SYSTEMIC COUPLE THERAPY SUPERVISION

GROUP SUPERVISION

OVERVIEW

This supervision group is designed for qualified psychologists and psychotherapists who are already working with couples and want to develop their systemic thinking, formulation, and clinical interventions.

The group is grounded in a systemic framework and is suitable both for clinicians who already work systemically and those who want to develop their systemic skills. It is not an introductory course in couple therapy.

The supervision is structured, active, and directed by the supervisor. Rather than general case discussions or advice about what to do next, the emphasis is on developing a clearer understanding of relational processes, the therapist's participation in those processes, and how to intervene more effectively.

In practice, this means that the supervisor may redirect the focus of supervision as needed, including towards aspects of the clinical work that differ from the initial questions or concerns brought by the presenting clinician.

THE FOCUS OF SUPERVISION

Couple therapy requires a different way of thinking about clinical work. From a systemic perspective, the focus is not simply on either individual but on the relational system itself: the repetitive patterns between partners, how their responses shape and maintain one another, and how these interactions become organised into relatively stable patterns.

Importantly, the focus of supervision extends beyond the couple to the therapist-couple system. This includes what happens between the partners, how the therapist participates in and influences these interactions, and how the therapeutic process itself becomes organised.

Systemic Formulation and Intervention

- Supervision focuses on developing the ability to recognise relational patterns, understand the circular processes that maintain them, and construct coherent systemic formulations.

- Particular attention is given to what happens in the therapy room: how interactions unfold, where patterns become activated, how the therapist responds, and where opportunities for intervention emerge.

- The emphasis is on developing a clear understanding of the relational organisation so that interventions follow from the formulation rather than becoming a collection of techniques or reactions to whatever happens in the moment.

- This includes examining therapeutic direction, difficulties with engagement, moments of stuckness, and the practical challenges of facilitating change.

- The aim is not simply to decide what to do next, but to understand what is happening, why it is happening, and how to intervene in ways that create opportunities for change rather than reproduce existing patterns.

Risk and Ethical Decision-Making

- Couple therapy presents particular ethical and professional challenges, including confidentiality, competing responsibilities to each partner, boundaries, safeguarding, risk, and situations in which the interests or needs of the partners may conflict.

- Supervision provides space to examine these complexities, consider competing responsibilities and possible consequences, and develop thoughtful, clinically appropriate, and professionally defensible decisions.

- The supervisor does not assume responsibility for clinical decisions. Each clinician remains legally, ethically, and professionally responsible for their own work.

- The emphasis is on developing sound clinical judgement, recognising limitations, and managing uncertainty rather than relying on the supervisor for answers.

Reflective Practice and the Therapist's Position

- The therapist is not an outside observer of the couple's relational system. By entering the therapeutic relationship, the therapist becomes part of the system and may influence, or become influenced by, the patterns they are attempting to change.

- Supervision therefore examines the therapist's responses and the positions they may be drawn into, such as protecting one partner, challenging another, mediating conflict, keeping the peace, or working harder for change than the couple themselves.

- These responses are not necessarily mistakes. They may reveal important aspects of the relational organisation and how the therapist is being recruited into existing patterns.

- At the same time, therapists bring their own personal histories, experiences, sensitivities, and relational blueprints into their clinical work. These may shape how they understand the couple, what they respond to, and the interventions they make.

- Supervision provides space to examine this personal-professional interface, recognise blind spots and emotional responses, and distinguish between what the therapist brings into the room and what emerges through the therapeutic relationship.

- The aim is to develop greater self-awareness and use this understanding as a resource for more effective clinical work.

Professional Development

- Beyond individual cases, supervision supports the ongoing development of clinical judgement, confidence, independence, and professional accountability.

- This includes recognising strengths and limitations, tolerating uncertainty, identifying recurring patterns in one's own therapeutic work, and questioning assumptions or ways of working that may have become familiar or automatic.

- For clinicians developing their systemic practice, supervision helps translate theoretical understanding into clinical competence. For more experienced clinicians, it provides opportunities to explore complexity, challenge established ways of thinking, and recognise blind spots that may otherwise remain unnoticed.

- The overall aim is to develop greater independence and precision in clinical practice while maintaining the capacity to question one's own understanding and decisions.

The above four aspects are not treated as separate activities. They are explored together through the clinical material presented, allowing formulation, intervention, ethical reasoning, reflective practice, and professional development to inform one another.

GROUP STRUCTURE

- The group is intentionally small to allow for focused, meaningful supervision and continuity between sessions.

- Each group accommodates a maximum of four active participants, with an additional one or two spaces available for observers.

- The group meets online via Zoom every second week, with each session lasting 90 minutes.

- Each 90-minute session is structured around two case presentations by two different participants. This allows approximately 45 minutes for each presentation and its associated supervision process.

- The presenting clinicians provide the relevant background and identify the clinical difficulties or questions they would like to explore.

- Rather than lengthy case histories or general case discussions, the supervision stays close to the actual therapeutic process, examining what is happening between the partners, how the therapist is responding, and what may be maintaining or changing the relational organisation.

- The supervision is active and directed. The supervisor guides each presenting clinician through the clinical material, drawing on observations, questions, and reflections from other group members where these contribute meaningfully to the process.

- The purpose is not for everyone to offer advice or competing interpretations. The group contributes to a shared reflective process, while the supervisor remains responsible for directing the supervision.

GROUP ROLES

There are three distinct roles within the supervision group.

