

Deconstructing a Reflective Supervision Conversation

Voices From the Field

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Abstract

This article offers excerpts from a live, reflective supervision between supervisor (Deborah Weatherston) and supervisee (Faith Eidson) and is followed by their intimate exploration of the process. In revisiting the supervision, they share personal and professional observations that reveal their vulnerabilities and their strengths. They identify reflective supervision and consultation as a creative process, noting key themes, parallels, and lessons learned. The authors conclude that there is great value in the shared framework of a reflective supervisory relationship in which vulnerability can be safely shared, leading to new understanding, growth, and change.

"Two people thinking are probably going to do a better job than one person alone." (Pawl, 1995, p. 28)

Some years ago, reflective supervision or consultation (RS/C) was defined as a "relationship for learning" (Shahmoon-Shanok, 2006, p. 343), offering infant–family professionals of many different disciplines a time and place to think about their work with infants, very young children, and families and to share those experiences with someone they come to know and trust. From this perspective, it is within the RS/C relationship that infant–family professionals, or supervisees/consultees, learn to share details about the infant, the interactions between parent and child, and hopes for their very early developing relationship. Encouraged to be curious, supervisees/consultees may ask questions and wonder about the capacities infants and parents bring to their relationships, as well as the vulnerabilities and risks. So, we may also describe RS/C in this way: "...the process of examining, with someone else, the thoughts, feelings,

actions, and reactions evoked in the course of working closely with infants, young children and their families" (Eggbeer, Mann, & Seibel, 2007, p. 5).

Gilkerson and Shahmoon Shanok (2000) described reflective supervision as "an oasis in time, a place to breathe, remember, consider, and plan" (p. 48). By this definition, RS/C offers supervisees the opportunity to have and examine thoughts and feelings that are awakened in the course of visiting with infants, young children, and families. Over time, and when trust has been established, RS/C allows supervisees/consultees to be reflective as they talk about many things, pleasant and painful, and to refuel within the safety of the supervisory relationship. These are important concepts to hold in mind when thinking about RS/C from an infant mental health perspective. In addition, many practitioners in the infant–family field believe that the primary focus is the shared exploration of the emotional content of infant–family work as expressed in relationships between parents and infants, parents and practitioners, and supervisors and practitioners (Alliance for the Advancement of Infant Mental Health, 2018). This description is a reminder that RS/C offers a crucial space for growth and

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Reflective supervision/consultation offers supervisees the opportunity to have thoughts and feelings that are awakened in the course of visiting with infants, young children, and families.

learning for supervisors and consultants, as well as for direct service providers.

We have also found it helpful to define this process as “relational RS/C.” The relationship that is nurtured and built between the supervisor/consultant and supervisee/consultee is the vessel through which exploration and growth happen. It is this trusting relationship that provides a solid sense of grounding and organization, a frame to work within, as each awakens to new emotions, thoughts, and experiences. To reflect, with shared attention to relationships, captures the purpose of RS/C. In addition, RS/C may be defined as “a set of caring conversations co-constructed over time” (Shahmoon-Shanok, 2009, p. 12).

With these definitions in mind, we suggest that RS/C is a creative process, requiring a willingness to venture into the unknown to explore professional and personal responses to the work of infant mental health. RS/C requires a unique level of courage. When supervisor/consultant and supervisee/consultee begin their conversation, they do not know the thoughts or feelings that may emerge. The adventure into the unknown can be both exciting and frightening, leaving each to feel vulnerable about what lies ahead. What thoughts and feelings will be awakened? They may wonder about their work and about themselves. As Bill Schafer (2010) stated, “There is more to good supervision than just you and your supervisee. There is a third thing, called the Process...Trust it. It is wiser and more powerful than either of you.” (p. 63). What arises from this process may be a new understanding of the story, co-constructed and shared between the two. Unique to this exchange, in this time and space, a new story becomes apparent. Similarly, we find the concept of “Third Space” to be useful in considering what might be developing in an RS/C space. Barrera (2003) offered a discussion of the Third Space as

a component of Skilled Dialogue in the context of addressing cultural differences in conversations, asking questions such as: Who am I? Who are you? What do we each bring to the other? How do we enter into a relationship with each other that brings new meaning and purpose to our work together?

