

LCSW SUPERVISION

MODELS, THEORIES & STYLES

Board of Examiners for Social Workers & Marriage & Family
Therapists (BOE)

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Models of supervision

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- **Practice theory as model**
- **Structural functional models**
 - ▣ **Supervision function**
 - ▣ **Integrative**
 - ▣ **Models of authority**
- **Agency models**
 - ▣ **Casework, Group supervision, Peer supervision**
 - ▣ **Team service delivery model**
 - ▣ **Autonomous practice**
- **Interactional process model**

Social Work Supervision Theories

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- ❑ A dearth of supervision theories in social work
- ❑ No empirically grounded theory of social work supervision
- ❑ Has been described as a “supervisory jungle”
- ❑ Borrowed theories from other professions: psychology, sociology, Freud, role theory, etc. Even a systems approach
- ❑ All contribute something, but none focus specifically on social work supervision

Approaches

- Normative
- Empirical
- Pragmatic

Style

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- Promotes learning & guides interaction in supervision
 - ▣ Active
 - ▣ Reactive

Style is the pattern we use in communicating with others

- Our focus in supervision
- How we articulate theoretical orientations
- Philosophy of practice & supervision

Conscious & Unconscious Aspects of Style

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Voice volume & tone

The interpretations we give

Examples we choose

How we structure the setting

Facial expressions

Physical setting of sessions

Posture; use of hands/arms

Theories we use

Questions we ask

Points we choose to intervene in discussion

How we respond to questions

What suggestions we offer

Styles



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Important for both supervisor & supervisee to be cognizant of each other's cognitive styles early in the supervision process.

Styles have an impact on the supervisory relationship. Understanding (early on) increases satisfaction with supervision process.

Other elements of style

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□ Structural

▣ Note-taking

- None
- Write during session

□ Interactional

▣ Family or client interaction

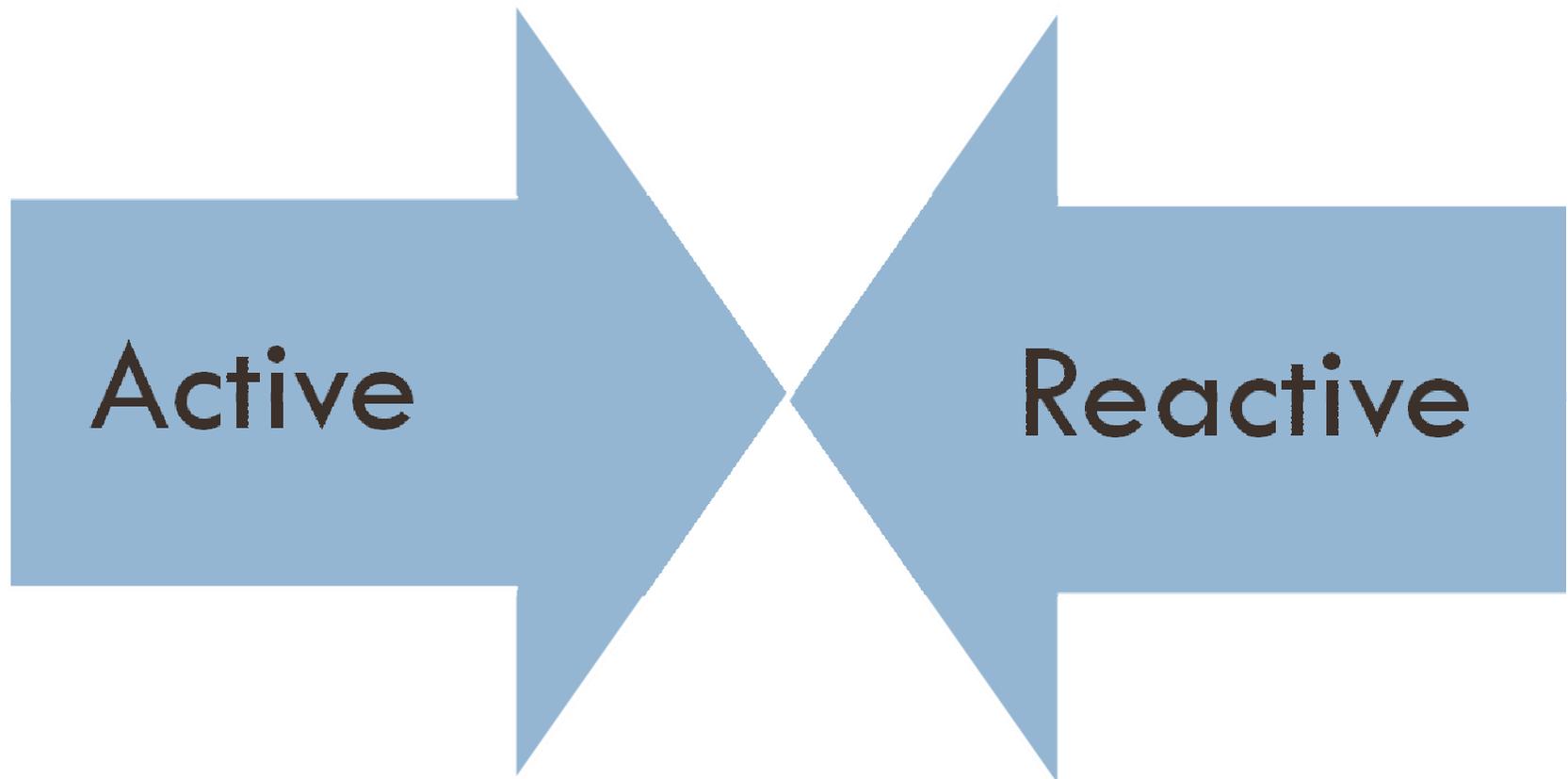
- Holistic, nondirective
- Direct “giving advice”