Supervisor

- The supervisor is responsible for facilitating and directing the supervision process.
- The supervisor's role is to guide the presenting clinicians in developing a systemic understanding of their cases, examining their own positions within the therapeutic system, and identifying opportunities for more effective intervention.
- This includes attending to the broader clinical, ethical, reflective, and professional aspects of the work as they emerge through the supervision process.
- Although the wider group contributes to the reflective process, responsibility for directing the supervision remains with the supervisor.

Participant

- Participants are qualified clinicians who are actively providing couple therapy and have cases available for supervision.
- Each participant is included in a scheduled rotation for presenting cases. Two participants are allocated to present at each session, with presentation dates established in advance.
- Participants are expected to prepare and present their cases on their allocated dates.
- Participants do not present cases at every session. When another clinician is presenting, they are expected to contribute actively to the reflective process through observations, questions, and engagement with the clinical material.
- Being a participant therefore involves two equally important aspects of learning: receiving supervision on your own cases and participating in the supervision of others.
- This provides exposure to different clinical presentations, therapeutic challenges, and ways of working. It also creates opportunities to recognise your own strengths, vulnerabilities, blind spots, and patterns in clinical practice.
- Importantly, a participant does not become an observer simply because they are not presenting a case during a particular session. Participants are ongoing members of the supervision group, with responsibilities both to present their own work according to the schedule and to contribute to the supervision of others.

Observer

- Observer spaces are intended primarily for clinicians who are new to couple therapy or who do not currently have an active couple therapy caseload.
- Observers attend sessions to develop their understanding of systemic couple therapy through exposure to clinical case presentations, systemic formulation, and the supervision process.
- Observers are not included in the case presentation schedule and are not required to present cases.
- Although they do not have the same responsibilities as active participants, observers are expected to engage professionally with the process and are subject to the same confidentiality and attendance requirements.

CASE PRESENTATION SCHEDULE

- A case presentation schedule is established in advance, with two participants allocated to present at each supervision session.
- Participants are responsible for preparing a suitable case for their allocated sessions.
- The schedule ensures that supervision time is distributed fairly and that each participant has regular opportunities to receive focused supervision.
- Case presentations are not allocated informally during sessions, nor is attendance limited to occasions when a participant wishes to present a case.
- The schedule forms part of the ongoing structure of the group and allows participants to prepare while maintaining continuity in the supervision process.

CASE PRESENTATION GUIDANCE

- Case presentations are intended to be informal and clinically focused. No formal presentation, PowerPoint slides, or written documentation is required or expected.
- Participants may present different couples across their allocated sessions or return to the same couple over several supervision sessions. The choice of which case to bring rests with the presenting clinician.
- At the beginning of each presentation, the clinician will be asked to provide a brief background to the couple and the therapeutic process, together with the particular challenges, uncertainties, or questions that prompted them to bring the case.
- The majority of the allocated time is then spent in an active supervision discussion rather than a formal presentation.

- The supervisor guides this process and may involve other group members in reflections, questions, or other activities that support the supervision.

- Although the presenting clinician's initial concerns provide a starting point, the supervisor may redirect the focus towards other aspects of the therapist-couple system that emerge as clinically relevant.

- Each session includes two presentations by different participants, with approximately 45 minutes allocated to each.

MEMBERSHIP, COMMITMENT AND ATTENDANCE

- This is a closed, ongoing supervision group rather than an open or drop-in arrangement.

- Joining the group, whether as a participant or observer, involves a commitment to attending regularly every second week.

- The intention is to establish a consistent rhythm of supervision as part of ongoing clinical practice, rather than something clinicians access only when they encounter difficulties or have a particular case they wish to discuss.

- Regular attendance allows members to become familiar with one another's clinical work, follow the development of cases over time, and recognise recurring patterns, strengths, and challenges in their own and one another's therapeutic practice.

- It also allows the group to develop the familiarity and trust needed to discuss uncertainty, mistakes, difficult clinical experiences, and the more personal aspects of therapeutic work.

- Members are therefore expected to attend scheduled sessions consistently, regardless of whether they are presenting a case.

- This does not mean that attendance must be uninterrupted. Holidays, travel, professional commitments, and occasional breaks are understandable. The important consideration is advance communication so that absences can be accommodated and the group can plan accordingly.

- However, repeated absences, particularly without prior notice, undermine the continuity of the group. Members who consistently fail to attend or communicate their availability may lose their place, allowing another clinician to join.

- The aim is not to impose rigid attendance requirements but to establish a stable group in which members make a meaningful commitment to their own development and to the supervision process of others.

CONFIDENTIALITY AND PROFESSIONAL RESPONSIBILITY

- All group members, including observers, are bound by professional confidentiality.

- Supervision sessions may not be recorded.

- Clinical cases, identifying information, and discussions occurring within the supervision group may not be shared or discussed outside the group.

- Members are expected to maintain professional boundaries and contribute to a respectful environment in which clinical uncertainties, difficulties, and mistakes can be discussed openly.

- Supervision does not transfer clinical or professional responsibility from the treating clinician to the supervisor or the group. Each clinician remains responsible for their own clinical decisions, ethical obligations, and professional practice.

FEES AND BOOKING

Supervision sessions are booked through one of two Calendly links, depending on whether the member is an active participant or an observer. Payment is collected at the time of booking.

Active participants: EUR 50/USD 56 per 90-minute session.

Observers: EUR 25/USD 28 per 90-minute session.

Sessions that are booked but not attended are non-refundable, irrespective of the reason for non-attendance.

Advance cancellation or rescheduling is possible using the links provided in the booking confirmation email.

CONTACT

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