## Contents



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# Synergistic supervision

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## Abstract

The Synergistic Supervision Model combines adult learning principles with supervision skills and processes to create a new framework for supervision practice. These synergise to deepen the opportunity for clinical and personal reflection, and to thicken the experience of the supervisee with regard to both insights into the human interaction and possibilities for professional intervention.

## Introduction

This article presents a model for clinical supervision developed in the process of delivering training to health professionals (mental health social workers, nurses, alcohol and drug counsellors and psychologists) in two District Health Boards across the lower North Island of New Zealand.

The task assigned to us was to provide a range of foundational skills for new supervisors and a refresher and revisiting of skills and knowledge for those already practising as clinical supervisors in the health professions. In the training course we developed, our purpose was to address important areas such as supervisory relationship, content and process of a supervision session, and the significance of organisational and wider context.

We had to work within the constraint of around 30 hours' teaching time and we made the decision that we did not want to teach just one model of supervision. So, in searching through the literature and arising from our own practice experience, we decided to incorporate Kolb's Experiential Learning Cycle (Kolb, 1984), The Brigid Proctor Model (Proctor, 1988), and Hawkins and Shohet's Seven Eyed Model of Supervision (2000).

Initially as we taught the courses, we presented these as separate and discreet theories. However over time, we discovered that we were teaching this material in a much more in-

tegrated way, which on reflection, Paulo Freire (Freire, 1972) would call praxis. Furthermore, a component of every session was taking theory and applying it to workplace settings, and the assessment required each participant to apply the material in a video of a supervision session, and present this to a group of peers.

These action/reflection processes and the emerging integration of the theories we were teaching, came together to create what we have called a Synergistic Supervision Model. The Oxford dictionary (9th edition, 1995) defines synergy as the interaction of two or more agents to produce a new or enhanced effect compared to their separate effects. For us, this captures the essence of our model and clinical supervision itself – a dynamic interaction between exploration, understanding, experiencing and action. Participant evaluations told us that as well as providing supervisors with a template for theorising about supervision, the model also equipped them with a set of skills and interventions for use in their own clinical supervision practice.

## Overview

In this article we will first present an overview of the complete Synergistic Model, then deconstruct it into its component parts for closer examination. This done, we will then reconstruct the parts into the full model, showing the relationship between each, and how they operate together.

**Figure 1.** An overview of the Synergistic Supervision Model.

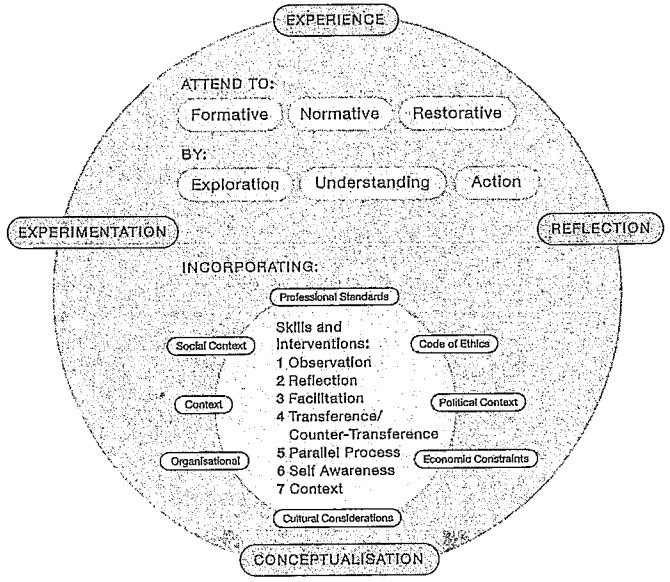





Figure 1 above, shows the Synergistic Model in its complete form, which in our experience, addresses each of the areas of relationship, content and process of a supervision session and the wider professional, organisational, cultural and political contexts. The outermost ring encapsulates the four key principles of an adult learning process (Kolb, 1984). We believe that these principles are inextricably woven into best practice in clinical supervision. Moving inside the circle to the top two levels, we argue that supervisors need to attend to *formative, normative* and *restorative* elements, by a process of *exploration, understanding* and *action* (Proctor, 1988). In order to deepen and thicken the quality of the supervisory 'working alliance' (Proctor, 1988), supervisors need to utilise a range of skills and interventions. That skill set will ideally include skills of observation, reflection, facilitation, recognition of transference and counter-transference, parallel process, self-awareness and the ability to apply understandings to a particular context (adapted from Hawkins and Shohet's Seven Eyed Model of Supervision, 2000).

