

SUPER VISION FOR SUPERVISORS

# Compassion in Supervision



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

NEW INTAKE COMMENCES

**22 November 2019**

**Kindred Art Space  
Frankston Victoria**

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

Transformational supervision prizes the relationship and the individual's innate healing capacity and growth potential.

The inclusion of expressive/creative modalities and somatic focus in transformational supervision facilitates learning and provides a means for exploring unconscious elements in the supervisory/therapeutic relationship.

### Compassion in Supervision

Davidson [2016] suggests that "compassion and self-compassion lie at the very heart of well-being". He also points out that compassion and self-compassion are critical in order to be effective therapists. In this workshop we will consider compassion and self-compassion in supervision, how to avoid empathy burnout and how to have courageous and compassionate conversations.

#### Workshop Topics Include:

- Compassion and self-compassion
- Empathy burnout
- Using compassion in supervision
- Courageous and compassionate conversations



# Compassion 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

 **22 November 2019**

## VENUE

 **Kindred Art Space**  
22 Kookaburra Street  
Frankston Victoria 3199

## 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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