

On Supervision

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I have been a part of supervisory processes for about 40 years and I am beginning to get a sense of it. Professionally, I have always been involved in what in my field is called clinical supervision, either as a supervisee or a supervisor.

Because my first supervisory experiences in the field of clinical psychology were related to testing and I was supervised by those whose expertise was quite narrowly in that area, I have a very direct experience as to what it is like to be supervised in a rather technical, task-focused way. As I began to test, this is what I understood about what I was to do. I was to learn the test silly perfect in its verbal aspects, actually a superb idea, and I was to learn how to administer it flawlessly in its manipulative aspects - also a splendid thing. I was to learn how to score it properly and I was to learn how to write it up. How I was to get the child into the room, what I was to do once the child was actually standing in the room, what this rapport was that the test booklet and the supervisor told me I was to establish, were not discussed with me. I wondered—was I to rely on the obvious anxiety created in the child by the abrupt and incomprehensible separation from the parent and the subsequent closeting with a total stranger to result in cooperation? Was this rapport?

One supervisor, I remember, watched me administer a Stanford-Binet on an inpatient ward to a bedfast child and, having then corrected three words of my totally memorized administration and having pointed

out that I incorrectly placed two pieces of the car puzzle, pronounced my administration, nonetheless, excellent.

Later, she was equally pleased with my scoring, the scoring consisting of judging whether or not a child's answer was right or wrong and correctly compiling areas of strength or weakness according to those scores. During the administration of that observed testing, I was so unbearably anxious that it is a miracle that I remembered anything about anything I had studied and memorized or that more pieces of puzzle did not slip out of my perspiring hands at the wrong time.

I remember that one supervisor tried very hard to teach me how to wedge a hyperactive child into a corner with the testing table and to be accompanying personally forceful and firm. Another tried to teach me how to pursue a child and test simultaneously under radiators and on top of desks. I was far better at the latter than at the former,—a really lousy trapper but an indefatigable, patient and tireless pursuer—though I was unsure what this "testing" could possibly represent that anyone might wish to know.

I could sequence analysis the very devil out of the Rorschach, but I wasn't really sure how I should be while I was giving it. None of my supervisors talked about any of that and I wasn't quite sure what I wanted to ask them or if I should reveal what must be only my discomfort, ignorance and yes—sense of fraudulence. I knew I didn't know what I was doing but I appeared to be fooling them. When were they going to find out and could I bear the charade in the meantime?

I remember testing one child who ceased having any successes on the Binet very quickly and whom I then needed to question relentlessly in order to comply with the

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instructions—doggedly confronting the child with incomprehensible items until the required levels had been failed. Both of us got increasingly miserable but was I administering the test right or what?

Just as I was finishing torturing him, I realized that I was not being observed, so I dropped back several levels and began giving him items I knew he could pass. I even made some up. I was sure I would be drummed out of the corps if anyone knew—but he and I were both in a fine mood when I decided it was all right to quit. There was really no-one to tell except another student who thought it was a swell idea and adopted it.

Only when I began to do psychotherapy with children did my sense of what supervision could be begin to change, but I have never forgotten what it was like initially. No one helped me know how to be or to understand why it might be important to be in a particular way and no one was at all interested in my personal experience of what I was trying to do in this process of being with someone. No-one was really interested in the child's experience (as opposed to his performance) or certainly in mine. Gradually, as I was supervised in my clinical psychotherapeutic work and even more when I began to be a supervisor, I began to evolve the notion of what clinical supervision was, what its main purposes were and how one needed to be as a supervisor. Clinical supervision is a very special environment for teaching, created by the interaction between the supervisor and the supervisee. Just like any relationship, it always bears the stamp of each contributor and just like any relationship where one person bears greater responsibility than the other, the supervisor assumes the greater responsibility for the quality of what passes between them and for the basic parameters of the relationship.

It need not represent a power differential in terms of mutual acknowledgment and respect but it must, by virtue of the expertise and experience differential, acknowledge that the more experienced teacher bears greater responsibility than does the student for what transpires. In this relationship, the supervisor shares not only her expertise regarding the technical and

skill challenges; she also contributes a crucial perspective concerning the power lodged in the relationship between the supervisee and the recipient of services. This is important because the relationship is, after all, the medium through which all services are given. This is true not only for psychotherapy but for recreational therapy, occupational therapy, speech and language, childcare and podiatry.