So what does RS/C look like, and what might it mean for both the supervisor/consultant and the supervisee/consultee in the RS/C relationship? As in the work with families, each relationship is unique. The depth and intensity of the RS/C, as well as the capacity to be reflective, will vary according to the training, professional experience, and personal needs of both the supervisor/consultant and supervisee/consultee. Each is a partner in the exchange, bringing important contributions to the space. The provider of RS/C sets the tone, explains “the rules” or expectations for the work, and creates a safe place for contemplation. She or he invites the supervisee/consultee to explore what happened during a visit with a family or during a supervisory session with another, careful to follow the supervisee/consultee’s lead and to listen carefully. The supervisee/consultee may share the details of a visit with the family, describe the infant or young child, discuss the nature of the parent–infant interaction, and, as appropriate, offer what she or he felt or experienced while with the family. Or perhaps the supervisee/consultee, a supervisor her- or himself, may describe the details of a supervisory session, describe the supervisee, contemplate the relationship and, as appropriate, offer what she or he has experienced in the presence of the supervisee/consultee. In turn, the supervisor/consultant listens for the story, and, as appropriate, what the supervisee/consultee felt or experienced in the presence of the family or while providing supervision. As trust in one another and the process grows, each becomes engaged in the emotional journey of infant–parent relationship work, learning to be more fully present, reflective, and self-aware (Weatherston & Barron, 2009).

What is experienced then by both the supervisor/consultant and supervisee/consultee(s) may lead to a shared understanding, with or without words. It is a process that can result in a shift in the way each thinks about, perceives, or understands a situation. The RS/C process helps each reorganize as a result of careful questioning, wondering, silences, and pauses. The process may be both verbal and nonverbal. It may include emotion, beliefs, a thought, an action, or all of these things. While engaging in a reflective dialogue, emotions may be amplified, regulated, or elaborated, leading to a moment of meeting (Stern, 2004). Something may open up for the consultee in this quiet, reflective space, perhaps a new idea or a new understanding leading to change.

Setting the Stage

In this article, we offer the reader an excerpt from the supervision between a reflective consultant (DW) and a consultee (FE). The focus is on the consultee’s reflective work with an interdisciplinary team from an organization that

works with children birth to 5 years old and families. For the purposes of confidentiality, identifying characteristics have been changed. The group described could be representative of any RS/C with groups. The reflective conversation between DW and FE occurred during a workshop to offer participants an opportunity for observing and considering the RS/C process. The two, DW and FE, knew each other well, and came together to illustrate the possibilities of an RS/C experience. Fifty people attended, invited to observe and listen carefully as the two began to engage in a reflective dialogue together. The reader might note that the focus in the conversation was not the work with a particular family, but instead the work of one consultant with a group of professionals who work with infants, very young children, and families directly. In this way, we hope to offer a unique example of the RS/C process, ripe with opportunities to explore the parallel process.

Following this experience, we extended our conversation and identified concepts that, to us, were embedded in the reflective exchange: vulnerability, strength, safety, and trust. We began to better understand RS/C as a creative process, with each person, supervisor/consultant and supervisee/consultee, co-creating new understanding shared between them. We acknowledged parallels and identified feelings as we again felt the intensity of the story.

What follows are excerpts from our RS/C session, offering the reader a glimpse into what was said and what was thought or felt by each. We conclude with a summary of thoughts and feelings, personal and professional, that took shape and led us to a new understanding of the power of the RS/C process.

Excerpt From the RS/C Session

Faith: My relationship with this organization began 12 months ago. I meet with the group of seven people for 2 hours a month via distance technology. We have met for 9 months now and have established a comfortable routine. Infant–family staff and their supervisor have been on the video calls. The supervisor has many different roles and responsibilities. She is a member of the RS/C group, she supervises all the participants, and she manages the contract for the RS/C being provided. This overlapping of roles has proven to be uncomfortable for many in the group, for the supervisor, and also for me. The group members, who are all new to the practice of RS/C, seemed unsure of the process; a great deal of time was spent on building a foundation for reflective practice. Equally important, trust was essential for effective group process, but very slowly built. In individual conversations with me, the supervisor expressed frustration with the pace, expecting staff to share more about their work and also about themselves. She had big wishes and expectations, yet failed to fully understand or appreciate the RS/C process. She wanted things to progress quickly before trust among group members had been established. I often felt that I was not rising to whatever hopes she had for the group, and for me. The reason I wanted to talk about this today is that the supervisor has just let me know that



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The provider of reflective supervision/consultation sets the tone, explains “the rules” or expectations for the work, and creates a safe place for contemplation.

she is ending the contract and ending the group consultation. *(I wonder how to provide enough information during this reflective conversation, but not too much. I want DW to know everything, but I know we don’t have that kind of time. How do I know what is most important to share? I am already feeling dysregulated as I say that last sentence.)*

Debbie: I am curious about the group and about their supervisor. Who are they? What was their understanding of meeting with you? What were their hopes or expectations?