□ Supervisor’s role:

- ▣ Help supervisee identify style of practice & how it affects outcome

Supervision styles

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Substyles of supervision

“How do you classify what you do?”

Substyles

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Philosophers

Philosophical
Abstraction

Substyles

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Theoreticians

**Theoretical
arguments**

Substyles

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Technicians

Technical strategies

Technical strategies

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Description

Explanation

Planning

Best practice?

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- ❑ Supervisors who can move from one style to another or combine aspects of various styles
- ❑ Supervisors who can use various styles based on the needs of the supervision issues... able to judge critical points in supervision that require various styles/techniques
- ❑ May be other types – supervisors should be able to describe what they do that is effective just as practitioners should be able to describe what they do with clients.

Reactions to supervisor styles

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- **Supervisor needs to be able to handle:**
 - Reasoned neutrality
 - Perceived organization constraints
 - Overwhelming clinical evidence
 - Persistent diagnosis
 - Oversimplification response
 - Pseudo criticism desire
 - Theoretical speculation
 - Self analysis

Reasoned neutrality

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- Balks at supervisor's suggestions because it will look like he/she is "taking sides"



Perceived organizational constraints

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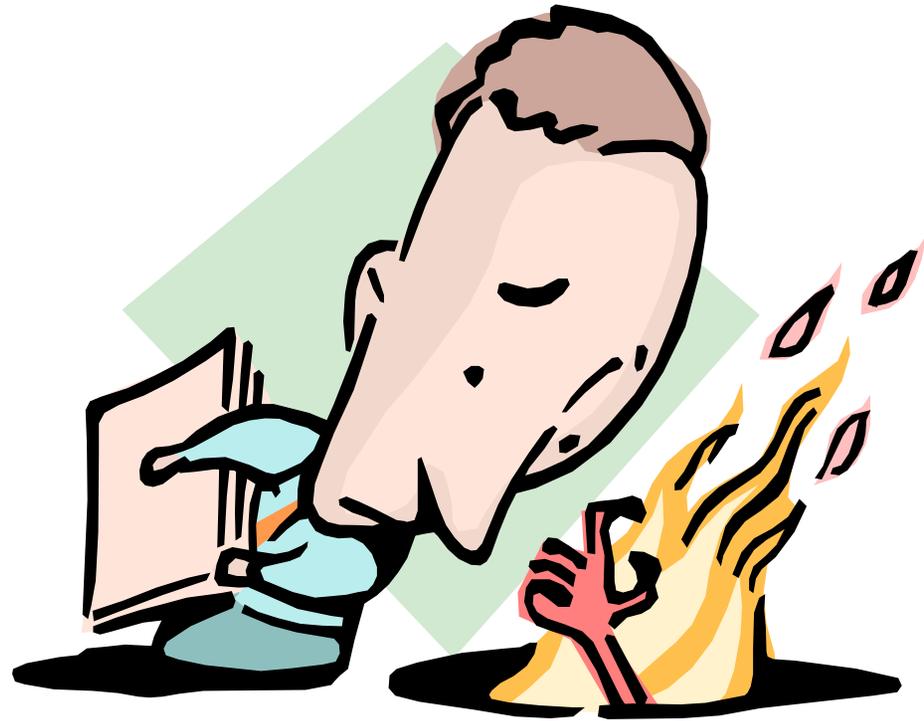
- Worker vs. agency/ agency vs. worker??