The degree to which it matters will vary enormously from absolutely central to only somewhat. But how one is in the situation is inextricably intertwined with what one does. Once a practitioner begins to know the truth of this she also begins to know that the service, whatever it is, is being delivered to a complex person who lives in a world in a complex set of relationships. Then the practitioner can begin to consider the implications of that. How one is with someone, how one treats someone—has an important impact which should not be overlooked.

Whether one actually attends to these things, is aware of them, values them, or cares a fig, they are influencing crucial outcomes. As a speech therapist, I may be primarily interested only in improving speech skills. But if I am, I need to understand the impact of how I am and how I go about that on the child with whom I work and on his mother and father. From every perspective, that matters, sometimes as much or more than what I am doing in regard to speech—whether I want it to or not. It's rather like transference in psychoanalytic theory. Analysts noticed it but they neither invented nor created it. It runs merrily or not so merrily quite rampantly throughout all of our relationships whether we care to credit it or not.

We need to focus on the profound impact simply of the practitioner's way of being. It is a crucial variable in the process. Improvement of speech in a child may be the goal but that outcome may be achieved as much by how the practitioner is with the child as what he actually does. Obviously, an improvement in speech affects the child's sense of himself and his impact on others but so does how one relates to the child. Thus, how one is, affects outcome both directly and indirectly in very complex ways.

The parents of the child, in their relationship with the practitioner involved, are simultaneously affected in many of these same ways so that unless one thinks of a nest of relationships cross-influencing one another, one misses appreciating the incredible power at all those levels that is influencing outcomes of all kinds.

A practitioner must understand this kind of influence in addition to understanding his work with particular people and his feelings about his work in order to develop as fully and effectively as possible. A place to do this most usefully is within a supervisory relationship. Of course, this adds another layer to the complexity. The supervisory relationship becomes a part of the nesting matrix as it influences the practitioner. I have coined a shorthand platinum rule to supplement the golden one in order to quickly convey a sense of this parallel process, "Do unto others as you would have others do unto others". This is an essential aspect of the supervisory relationship to appreciate. The relationship between supervisor and supervisee sets a major tone that verberates throughout the system, whether it does so for good or for ill. When it is positive, it can hasten exponentially the process of what the supervisee learns through experience and self-reflection. The practitioner's experience in supervision directly affect the interactions he has with the child and family. It is this complex nest of relationships we must care about.

When we think of it in the context of supervision we see how key supervision can be in its quality, its process and in its content. It is the concept of interlocking relationships that really links content and process. We have here, not a row of dominos but circles of dominos, the movement of any one of which at any moment affects the system in a notable way. Clinical supervision comes in many forms and shapes and may not always even be recognized by that name. It may happen over a cup of coffee - supervision on the fly. Something akin to it may happen in a kind of mini-form between, for example, providers of services, between a provider of services and the director or head teacher or an aide, and it may not be labeled as such though it may share

some of its hallmarks. These hallmarks are frequently conceptualized as reflection, collaboration and regularity but they are only effective when they are nested in a relationship that is characterized by respect, mutuality and safety. A supervisory relationship without these qualities may teach some techniques and skills but has not reached the heart of what practitioners need to learn and experience to be most effective with their families. Supervision occurs in the environment of a work place and systems of relationships exist throughout that work place. The characteristics of attitudes and relationships that typify the leaders of an institution are felt throughout. Feelings flow both ways at every step and the tapestry of relationships of director-staff, staff-staff, secretary-staff and so on are the containers and carriers of the attitudes and feelings, and these flow up and down and across the system, often magnifying in the processes of transaction.

The program that I am with not only offers services to families but also offers mental health consultation to daycare -both center-based daycare and family daycare. In the course of doing our process evaluation, we looked at the relationship between problems described in the various centers on what we have imaginatively called our problem-goal forms and the quality of relationships between providers and children as reflected on our initial evaluation forms. These were filled out at the time of entry into the center and before there was any consultation. The programs with the most dismal relationships between providers and children had the following kinds of problems: There was an unclear flow of authority,—while at the same time there were markedly authoritarian methods of doing business with one another. Also, the relationships between staff and director and staff and staff were marked by a great deal of hostility, disrespect, and insensitivity. In such programs there were a number of cliques and a number of scapegoats. The most vulnerable of the scapegoats were the children who were either aimless wanderers or timed-out objectors to the culture of "ignore them" and/or "sit and shout at them from your chair." All of this is pre-