Faith: The group is comprised of direct service providers and their supervisor. The supervisor described this opportunity for group RS/C as a way for the team to talk about their work and to “go deeper” with each other. The experience was voluntary, so those in the group came wanting to be there, albeit with very little understanding of what it would be like. My sense was that the group members came hoping for a safe, quiet place to slow down, talk about their challenges, and just be. They were working at a frantic pace with families in constant crisis. They were thoughtful and understood that they required some self-care and regulation in order to be most effective for the families they served. They came with varying levels of openness. While most seemed to crave connection, some seemed more wary than others. The supervisor seemed to have the expectation that “magic” was going to take place in the RS/C space and people were going to spontaneously shed their armor and “get real.” However, she often appeared on edge and fidgety during the meetings. *(I can feel myself getting frustrated here. I am beginning to enter into the emotional experience of being with this group.)*

Debbie: Can you say a little more about this?



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Just as trust is the foundation for all healthy infant–parent relationships, it is a crucial element of reflective supervision/consultation relationships.

Faith: A few were really on board and began sharing details about their work immediately. Those few appreciated the protected space in which to talk about their work and to share how they were affected by what they saw and heard. They needed to talk about the children and families who had experienced multiple traumas—abuse, neglect, abandonment, loss. I needed to listen to what they had to share. Others were hesitant about opening up and sharing their work or their own vulnerability. The risks they encountered were very high. They seemed to be constantly “putting out fires.” It was very sobering. *(I hadn’t thought about how very sad a lot of their work really felt until now.)*

Debbie: I am finding it hard to get a handle on the group—some shared openly; others did not; the supervisor was fidgety. You said the supervisor seemed to feel increasingly uncomfortable and, as time went on, seemed to disengage. This was the person who brought you in, but she did not appear to be fully on board. I feel confused.

Faith: I am also confused! There was a part of her that wanted to engage in the deeper work and wanted this for her staff. Yet, at the same time, she seemed to be pulling away and was reluctant to have an individual call with me. I was not prepared for this! Her behavior suggested that something was hard for her. I wonder if she, too, feels confused? My relationship with her feels very confusing. We had worked together for 9 months, and I wasn’t prepared for the group to end. *(“Confused” is the exact experience I am having, and I don’t like feeling confused in my work! It is very uncomfortable for me.)*

Debbie: The suggestion to end was so abrupt! (I noticed Faith was struggling to maintain her composure.) What feelings come up for you about this ending? *(The minute I ask this, I feel I have spoken too soon. We have a strong foundation of trust and have known each other for many years, but I still feel I might have spoken too soon.)*

Faith: *(I am quiet for quite some time, trying to connect with what is happening inside of me. Emotions are rising, and I trust Debbie will be able to help me make sense of them).* I feel hurt, rejected, and, frankly, a bit angry. I care deeply about the members of this group. I don’t want to lose them. I realize that as I talk, I have my own wishes and hopes for each member of the group, including the supervisor *(We sit silently together. Debbie is quiet, as if she knows there is more.)*

Debbie: [Sits quietly.] *(I am really aware that Faith is feeling quite sad, close to tears, and I so want to protect her. I am working hard to be still and hold the space. I am conscious of being quiet and not speaking. I feel that I have violated her space by asking about her feelings too quickly.)*

Faith: *(I can tell Debbie notices the emotion in my face, the tears welling in my eyes. I am connecting with something important that I have not yet allowed to come to the surface.)* I feel like a failure. *(The tears are now flowing. I feel vulnerable, wishing I could hold this emotion in, yet I know this has been brimming and needs this space. I am thankful that I have a long-term relationship with Debbie and know she will help me make sense of this. I also know and trust that she will not think less of me for having such big feelings. I find myself surprised at how deeply I am hurt by this upcoming loss. I think, “Oh, there’s the thing I was trying not to feel.”)*

Debbie: Is this a familiar feeling? This sense of failure. *(Is this too much to ask? Is it helpful? Is it hurtful? Am I being careful enough?)*

Faith: Yes! This really fits for me. When things do not go exactly the way I hope, my first reaction is to see it as a failure on my part. I always want to please people. I want to impress people, to be seen as someone who is helpful and who knows what I am doing.

