for further analysis and empirical examination. Questions remain regarding measurement of how reflective processing affects clinical practice, further examination of how green social workers react to reflective supervision versus technical direction, and how reflective supervision may further advance a social worker out of greenness. Further analysis is warranted about practical suggestions to implement reflective supervision with non-novice social workers throughout their journey toward competence through supervision.

As supervisors we are asked to accept a challenge to deepen our interactions with our supervisees beyond just telling them what to do and beyond just sharing our own practice stories, which are sometimes outdated or irrelevant to the practice of a green social worker. Reflective supervision is a means to enhance the dialogue between a supervisor and supervisee and illuminate the parallel process of supervision as well as create a self-actualized practitioner with a greater sense of self and self-analysis. While Janie, Molly, and Jake may not leave the supervision session with "answers" and a set of detailed notes about the "right things to do," they will leave with a greater sense of how they are reacting to practice and will make steps toward understanding their own identity as social workers in the context of the practice environment. And chances are this will lead them to some great ideas of their own about next steps with their clients.

## REFERENCES

- Aten, J., Strain, J., & Gillespie, R. (2008). A transtheoretical model of clinical supervision. *Training and Education in Professional Psychology, 2*(1), 1–9.
- Gibbs, J. A. (2001). Maintaining front-line workers in child protection: A case for refocusing supervision. *Child Abuse Review, 10*, 323–335.
- Gilkerson, L., & Ritzler, T. T. (2005). The role of reflective process in infusing relationship-based practice into an early-intervention system. In K. M. Finellor

- (Ed.), *The handbook of training and practice in infant and preschool mental health* (pp. 427–452). San Francisco: Jossey-Bass.
- Hatcher, R., & Lassiter, K. (2007). Initial training in professional psychology: The practicum competencies outline. *Training and Education in Professional Psychology, 1*(1), 49–63.
- Hyun, E., & Marshall, J. (1996). Inquiry-oriented reflective supervision for developmentally and culturally appropriate practice. *Journal of Curriculum and Supervision, 11*(2), 127–144.
- McCallister, C. L., & Thomas, T. (2007). Infant mental health and family support: Contributions of Early Head Start to an integrated model for community-based early childhood programs. *Infant Mental Health Journal, 28*(2), 192–215.
- McNeill, B., Stoltenberg, C., & Romans, J. (1992). The integrated developmental model of supervision: Scale development and validation procedures. *Professional Psychology: Research and Practice, 23*(6), 504–508.
- Osofsky, J. (2005). Professional training in infant mental health: Introductory overview. *Infants & Young Children, 18*(4), 266–268.
- Parlakian, R., Seibel, N., & ZERO TO THREE: National Center for Infants, T. (2001, January 1). *Being in charge: Reflective leadership in infant/family programs*. Washington, DC: National Center for Clinical Infant Programs.
- Parlakian, R., & ZERO TO THREE: National Center for Infants, T. (2001, January 1). *Look, listen, and learn: Reflective supervision and relationship-based work*. Washington, DC: National Center for Clinical Infant Programs.
- Ripley, J., Jackson, L., Tatum, R., & Davis, E. (2007). A developmental model of supervisee religious and spiritual development. *Journal of Psychology and Christianity, 26*(4), 298–306.
- Scaife, J. (2010). *Supervising the reflective practitioner: An essential guide to theory and practice*. New York: Routledge.
- Schön, D. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.
- Schön, D. (1987). *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions*. San Francisco, CA: Jossey-Bass.
- Shahmoon-Shanok, R. (2006). *Reflective supervision for an integrated model: What, why and how? Mental health in early intervention: Achieving unity in principles and practice*. Baltimore, MD: Paul H. Brookes Publishing.
- Shulman, L. (1993). *Interactional supervision*. Washington, DC: NASW Press.
- Stoltenberg, C. (1987). *Developmental supervision: A training model for counselors and psychotherapists*. San Francisco, CA: Jossey-Bass.
- Stoltenberg, C. (2005). Enhancing professional competence through developmental approaches to supervision. *American Psychologist, 60*(8), 857.
- Stoltenberg, C., McNeill, B., & Delworth, U. (1998). *IDM supervision: An integrated developmental model for supervising counselors and therapists*. San Francisco, CA: Jossey-Bass.
- Studer, J. (2006, Spring 2007). Erik Erikson's psychosocial stages applied to supervision. *Guidance & Counseling, 21*(3), 168–173.
- Ward, C., & House, R. (1998). Counseling supervision: A reflective model. *Counselor Education & Supervision, 38*(1), 23.