

SUPER VISION FOR SUPERVISORS

# Reflective Practice in Supervision



FOR TEAM LEADERS, LECTURERS, MANAGERS & SUPERVISORS OF COUNSELLORS,  
PSYCHOTHERAPISTS & CASE MANAGERS

NEW INTAKE COMMENCES

## 1 March 2019

Labyrinth Lane  
Gardenvale Victoria

**Jo Ablett and Cheryl Taylor's transformational supervision workshops are grounded in neuroscience and underpinned by person-centred principles and compassion.**

### Reflection is:

"Purposeful focusing on thoughts, feelings, sensations and behavior in order to make meaning from those fragments of experience. The outcome of this reflection is to create new understanding which in turn may lead to: increasing choices, making changes or reducing confusion."

[Voller, 2010, p21]

### Reflective Practice in Supervision

In this workshop we explore what it means to be reflexive and to engage in reflective practice. We will consider how supervisors can incorporate reflexivity into their own practice and into supervision sessions. We also consider how supervisors can encourage supervisees to become more reflective.

### Workshop Topics Include:

- What is Reflexivity?
- What is Reflective Practice?
- What are the blocks to reflection?
- What helps reflection?
- The process of reflection
- Levels of reflection
- Using reflexivity to explore Transference and Counter-transference



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# Reflective Practice in Supervision

Complete online and email back to  
[ablett@waterfront.net.au](mailto:ablett@waterfront.net.au)  
or [cheryl@kunaurracounselling.com](mailto:cheryl@kunaurracounselling.com)  
or post to PO BOX 506 COWES VIC 3922

ONE DAY WORKSHOP

 **1 March 2019**

VENUE

 **Labyrinth Lane**  
110 Gardenvale Road  
Gardenvale Victoria 3185

TIME

 **9am to 4pm [6 hours]**

COST

 **\$250 per workshop**  
includes notes & morning tea

CANCELLATION POLICY

Notice of 72 hours or more Full refund

Notice of at least 48 hours \$10 administration fee

Notice of 24 hours or less or non-completion 50% refund

PLEASE REGISTER ME

Name

Background/Qualification

Address

State

Post Code

Phone

Email

Dietary Requirements [eg. Wheat free, vegetarian]

PAYMENT OPTIONS

Deposit of **\$50** required at time of Registration

**Direct Deposit**

BSB: **063 553** Account #: **10287476** Account Name: **Super Vision for Supervisors**

Please quote YOUR NAME in narration

**I require a Tax Invoice to pay my Registration**

**My Employer requires a Tax Invoice to pay my Registration** [please complete details below]

Employer Name

Address

State

Post Code

Email



Super Vision for Supervisors

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