Debbie: *(I want to interrupt and say “Faith, you’re so wonderful. I don’t like that you feel that way!” Instead, I try to stay with the feeling and acknowledge the sense of failure.)* Feeling like one has failed is very difficult. *(I am thinking that Faith’s feeling could better connect with what was happening for the group. But maybe I am moving away from Faith’s experience too quickly? Perhaps I should have stayed with the sense of failure. I worry that this could be too much for Faith, and feel I might need to protect her a bit. I also feel a sense of urgency to understand what is happening. The environment and the amount of time we have together is unique. I feel a tension between staying with the feelings and protecting Faith from her feelings of failure in this more public space.)* What do you think the members of the group might be feeling about the ending of the group?

Faith: I had not thought about how this might have felt to the group members yet. I was so caught up in my own feelings, I had lost my holding on the group. *(Here, I have a moment of criticizing myself, then reminding myself that this is why I engage in reflective supervision.)* I bet they are also feeling a sense of failure and like this is an abrupt loss. Just as many

were beginning to understand and settle into the process, it is over. *(This shift to thinking about the parallel process is helpful for me. I feel grounded now, understanding that the emotions I am feeling are being experienced by others as well. I can feel the tension in my body ease.)*

Debbie: I wonder if this experience of loss would be helpful to pay attention to; your loss and their loss. *(The emotions are real, and much is evoked in any of us when we have to face a loss. This theme seems real for all of us, supervisors and supervisees. It is not always this loss, but all the times you've lost something or someone and have had to say goodbye. I am aware of the power of this theme, but don't want to move in anymore.)*

Faith: Yes, I think so. I have not yet really acknowledged how sad I feel about losing this group. I really have come to deeply care for them and for the families they have brought to our time together. *(I had not yet considered that they had come to care for me, for each other, and for this sacred space just as deeply. It will be a loss for all of us. My own relationship with the supervisor is also ending. I have been so preoccupied with my own experience, I have not yet made space for anyone else's. It seems I was having trouble holding the two experiences of holding them close and letting them go. How am I going to say goodbye, holding in mind the fact that we each are having our own experience of loss as the group and our relationships with one another are ending.)* I really want to be thoughtful about how I facilitate my final session with the group. I can see now how meaningful that time will be for all of us.

Reflections on the RS/C Session: Themes, Parallels, and Lessons Learned

Vulnerability is the birthplace of love, belonging, joy, courage, empathy and creativity. It is the source of hope, empathy, accountability and authenticity. If we want greater clarity in our purpose or deeper and more meaningful spiritual lives, vulnerability is the path. (Brown, 2012, p. 34)

Time has passed since we had this 45-minute long reflective conversation. We have had time to consider what we co-created in that space, and to reflect together on the process, new understandings, and lessons learned. We have each been affected and changed by the exchange, both by the consultation itself and by the opportunity to continue to talk about it together over time. During our ongoing conversations, we examined our RS/C experience and identified emerging themes, parallels, and our own moments of vulnerability in the process. What follows is a summary of our shared exploration.

Vulnerability, Trust, and Safety

Brené Brown (2012) described vulnerability as “uncertainty, risk and emotional exposure” (p. 34). Faith had to bring herself to the work, to begin to voice what she had not yet put words to. The willingness to be vulnerable in an effort to



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Often, sitting quietly and holding space is the hardest choice of all as a provider of reflective supervision/consultation.

discover one's strengths is one of the most significant powers of RS/C. Of course, as we ask supervisees/consultees to be vulnerable, we are also asking the supervisor/consultant to hold that vulnerability. Faith, in admitting her vulnerability, recognized and shared her own feelings of loss and failure, which ultimately led to her ability to return confidently to the group. This recognition was essential to the strength of the ongoing conversation and illustrates the responsibility that the supervisee/consultee carries for the RS/C. At moments in this session, this responsibility felt hard for Debbie. How does the supervisor/consultant know when to hold, when to move forward, or when to move back? Trust becomes a critical component in this process, as it is in all relationships. Faith was able to lean into her sense of safety with Debbie when her emotions felt overwhelming, and Debbie trusted that the relationship was solid enough to allow for some careful exploration into what was yet unsaid or unknown by Faith. Just as trust is the foundation for all healthy infant–parent relationships, it is a crucial element of RS/C relationships.