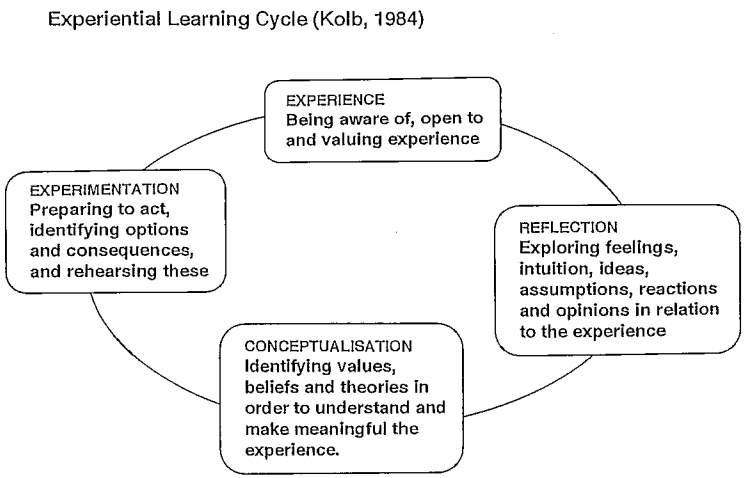
## The influence of adult learning principles in clinical supervision

Clearly, professional education and ongoing professional development in social work requires reflective learning based on adult learning principles. Other New Zealand trainers in supervision have developed models of supervision which emphasise the importance of adult learning principles (Davys, 2001). Kolb (1984) has conceptualised the learning process as involving four modes, which he calls concrete experience, reflective observation, abstract conceptualisation and active experimentation. Kolb proposes a learning cycle based on these four modes, which we have called experience, reflection, conceptualisation and experimentation for short. We have also found that supervisees naturally show a preference for one or more of the four stages of Kolb's learning cycle – as reflected in research by Honey and Mumford (1986), who have developed a Learning Styles questionnaire which we used in our training course. By identifying learning style preferences, a supervisor can highlight the strengths of the supervisee as well as attend to elements in the other areas that may be less well developed, thus promoting additional insights and learnings. For example, studies of social workers show that they tend to prefer the accommodator learning style which emphasises concrete experience and active experimentation over analytical thinking (Van Soest and Kruzich, 1994).

If we work around this cycle in relation to clinical supervision, we can see that in order to get the most out of supervision, practitioners need to be able to prioritise (from the myriad of situations they are faced with in the course of their work), which ones they are going to bring for further discussion and reflection in supervision.

Schön has presented a convincing argument for professionals having the ability for reflective learning, as every day they face 'messy, confusing problems, defying technical solutions' (Schön,1987:3). These problems arise out of the uncertainties, uniqueness and often conflicting situations of professional practice (Schön, 1987:6). In the current environment, raised public expectations about the conduct and performance of practitioners have resulted in an increase in the regulations and accountability governing professional activity. Therefore, the ability to be aware of, open to and valuing of experience, is the first step in the adult learning encounter which is at the heart of clinical supervision.

**Figure two.** Reflective learning in supervision.




Reflection implies the ability to explore feelings, intuition, ideas, assumptions, reactions and opinions in relation to an experience which has been brought to clinical supervision. This step in the process provides an opportunity to revisit experiences in supervision in order to learn from them. A number of writers on reflective practice in social work and other professions have made a distinction between reflection *on* action and reflection *in* action (Gould and Harris, 1996; Boud and Miller, 1996; Taylor, 1996). Practitioners learn the skills of reflection *on* action through clinical supervision. When faced with a challenging situation in the midst of daily practice, practitioners who have learned the importance of reflection *on* action in clinical supervision are likely to have a more considered response as they reflect *in* action. In effect they are learning to self-supervise and are likely to be more confident in responding to unpredictable practice situations.

As well as reflection, an experience needs to be linked to theoretical material or new ways of thinking about the problem. In the next step in the learning cycle, the practitioner seeks to put an experience into some cognitive framework. This stage of conceptualisation involves working together with a supervisor to identify values, beliefs and theories in order to understand and make the experience meaningful.

This in turn leads to the next step in the cycle where the learner experiments, problem solves, explores alternatives, considers consequences and develops action strategies which can be rehearsed in supervision and then tried out in practice. The outcomes of the experimentation may be brought back to the next supervision meeting for further discussion – and so the cycle repeats.