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dictable—but there it was in our process evaluation. Those providers who were treated the worst, treated the children the worst. This is a very costly parallel process. One thing that was noted on occasion was what one might think of as a “buffer supervisor.” This referred to the fact that even when a system’s basic attitude was negative and disrespectful and this negative influence was passed along the chain of command, occasionally there was a place in the hierarchial structure where there was a singular individual who changed the valence from negative to positive. Beyond this person the system functioned well in terms of reciprocity, respect and collaboration. Sometimes this person was a director of a small aspect of a larger system, or sometimes this person was a head teacher. Always, the person was remarkable in her ability to somehow absorb and deflect the negativity.

In those situations the relationships between providers and children were excellent. In fact, it seemed almost to be especially good, probably reflecting the unusual gifts, in terms of interpersonal skills and general attitudes, of this buffer supervisor. Without such buffer supervisors in a wretched and mean-spirited system, the line practitioner is buffeted by difficult feelings stemming from the experience within the organization and the complicated and sometimes conflictual feelings engendered by the family and the children with whom she works.

As one works to change systems, creating buffer zones may be a beginning and may protect some recipients of service. Determined peer supervisors or study groups or anything that will allow a few people to cohere in the spirit of collaboration may protect the work the organization is truly about and that’s the point. Ultimately in such negative atmospheres the work will suffer and the point of the work is lost—or worse. In addition to everything else that it does, supervision can provide such buffer zones. Even in well-functioning organizations it is a protection against tense and difficult times.

Supervision exists to provide a respectful, understanding and thoughtful atmosphere where exchanges of information, thoughts

and feelings about the things that arise around one’s work can occur. The focus is on the families involved and on the experience of the supervisee. Depending on discipline, content may vary enormously, but it is not possible to work on behalf of human beings to try to help them without having powerful feelings aroused in yourself. At these times, process and content become one. In working with families who are in great difficulty, rage can become the most familiar affect,—at the system, at a world with too much violence that creates too much helplessness and also at a family who will not be better or even seem to try and then at yourself as an ineffective, incompetent, masochistic fool and who do you think you are anyway? And besides, your own system treats you like something ultimately very disposable.

Supervision is the place where all of these things belong, in addition to the specific discipline content. It is the place to understand the meaning of your work with a family and the meaning and impact of your relationship with the family.

A family with a child with a difficulty that troubles you particularly and with whom you cannot seem to find your balance—that belongs in supervision. Something about Arthur’s mother that rubs you entirely the wrong way and you realize you really snapped at her very unpleasantly today—that belongs in supervision. In effect, one is examining one’s practices and one’s responses to one’s work. One is also conceptualizing the underlying principles of that work from ever new perspectives and experiences over and over and over.

From a non-specific, non-discipline perspective, there are two major things that are the overarching concerns of every supervision. One, learning about your own view of people and the world, your biases, and your expectations. Two, appreciating that you will be the recipient of those same kinds of pre-formed expectations from others. Learning how to manage this is the work of supervision. It allows you to behave as you need to in order to understand others and to create experiences with them that are useful.

In the process of supervision itself, the

sets of expectations through which the world enters are automatically broadened for both supervisor and supervisee because two sets of sensitivities, knowledge and experience are now collaborating. The wonderful individual differences between all of us, guarantee no duplication of effort. With the additional differences of age, sex, culture, ethnicity, religion, fatness, prettiness, shyness, boldness, oldness, you name it, the participants in this process are guaranteed an extraordinarily rich experience of learning where each is an enhancing and sometimes corrective filter and lens for the other.

A male supervisee teaches me not only what he can because of who he uniquely is but also because he is a male. When there is not a racial or class match, then this provides a fruitful ground for mutually enriched learning and understanding on both sides. The many differences in experiences and natural styles of being between supervisor and supervisee enlarge the understanding of each participant. Differences in group memberships between supervisor and supervisee guarantee no specific contributions to understanding because of the filter that each individual provides to her membership experience. Still, they are individual experiences of very different worlds of meaning and understanding and this is very enriching. I have come to feel that people are simultaneously both more different than alike and more alike than different in almost every way I can think of.