Overwhelming Clinical Evidence

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□ “hopeless”



Persistent Diagnosis

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- Gathers more & more information



Pseudo Criticism Desire

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- Supervisee says he or she wants more critical analysis by the Supervisor. The implication is that they are not receiving enough feedback from the supervisor.

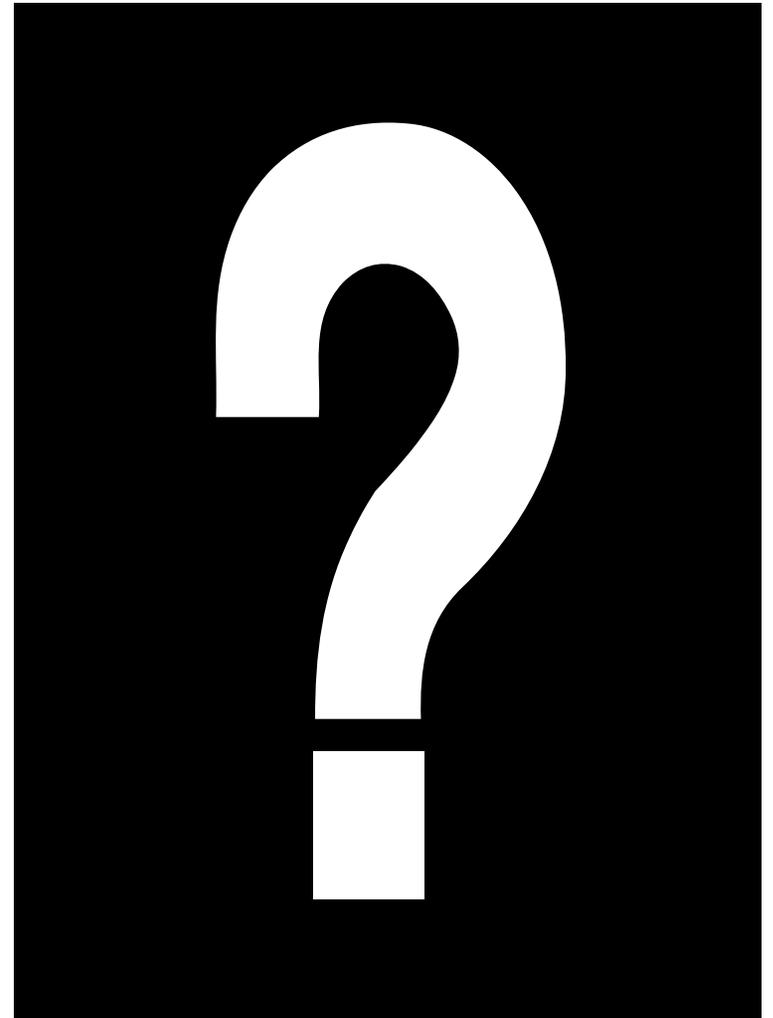
You can tell me when I do something wrong!