## Frameworks

Moving inside the circle (see Figure 1), we come to the next levels of the model, which contain three elements. What we attend to and the methods by which we do this, are based around the work of Proctor (1988) and Inskipp and Proctor (1995), now commonly referred to as 'The Brigid Proctor Model'. This model proposes four frameworks that inform the practice of supervision. In the Synergistic Model, we have focused on the last two of these, but make mention of all four by way of overview. In their first framework, Inskipp and Proctor (1995) acknowledge the importance of values, beliefs and theories that help us to understand human behaviour and development and the context in which the work is being done. In their second framework, attention is drawn to the context in which the supervision is occurring, taking account of such things as management structure, developmental stage of the supervisee and the nature of the supervision arrangement, i.e. one to one, peer or group.

In our model, the content of Inskipp and Proctor's (1995) first and second frameworks are addressed in the third element of the Synergistic Model under wider context, where we recognise that the skills and interventions utilised in supervision do not occur in a vacuum.

In their third and fourth frameworks, Inskipp and Proctor (1995) highlight some key areas that need to be addressed in the supervision process. They draw attention to *formative, normative* and *restorative* tasks in supervision, and outline a process of *exploration, understanding* and *action*. Each of these will be elaborated on in the following paragraphs.

## Three tasks in supervision: Formative, normative and restorative

### Formative

The formative task involves developing the skills, understandings and abilities of the supervisee and is achieved by reflection on and exploration of clinical practice. In undertaking this work, we are focusing on assisting the supervisee to better understand their client(s) and become more aware of their own reactions and responses to them. Another aim is to assist the supervisee to become more aware of the dynamics of the interactions between themselves and their client(s) and to explore how they intervened and what the outcome and consequences of those interventions were. Within the formative task, we can also explore other ways of working with this and other similar client situations, given the new learning and insights gained.

### Normative

The normative task includes the quality control functions of supervision, i.e. agency policy and procedures, professional standards and ethical guidelines. This work is undertaken in a way that also takes into account the length of experience of the worker and also their particular identified training needs.

### Restorative

The restorative task responds to how workers are affected by their work with clients and includes self-awareness, 'letting off steam', dealing with their reactions to their clients and other aspects of the environment, including professional relationships and organisational

'culture'. None of us is immune to emotional response, however outward or discreet this may be. The restorative task acknowledges that we are ultimately impacted by the pain, anger, frustration, distress and fragmentation of our clients (as well as their strengths, resilience and successes), and that there is a need to regularly debrief and achieve catharsis.

Moving down to the next level of the model (see Figure 1), we come to the three stages of exploration, understanding and action. These, along with the three tasks detailed above, are in a dynamic interaction with the four adult learning principles in the outer ring and with the seven skills and interventions outlined below.

## Three stages in supervision: Exploration, understanding and action

### Exploration

In the stage of exploration, the focus is on exploring the supervisee's relationship with their client(s), exploration of problem(s) and specific concerns that are identified, and also possibly on exploring aspects of the supervisee's relationship with the supervisor. In opening up this area in supervision, the supervisor might usefully ask the supervisee questions such as:

- What are the issues that you wish to bring to supervision today?
- In what order would you like to address these issues?
- What is happening for you with this client that makes it a priority for you to discuss this situation today?
- In what ways is what is happening for you in your relationship with your client, being mirrored in what is happening in our process here?

### Understanding

In the second stage – understanding – the aim is to promote new understandings within the supervisee of themselves and of their clients. There is also the opportunity to create new perspectives and strategies, and to look at new and alternative ways of being involved.

In this area, questions such as the following might usefully be asked:

- What is your understanding of this situation in terms of your theory and knowledge base?
- How did you/do you feel in this situation – and how have you managed your feelings in similar situations?

### Action

The action stage involves assisting supervisees to consider possible ways to act, and explore risks/costs/consequences and strengths of particular ways of working. This includes such tasks as planning, implementation and evaluation.

In this stage, it may be useful to ask the following kind of questions:

- What action did you take/have you taken?
- What were your other options, or what could you have done differently?
- How effective was this strategy?
- What do you intend to do now?
- What will you do differently in the future with other clients?

To effectively achieve the three tasks of supervision, the process of working through the three stages, employing Kolb's (1984) adult learning principles, requires the use of a range



of skills and interventions that thicken the supervision experience for our supervisees (refer to Figure 1).