Supervision is not intended to produce a clone of the supervisor. It is instead designed for the mutual discovery within the process of supervision of the relevant characteristics and skills of these unique supervisees. In the process, they will learn how best to use themselves in relationship to those to whom they will provide their services. It is through a process of understanding, discussion and self-reflection, interwoven with the understanding that some appropriate amount of theory, technique, practicality, or skill may bring that good outcomes are achieved. Any good supervisor learns to count on the supervisee's unique, appropriate responses to many things which occur in their work—responses that are different from those the

supervisor would have had.

Supervision well done equally enlarges and teaches the supervisor. Not only in the ways just described, but also because the supervisor re-experiences her own professional growth and is very often markedly reinspired by the supervisee's enthusiasm for the work. The supervisee has the benefit of the supervisor's rekindled memories paralleling her experience. Those memories, freely shared, are of equally sound and useful efforts and sometimes equally useless treks down equally worn paths and with a mutual understanding of the reasons for such journeys. Many of the things that arise in the discussion are clear for the first time to the trainee and newly deepened for the supervisor. Others remain mysteries to both. Parenthetically, I must say, that I am not sure when it was that I began to think of myself as the Miss Marple of Supervision, (clearly to a fault), but I do know, that the same memory of an experience is not the same in the context of the new illumination of a particular trainee's individual light. I have learned that I can learn something new—quite new, about an old insight and that there is no experience with which one is ever done or has ever used up.

We seek in supervision to learn where our professionalism lies. I sometimes think that it is mostly unspoken anxiety that interferes with professional flexibility and generosity of spirit, as if a carefully constructed professional persona were somehow more important and more likely be valued than simple personhood—that qualities of ordinariness might make us seem and feel less important or that to be more like than unlike someone with whom we work might diminish us. Perhaps this over-professionalization is a singular problem in the field of traditional mental health. Despite the fact that being unprofessional is a present and distinct danger, being lost in a too rigid, somewhat artificial sense of what professionalism is seems equally dangerous.

In fact, we are professionals by virtue of our knowledge and expertise and part of that expertise needs to be learning "How to be." As the psychiatrist, Harry Stack Sullivan implied long ago, we ought to work toward the day when professional training

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does not need to be followed by a period of unlearning. Mental health professionals often bear the burden of needing to unlearn attitudes about how to be with a patient. Other professionals delivering highly skilled, but less amorphous services often seem instead to need to learn that their attitudes and relationships with those with whom they work matter profoundly. Both need to be continuously alert and continually learning about just what the parameters of those relationships should be—in general and in relationship to particular people. All of these things are the objects of reflection in supervision. It is a process that preserves sanity and good practice and preserves a stable staff. Both those with enormous natural gifts in understanding themselves and others and those without such gifts will need that safe space with someone where they can test the reality of their perceptions, express their feelings, get some confirmation and feel a sense of doing their job well. Personally, I value supervision very highly. I have preserved it at some cost to myself and to my staff in terms of time and energy. And although within my own place supervision is not only reflective and collaborative but regular and frequent I recognize that there must be many models for how one might achieve a good measure of what it is all about. But I don't think that it is possible for any of us to do what we do without some good place to tell our tales. I would like to spend some moments talking about what the barriers to supervision or mentorship, whichever comes first, might be in the fields of intervention which are not specifically in the area of formal mental health.

In some ways these barriers to the institution of clinical supervision seem to me self-evident but I'll talk about them anyway. Clinical supervision within formal mental health training occurs very naturally and automatically. That is because we have no concrete skills and cannot help with anything except the procurement of cheese and other comestibles and the expression and understanding of feelings. Therefore, we are forced to learn something about how people operate and how we should operate in relation to them in order to be at all

helpful—or to cure them, or to make them behave right, or to overwhelm their oppositional resistances or to resist their devious manipulations or to find some strengths or to admire their determination or I'm sure you get the point. The goals of mental health with and without supervision as delivered by a wide variety of professionals are not necessarily either the same all the time or benign all the time. Supervision within mental health does not guarantee particular positive attitudes towards those with whom one works or toward oneself as a practitioner. Supervision designed to create stress can be considered awfully good for the soul and conceptualizing supervision as only the relentless analysis of countertransference by the supervisor can result in the trainee deciding it would be a duplication of effort to seek additional treatment when it's already being provided.