In exploring the parallel process, it is clear that the group Faith described was also working on developing safety and trust with one another within the RS/C space. There seemed to be some difficulty between the supervisor and the team, and perhaps even between Faith and the supervisor. One of the clear conflicts for Faith's work with the group was the sense that the group had not yet built a solid foundation of trust, making the supervisor's expectations out of reach. And, upon further reflection, it seemed the supervisor did not yet trust Faith and felt ambivalent about her role with the team. Much of this had gone unspoken, and without the time spent in RS/C, Faith may not have been able to return to the group and invite their reflections about their experiences within the group, their developing sense of trust with one another, and about the ending of the group.

Feeling Good Enough

Our ongoing reflections also led us to a thread that seems to be woven through so many conversations in RS/C. In the session, Faith shared her feelings of failure. The abrupt ending left her wondering whether she just wasn't good enough for this group, a worry she felt deeply. Debbie, both during the time spent in the RS/C session and in her later reflections, described various moments of second-guessing herself, of wondering whether she would be "enough" for Faith. Often, sitting quietly and holding space is the hardest choice of all as a provider of RS/C. Knowing when to ask another question, to focus on the emotions so obviously present in the room, or to stay silent is a skill of the RS/C provider. All professionals want to be seen as good at what they do. After settling into this theme around worthiness and our need to connect with our "good-enough" selves, we realized again that the parallel process was quietly at work. Could it be that having an outside consultant working with her team made the supervisor feel "less than," or not secure in her role? Was it possible that the group members, upon hearing that the group was ending, were wondering if they weren't good enough or didn't live up to expectations?

The Unique Role of the Consultant

We have come to another interesting dynamic at play in this particular story. Debbie was serving as a private consultant to Faith, but was not her regular RS/C provider. Similarly, Faith was entering into a relationship with a team who received their primary supervision from their supervisor. How might these facts have impacted the many relationships? Could these be a factor in the moments of uneasiness or worry? The consultant is an invited guest, stepping into a group and organizational culture for a brief moment in time, often just 1 or 2 hours a month. This unique role requires focused attention on the relationship between the supervisor and team, being careful to support the developing relationship while not intruding. We are reminded of our infant mental health home visiting work with babies and their families. Our role in supporting early relationships requires sensitivity and careful attention to the dynamics of the home and family we are entering, always respecting and protecting the infant–parent relationship and the role of the parent as primary. Consultants must also keep these dynamics in mind as they provide RS/C to groups of direct service providers and supervisors.

Conclusion

Examining this reflective conversation from multiple angles, as if we were rotating a prism and seeing the story with different light each time, allowed us to explore more deeply and move forward with newfound confidence. As we continued

to talk and consider new perspectives, our sense of trust in one another and in the process of RS/C grew. This ongoing conversation allowed us to explore the different choice points within our conversation. We were reminded of our shared understanding that when a provider of RS/C stays within the frame of best practices for RS/C, critical growth and learning will occur. We both, consultant and consultee, expressed uncertainties, ambivalence, and worries as we thought further about the 45-minute reflective consultation. In the process, we felt replenished and fortified as we discovered newfound capacities within ourselves. We came to understand that there is room for creativity and flexibility within the RS/C process. There is no formula. The key is to stay open and to trust oneself and the relationship in order to explore freely and take risks together within the reflective space. The experience affirms our belief in the co-construction of a shared understanding within the context of an RS/C relationship.

Authors' note: This article is dedicated to Bill Schafer, an extraordinary teacher, mentor, supervisor, and friend who contributed greatly to the development of our understanding of the art of reflective supervision and consultation. He gave voice to the importance of being fully emotionally present, curious, and filled with wonder while holding the baby, parent, and professional in mind. His impact on the global field of infant mental health was, and will continue to be, deeply felt by many. View Bill Schafer's 2004 article from the ZERO TO THREE Journal (vol. 24, no. 3) "The Infant as Reflection of Soul: The Time Before There Was a Self" www.zerotothree.org/schafer

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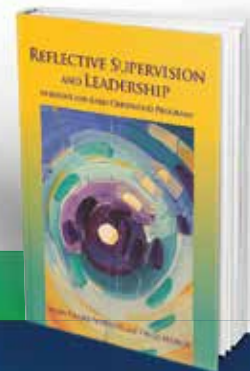
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