## Skills and interventions

It is often assumed that practitioners who become supervisors already have the skills and interventions necessary to assist their supervisees to explore, understand and act. Is a good practitioner necessarily a good supervisor? In response, our experience is that a good practitioner does not automatically make a good supervisor and that training for clinical supervision, therefore, needs to include skills and interventions in a supervisory context. Organisations often promote employees into supervisory positions and practitioners often seek supervisory positions to move away from the 'front line' of practice, preferring instead to oversee the practice of others. This is problematic for a number of reasons, some of which are outlined below.

Power in the supervisory relationship becomes very significant when your line manager is also your supervisor. To what extent can practitioners admit vulnerability to a supervisor who is also their line manager? External supervision is often proposed as a way of solving this dilemma. However, if self-report is the only way of knowing about the supervisee's practice, how much confidence can the supervisor have about the self-awareness of the supervisee in their recounting of events and issues? Either way, supervisors need to understand sources of anxiety in a supervisory relationship and how blocks and defences against anxiety come into play. Supervisors need to be able to use skills and interventions to work through these issues in the supervisory relationship. There has been extensive discussion in the literature on clinical supervision about the dilemmas raised here (Hawkins and Shohet, 2000; Bond and Holland, 1998).

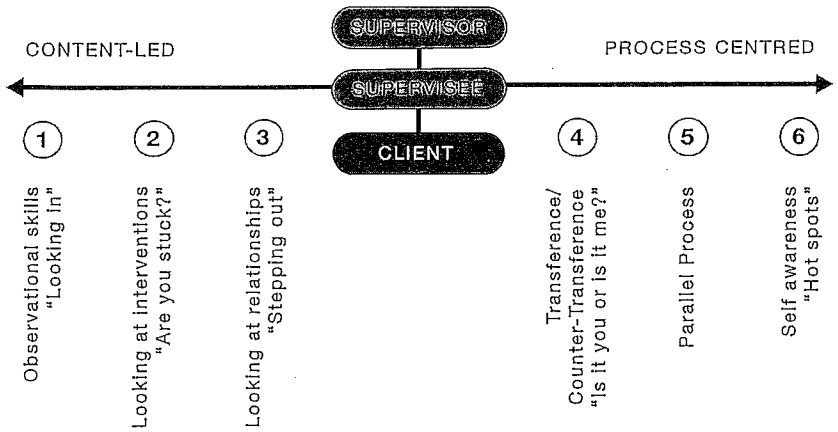
One of the writers was fortunate to attend some training in supervision with Robin Shohet and Joan Wilmot based around their model of the Seven Eyed Supervisor (Hawkins and Shohet, 2000). At a later date, the writers were asked to develop a short course in supervision training for mental health practitioners in two District Health Boards. We decided that the supervisory skills and interventions described by Hawkins and Shohet (2000) provided an excellent basis for practitioners who were undertaking training in supervision, to revisit their skill set and apply this to a supervision context.

Hawkins and Shohet (2000) talk about moving between seven modes in supervision depending upon the focus of the session, which is driven by the agenda brought by the supervisee. In our teaching about the skills and tools supervisors need to work with the issues brought to supervision, one of the writers adapted the Seven Eyed model of Hawkins and Shohet (2000) into the concept of a continuum shown below in Figure three.

It is important to remember that in any supervisory meeting, there are clients who will be affected by the outcome of the discussion but who are not physically present in the room. Whether you are a new or experienced supervisor, a new or experienced supervisee, there will be times when the focus of the working relationship in supervision will be led by the content of the work with the client(s) and times when the focus will be led by the impact of the work on the practitioner. At the process-centred end of the continuum, we argue

that the impact of the clinical issue brought to supervision by the worker may be unknown and emerge in the process of discussion or may be known, but better understood, by the processing which takes place in the course of the supervision meeting.

**Figure 3.** Supervisory skills and Interventions.




Intervention one in Figure 3 is what we have called 'Looking In'. It requires the use of observational skills in a way that is like a slow motion replay so that what may have seemed an insignificant detail in the moment, such as the practitioner's own or the client's body language, is recalled in order to reflect on its significance.

Intervention two in Figure 3 describes skills and interventions which draw on reflective and facilitative skills and which are particularly useful when the supervisee is bringing a situation from clinical practice in which they (and probably also the client) are feeling completely stuck as to what to do next. Gould and Harris's (1996) two year longitudinal study into experiential learning in social work and teacher education, concluded that the extent to which students develop the capacity for both practical and critical reflectivity during supervised practice in fieldwork placements depends on the cues and opportunities for reflection provided by the fieldwork supervisor. We argue that this need for the supervisor to encourage and facilitate reflection *on* action is a skilled intervention, which needs to be included and practised in supervisor training.

