SYSTEMIC COUPLE THERAPY SUPERVISION

Individual Supervision

OVERVIEW

Individual supervision 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 supervision 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 simply discussing cases or providing 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.

Individual supervision provides an opportunity to examine clinical work in greater depth, with sustained attention to the clinician's own cases, therapeutic approach, professional development, and the particular challenges they encounter in working with couples.

Although the clinician's initial questions or concerns provide a starting point, the supervisor may redirect the focus towards other aspects of the clinical work that emerge as relevant.

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.

INDIVIDUAL SUPERVISION STRUCTURE

- Individual supervision takes place online via Zoom, with each session lasting 60 minutes.

- Sessions are conducted on a one-to-one basis, allowing the supervision process to focus specifically on the clinician's own cases, clinical challenges, and professional development.

- The structure is flexible in terms of the clinical material explored, while remaining active and directed by the supervisor.

- A session may focus on a particular couple, an ongoing therapeutic process, a difficult clinical situation, or recurring challenges across several cases.

- The clinician provides the relevant background and identifies the difficulties, uncertainties, or questions they would like to explore.

- Rather than spending considerable time on detailed case histories, the supervision stays close to the actual therapeutic process, examining what happens between partners, how the therapist responds, and what may be maintaining or changing the relational organisation.

- The supervisor guides the discussion through questions, observations, reflection, and the examination of possible interventions.

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

- The purpose is not simply to provide recommendations, but to develop the clinician's ability to think systemically, recognise opportunities for intervention, and make deliberate clinical decisions.

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.

- Clinicians may bring different couples to successive supervision sessions or return to the same couple over several sessions.

- At the beginning of each session, 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 session is then spent in active supervision rather than a formal presentation.

- The clinician is encouraged to bring specific examples of therapeutic interactions, interventions, moments of uncertainty, or situations in which the therapeutic process has become difficult or stuck.

- Where appropriate, supervision may also examine broader patterns across the clinician's caseload, including recurring challenges, therapeutic responses, and areas for further development.

- The emphasis remains on understanding the clinical process rather than simply reviewing what has happened or deciding what should happen next.

FREQUENCY & ONGOING COMMITMENT

- Individual supervision is offered as an ongoing professional process rather than something sought only when difficulties arise.

- The appropriate frequency depends on the clinician's level of experience, current caseload, familiarity with systemic couple therapy, and the complexity of the clinical work being undertaken.

- Clinicians who are relatively new to couple therapy or systemic practice may benefit from weekly supervision, particularly while developing their formulation and intervention skills.

- For clinicians with more experience, fortnightly or monthly supervision may be appropriate, depending on their professional needs and clinical responsibilities.
- The frequency can be reviewed and adjusted over time.
- Regular supervision allows the development of clinical thinking to be followed over time, recurring patterns to become more visible, and the progress of therapeutic work to be examined across successive sessions.
- It also creates opportunities to explore the clinician's professional development beyond the immediate demands of individual cases.
- Although occasional supervision sessions may be useful in particular circumstances, the greatest benefit generally comes from establishing a consistent supervision relationship.

CONFIDENTIALITY AND PROFESSIONAL RESPONSIBILITY

- All supervision discussions are subject to professional confidentiality.
- Supervision sessions may not be recorded without prior agreement.
- Clinical cases should be presented in a manner that protects the identity and confidentiality of clients, consistent with applicable professional and legal requirements.
- Supervision provides a professional space in which clinical uncertainties, difficulties, mistakes, and personal responses can be discussed openly and critically.
- The supervision relationship is intended to support reflective practice, professional accountability, and the development of clinical competence.
- Supervision does not transfer clinical or professional responsibility from the treating clinician to the supervisor.
- Each clinician remains responsible for their own clinical decisions, ethical obligations, professional registration requirements, and clinical practice.

FEES AND BOOKING

- Individual supervision sessions are 60 minutes and take place online via Zoom.
- Sessions are booked through Calendly, with payment collected at the time of booking.
- Fee: AED 500 | USD 140

- 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.

- Clinicians interested in establishing an ongoing supervision relationship are encouraged to arrange an initial introductory meeting to discuss their clinical experience, current work with couples, supervision needs, and appropriate frequency of sessions.

- A complimentary 30-minute introductory meeting is available for clinicians considering individual supervision.

CONTACT

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