Making the Most of Reflective Supervision:
An Introduction to Reflective Practice
Thursday, May 3, 2018
Co-sponsored by the New Center for Psychoanalysis

Reflective supervision, reflective consultation, and reflective practice are terms used for the emerging approach now considered best practice for agencies where stress, high turnover, and service quality are significant issues. This one-day immersive, experiential workshop is designed for both supervisors and supervisees working as infant mental health and early childhood specialists, early childhood educators, home visitors, and other providers of infant-early childhood services. Utilizing video, role play, and small group exercises, participants will develop a comprehensive framework for understanding reflective supervision. This training satisfies 7 hours towards the California Center IFECMH (Infant Family Early Childhood Mental Health) Endorsement.

Objectives:
- Define the core elements of reflective supervision
- Identify benefits and challenges of participating in reflective supervision
- Define Reflective Functioning and its importance in building relationships
- Define the term parallel process and its relationship to reflective practice
- Demonstrate reflective practice skills through role play and experiential exercises
- Discuss and reflect on ongoing strengths and challenges in participating in reflective supervision

Participants must be mental health professionals or early childhood specialists. Space is limited. Pre-registration is required. Full refund available up to 10 days prior to training.

Important Disclosure for All Learners: None of the planners and presenters of this CE program have any relevant financial relationships to disclose.

Continuing Education Credits: 7 CE Credits are available for Psychologists, LCSW’s and LMFT’s.
Psychologists: The New Center for Psychoanalysis (NCP) is approved by the American Psychological Association to sponsor continuing education for psychologists. NCP maintains responsibility for this program and its content. Full attendance is required for psychologists to receive credit; partial credit may not be awarded based on APA guidelines. Psychologists report directly to the MCEP using the certificates of attendance awarded at the completion of the course.
Social Workers and Marriage and Family Therapists: NCP is an approved provider for continuing education credits for LCSWs and MFCCs/MFTs (provider # PCE 674). This training meets the qualifications for 6 hours each of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences. Only the actual number of hours spent in the educational activity may be claimed for credit.

For questions or additional information, please contact: info@reflectivecommunities.org or 323-275-4805
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May 3, 2018  
Registration Form

Name: ____________________________________________________________________________

Degree(s) & License #: ____________________________________________________________________________

Organizational Affiliation (if applicable): ____________________________________________________________________________

Address: ____________________________________________________________________________

City/State/Zip: ____________________________________________________________________________

Phone: ____________________________________________________________________________

E-mail: ____________________________________________________________________________

If payment is for registration of multiple participants from the organization listed above, please list the following:

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Total Fee: $135 per participant x ________ (number of participants) = _____________

$150 per participant x ________ (number of participants) = _____________

Payment options:

☐ Check (payable to Center for Reflective Communities -mailed with completed form to address below)

☐ Visa     ☐ MasterCard 

Note: Merchant shown on your credit card statement will be New Center for Psychoanalysis

Cardholder Name (as it appears on card): ____________________________________________________________________________

Cardholder Signature: ____________________________________________________________________________

Card Number: ____________________________________________________________________________

Expiration Date (mm/yy): _________________ CCV(3-digit code on back of card):_____

Billing Address (if different from above): ____________________________________________________________________________

City/State/Zip: ____________________________________________________________________________

Mail check and completed form to: Center for Reflective Communities, 2014 Sawtelle Blvd., Los Angeles, CA 90025  
For credit card registrations, email or fax your completed form to: info@reflectivecommunities.org  or fax 310-477-5968 ATTN: CRC