Intervention three in Figure 3 provides a bridge, the point at which the discussion moves from looking at exploring, understanding and acting in a particular situation to exploring, understanding and acting to increase awareness of self and other(s), in other words looking at relationships. These may include the relationship between worker and client(s), the relationship between worker and supervisor and the relationship between worker and significant others in his or her life.



Intervention four in Figure 3 we have described by the catch phrase 'Is it you or is it me?' It relates to the skills and interventions that will assist the exploration of transference and counter-transference which inevitably arise in clinical practice. It is our experience in our work as supervisors that transference and counter-transference is often left unexplored and unresolved. For example, if the supervisee does not have the insight to bring these issues to supervision or is resistant to exploring them, or if the supervisor does not have the necessary skills to begin to open up discussion about blocks and defences to sources of anxiety. They are also left unaddressed because of the way in which supervision is set up in many workplaces, with a supervisory hour once a fortnight where the supervisor (who is often also the line manager) has more interest in whether the clinical pathways' forms have been attended to, than how the worker is coping!

Intervention five in Figure 3 relates to the concept of parallel process which was developed in the field of counselling and psychotherapy. It is important to acknowledge that there are limits to the supervisory meeting, as supervision is not meant to be therapy!

An example of parallel process arising out of the practice of one of the authors is described below. The therapist noticed that when a particular mother brought her son to play-based therapy, the mother was always on edge that her son would 'lose the plot' and become aggressive and destructive, so she tried to placate and appease her son in order to defuse situations before they had a chance to escalate. The therapist, unconsciously picking up on the mother's fears, was always careful to include toys for this little boy that were different and new to capture his interest as he frequently stated he didn't want to play with the toys provided and used this as a reason to run out of the room. When the therapist used the same therapeutic intervention with other parent and child dyads, the toys always stayed the same. The therapist wondered if she, too, had become caught in the same dynamic as the mother of trying to placate this little boy.

Intervention six in Figure 3 requires the supervisor to attend to any blind spots or hot spots which they have become aware of in the course of their relationship with a particular supervisee, and also to attend to their own blind spots or hot spots in their own supervision. If a supervisor has many supervisees, this is where keeping a log of supervision is vital so that the supervisor can look back at recurrent themes and sources of anxiety for the supervisee.

## Wider context

The seventh 'eye' overarches all the other six interventions by the way that it impacts on and interacts with the issues being dealt with in each of the other modes. In addressing wider context, we also move from focussing primarily on the relationship between supervisee and their client, to the 'contextual field' (Hawkins and Shohet 2000), in which the practice is taking place and the supervision is being provided. In Proctor's (1988) model, this encapsulates and addresses the *normative* task, and in the adult learning cycle (Kolb, 1984), it engages with all four elements of action, reflection, conceptualisation and experimentation.

In attending to this mode at a 'micro level,' the supervisor maintains an awareness of any responsibility that they may have to the supervisee's employing agency in the form of policies, procedures, practice guidelines, as well as the code of ethics of the professional

organisation to which the supervisee belongs. Where the supervision is externally contracted, the normative responsibilities for the supervisor will usually be less in terms of agency concerns, but there may still be a requirement to participate in a review of the supervision arrangements and to provide assessments from time to time, around the supervisee's participation, needs and progress.

On the matter of compliance with ethical standards, Hawkins and Shohet provide a pertinent question that a supervisor may well ask: 'How well does your handling of the situation fit with the expectations of your professional body?' They argue that 'although the supervisor has responsibility for ensuring ethical and professional work, the focus should not just be on compliance, but also on helping the practitioner question how they may be over-constraining their practice because of their assumptions about expected practice standards, or because of fear of judgement' (Hawkins and Shohet, 2000: 84).

The other key elements which we have determined fit within the contextual framework, are shown in Figure 1 around the outside of the set of skills and interventions. We contend that the nature of the discourses that inform the skills and interventions will be influenced in each particular context by such things as the political environment, economic constraints, cultural considerations, organisational context, social context, professional standards and codes of ethics.