Nonetheless, clinical supervision in the mental health profession is a teaching method which does focus on process and interaction much of the time. And one does become very aware of oneself as a variable in the situation. This, as I said, obviously presents the major difference. As a childcare worker, an OT, a nutritionist, or a speech pathologist, it is the technical skill and personal learning experience in regard to the work that is the primary focus. The self as an instrument of influence is not the focus. When one shifts one's professional focus on the patient from his specific difficulty to his breadth of personhood and his context and to one's relationship with that patient and what it can tolerate, one has already created both a different self and more self-awareness as a practitioner. But this still leaves out the impact we have that is not purposeful,—all the considerations of self as a constant factor as well as all the other complexities I mentioned before. When it is suggested that some of this be included in the thinking about one's work, it is easy to imagine a certain ruffling of well-arranged and well-nurtured feathers. To wit, "I know what business I'm in and I chose to be in that business because that is what interested me." "I really don't appreciate somebody redesigning my profession." "I am in childcare partly because I'm not trained to do anything else,

but also because I like kids and that's enough." or "because I am an educator and I know curriculum and I know what children need in terms of learning." In this latter instance it may be unappreciated that the nursery school teacher of the past rarely exists and instead the child's caregivers share his world for 8, 10, or 12 hours a day, not two. The role that this substitute caregiver plays in a child's life and what this means in terms of how that caregiver needs to be may not have been at the heart of the matter in terms of that person's choice of profession. Understanding why a child behaves in a particular way can be irrelevant if you know that what you need to do is to control him or, if that's not possible, make it clear that he can no longer be in your daycare center. As for the parents, when they're rude and impossible, it's their problem, not yours.

Any time one tries to enlarge the vision of what someone else's job is, it is not likely to be embraced without some resistance unless the person has been earnestly seeking it, as some people do. A dear colleague of mine talks about how uncomfortable he was with what he felt happening between himself and some of the mothers of the children whom he was seeing early in his practice. He felt that things were going on that he didn't understand and he sought clinical supervision (not treatment you will notice) as a way of examining his work and his feelings about it. This is the extreme end of receptivity. It can be more a matter of "this was really not what I had in mind when I chose to focus on child development". It may turn out that by advocating supervision one is advocating including a focus on exactly what the professional's choice was designed to avoid.

I should make very clear that I'm not suggesting that these more ephemeral but vital aspects of the relationship would be the sole or even the central part of supervision for every professional working in intervention. They should be part of it, but they certainly do not need to be the sole focus. Just because they are the core of my own profession does not suggest to me that they have to be the core of any other. For those aspects to be ignored, however, is to distort in a negative way the services provided. A

supervisor of an OT may well be another very experienced OT but that OT must be able to provide expertise not only of a most focused and practical kind but expertise that stems from having moved well along the road in understanding a great deal of the contexts and impacts of relationships and her own role in all of that. As the field of early intervention moves to a family focus this is impossible to avoid if one is to be at all effective.

Part of the resistance to accepting a broader vision and the need for a supervisory relationship may be that it feels like an imposition of mental health unto all of the other disciplines in early intervention. But, in fact, nobody owns mental health in the most important and general sense of it. And what does stem more specifically from mental health is only a way to understand how to think about and begin to manage many things with which one is being confronted already,—no matter what one's profession is, as well as a way of learning how to use personal impact in a positive way. This latter can only happen if one begins by appreciating its existence and then becomes determined to house the exploration of this phenomenon in a safe and useful place.

Although partnership with parents is unquestionably a natural and necessary way of conceptualizing and carrying through work with families, this does not eliminate the need to acknowledge very real and different skills and expertise that parents and professional bring to the effort. In fact, the recognition of this differential can, it seems to me, more genuinely enhance and promote partnership—but this is another topic.

Clinical supervision may carry with it the association to mental health too strongly for it to be used as the word or phrase for this interactive, educative relationship within other fields. And supervision alone, without the word clinical modifying it, may suggest a too mechanistic approach. Perhaps the word mentorship is more appealing and carries less baggage. In any case, whatever it is called and whatever the exact purposes of the process are, it needs to be a place where a supervisee is treated in such a way that she feels free to raise issues of all kinds that interest or concern her. What

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should be talked about is what needs to be talked about. It differs from any kind of therapy, although in any setting it may be therapeutic, because it does not focus on nor intend to investigate the privacy of the supervisee's inner life except as it naturally arises in the understanding of the performance of his work. Even then, it is discussed in a comfortably circumscribed way—not pursued for its own sake.