Theoretical Speculation

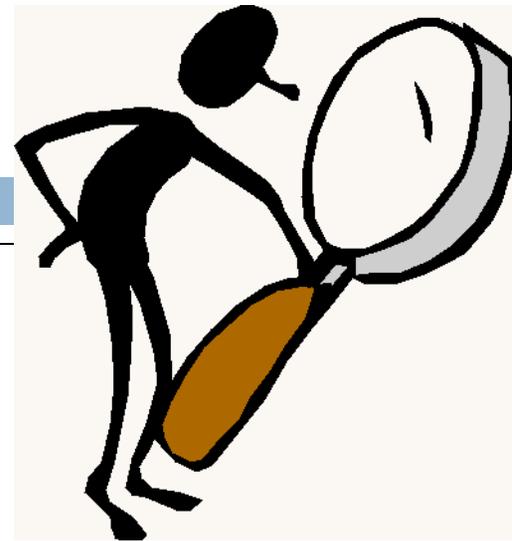
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- ❑ **Can be satisfying**
- ❑ **Interesting to explore**
- ❑ **Must be limited**
- ❑ **“What would you do?”**
- ❑ **“Why would you do it?”**



Self-Analysis

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- **Self-awareness?**
 - ▣ **How much?**
 - ▣ **What is needed?**
 - ▣ **What is appropriate?**
 - ▣ **What does it have to do with the client's case?**

Focus

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- **With what does the client need help?**
- **With which genuine problems is the client confronted?**
- **What are the positive and negative patterns of relating that the client demonstrates?**

Technique

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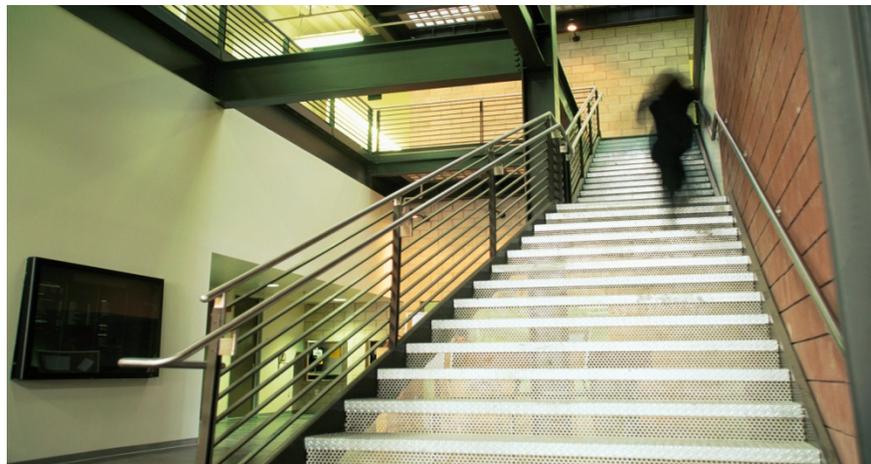


- **Discussing Case Material:**
 - What do you like about this client?
 - What do you think the client likes about you?
 - How much of yourself do you see in this client?
 - What do you feel when you are with this client?
 - Theoretically, what is the basis of what you have presented about this client?
 - What was the major focus of the session with the client?
 - What worries you most about this case?
 - What are you going to do next?

Continuity

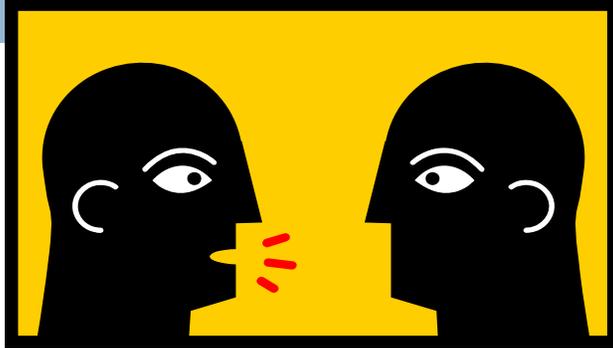
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- proceed sequentially in presenting the case
- The supervisor needs the story from the beginning... not in pieces which can lead to confusion & frustration.
- Missing elements produce ineffective supervision



Elements of Good Supervision

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- ❑ **Should be based on practitioner need**
- ❑ **Should be based on the premise of education for what to do**
- ❑ **Model good social work practice, ethics, values**

Elements of Good Supervision

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- Do not be afraid to give answers
- Authority should be de-emphasized
- Do not rely on nonverbal communication – ***SPELL it OUT!!***

Elements of Good Supervision

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- ❑ Do not teach through analogies or stories
- ❑ Use case material as a teaching tool (supervisee's cases)
- ❑ Provide adequate interaction (don't skimp on supervision)



Thank you for your attention!

Curriculum content developed by Melinda Pilkinton, Ph.D., LCSW