As we move on to explore other factors in the wider context, consider for instance the differences one may encounter in each of the following examples: a 'first world' liberal democratic context such as Aotearoa New Zealand, then compare this with a politically turbulent 'developing world' country such as the republic of Fiji; then, place that alongside an authoritarian, limited democracy with a highly developed economy, as exhibited in the nation state of Singapore. In each of these independent nation examples, all of the skills and interventions at each stage (and within each mode) are relevant, but are influenced by the 'outer ring' considerations of the wider political, cultural and organisational context. Let's now briefly consider each of these areas individually.

#### Professional standards

These are set both by the professional membership body but are also contained within the practice standards and policies of the employing organisation.

#### Codes of ethics

The professional membership body sets both baseline (mandatory), but also aspirational ethics, which are embodied in the code of ethics of each professional organisation, such as the Aotearoa New Zealand Association of Social Workers (ANZASW), the Nurses Association, The Association of Occupational Therapists (NZOTA), the New Zealand Association of Counsellors (NZAC) – to name a few. A crucial aspect of such bodies is that they operate complaints procedures and disciplinary committees that regulate the professional practices and behaviour of their members and are empowered to sanction them for misconduct.

#### Political context

At a macro level this includes the national government environment – and incorporates recognition of the policy climate, nature of the political system (e.g. democratic/autocratic) and the status of welfare provision. The political context also takes account of international events and trends such as immigration, refugee policies and the impact of terrorism. It also



factors in such considerations as the impact of the state of the economy, the price of essential commodities (e.g. oil), and also the state of financial markets, the balance of payments and trade. All of these issues have a dynamic impact on the social service environment and need to be acknowledged where appropriate, within the supervision context.

#### Economic constraints

Related closely to the political context, economic constraints include current spending on welfare services, the targeting of those services within a particular organisational context, and budgetary restraints on the nature and type of services offered by the agency. For many agencies, this may involve the contracting out of services or utilising services offered under other funding regimes.

#### Cultural considerations

Cultural considerations include recognising the rights and status of first nations indigenous people groups and their access to appropriate services. Issues of justice and equity for marginalised and minority groups who are not of the dominant culture need to be addressed. In Aotearoa New Zealand, this requires, in the first instance, recognition of and acting within the principles of 'Te Tiriti O Waitangi' (the Treaty of Waitangi) and working in partnership with the indigenous iwi Maori (Maori tribes) of Aotearoa New Zealand.

#### Organisational context

This takes into account the nature of the organisational context, in particular whether the work is being carried out in a statutory or non-statutory (contractual) environment, or whether it is a voluntary or 'third sector' organisation. The nature of this environment will impact greatly on the supervision relationship, depending on whether the role being carried out contains formal roles with inherent powers granted and required by statute, e.g. the care and protection of children under The Children, Young Persons and their Families Act (1989); the administration of the Mental Health (Compulsory Assessment and Treatment) Act (1992); and the Criminal Justice Act (1985).

#### Social context

Social context takes into account national, regional and local considerations, and includes, for example, socio-economic factors, ethnic composition, geographic factors and whether one is operating in a rural or urban community.

## Conclusion – integrating the model

Our experience in teaching this model has been that course participants have appreciated the clarity and 'memorable' nature of the Synergistic Model. This has been reflected in their feedback to us that they were able to recall its components (both the skill and knowledge sets) during practice sessions and in real life. In addition to enhancing the skills of supervisors, the writers have received anecdotal feedback that it has caused some participants to have clearer and increased expectations around the quality of the supervision they themselves receive.

In integrating the three major components of the Synergistic Model, we encourage supervisees to see them as three lenses (see Figure 1): the learning cycle (the outer ring), the tasks and stages of supervision (the inner top half), and supervisory skills and interventions (the inner bottom half). We view these 'lenses' as being organically linked and dynamically interacting with each other and the wider context.

The learning cycle acknowledges the learning preferences of individual supervisees and provides opportunity to promote development in less developed areas. The three tasks – *formative, normative* and *restorative* – assist both the supervisor and supervisee to attend to the various requirements of supervision, while the stages deepen and extend the possibilities for reflection, conceptualisation, experimentation and action. The *skills* and *interventions* help to 'thicken' the learning, reflection and skill development, and draw attention to specific aspects of the work with clients and the contextual environment, thus increasing the likelihood of better outcomes for clients.

The model equips both the supervisor and the supervisee with a framework that has the potential to increase transparency, confidence and satisfaction in the supervision process, to maximise learning and to increase practice competence. For the supervisee in particular, the model will ideally result in greater self-awareness and an understanding of the dynamic interactions occurring between themselves and their clients.

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