It is easy to imagine a seasoned practitioner in any of the fields of early intervention being of enormous help to a new practitioner in advancing understanding of the skills and subtleties of her work both technically and interpersonally. The supervisory relationship provides the place for exploration, creativity and understanding which will not only advance but possibly transform the practitioner's work in basic, permanent ways. It is a perspective that is created. If such efforts cannot be weekly or one-to-one, the effects will be different but not diminished and perhaps in particular ways, even enhanced. If meaningful relationships for the purposes of understanding and exploring are formed that are safe, mutual and respectful, then supervision, or mentoring is occurring in a positive way.

I can imagine, and I absolutely love the idea, of flying a plane into a rural area (preferably in the midst of an incredible snow storm) in order to meet once every other month with a lone practitioner who is providing early interventions that meet a variety of needs of families in the area. More sensibly, I can imagine an assessment of what the supervisory needs are in particular geographical areas and sending in appropriate teams to work with the practitioners to better help them meet those needs. Assistance with technical skills would be provided as well as a general understanding of one's role and relationship with those with whom one works. My point is, that we must be neither too precious nor rigid about the form clinical supervision or mentorship take as long as we demand that it exists in some form. If we are clear about both its parameters and purposes we can be as creative as we need to be.

It occurred to me as I was writing this that I have, only in the last 14 years, indi-

vidually supervised for one hour a week for over a year or more about 125 people within the Infant-Parent Program. I remember every single one of them. Probably each of us has come to know unique parts of the other as we have needed to in working together in regard to particular families. The intensity of what we do together in supervision,—the hard work, the sadness, the responsibility, the worry, the pleasure, the joy and the delight are really very special. In addition, we share something with one another that we share with absolutely nobody else and that is our intense investment in particular, specific other human beings. It is like being some kind of devoted mini-family—a duo, determined that together we will somehow understand and make something better for this family that we've come to care about. In order to do this, we have to consider everything relevant that we can possibly think of and to be as creative as possible in thinking about what we might do.

I do not have anything like the same relationship with each person I have supervised, but all of the supervisory relationships have been marked, I think, by mutual respect, affection and generosity of spirit on both sides. I carry within myself specific and unique things that I have gotten from each of them that I bring to each new trainee even as I add their contribution to my understanding of the world. I know that many of the families to whom we have devoted our understanding, gained from our mutual efforts tremendously and I know that others failed to, but it was not from want of trying or caring. I know also that each subsequent family will benefit from what we learned together.

I have a rule at the Infant-Parent Program that I make clear for all new trainees. Simply put, it has to do with never making a difficult decision alone. There will always be someone available to think with someone who needs to make a grave decision. I do this, I think, for several reasons. It creates the notion that one must always take time to think before acting and that two people thinking are probably going to do a better job than one alone. It also ensures that no one is ever abandoned to make what are

sometimes life-shaping decisions for which no single person ought to bear the responsibility. What occurred to me about this as I wrote, was that something akin to this exists in supervision and has a very important effect. I think a practitioner, particularly in the beginning, can only allow herself to know how terribly important things really are if the burden for it all doesn't rest entirely on herself. I think that sense of being able to depend on someone else is, in and of itself, extremely important in allowing practitioners to come to grips with what they feel and to acknowledge and register what they observe. This, of course, will be a crucial factor in how they proceed. The data will actually be different. As I thought about it I realized that there were some very troubled families whom a supervisee and I have struggled hard to keep together, whom I would not have found the courage to maintain alone—nor would the supervisee. This is a dramatic example but it illustrates what I think is true of supervision in general. It is the place where you can slow down, think with someone and try to un-

derstand as much about the things that are happening and how you are feeling about them before you decide what to do. This allows for different decisions to be made. This is not to say that much of what we do is not also spontaneous, in the moment, and retrospectively untraceable but even this probably rests on a sense of trust in our own internal responses—a trust developed over time, certainly through experience, but particularly developed out of the opportunity to depend on the support of a supervisory relationship. Supervision is the vehicle for the transmission of the competence and professionalism of a supervisor to a supervisee in the context of that supervisee's unique skills and personhood. It is important for us to be imaginative in recognizing the many shapes such learning relationships might have and in determining how they might be put in place for the benefit of all of the work which practitioners do with infants, toddlers and their families. No work could possibly be more important and it deserves our very best.

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