Clinical Supervision and Couple Counselling

BY DOUG SOTHEREN

“When you are a bear of very little brain, and you think of things, you find sometimes that a thing which seemed very thingish inside you is quite different when it gets out into the open and has other people looking at it.”

A. A. Milne  House at Pooh Corner.

Clinical supervision has become an essential component in the development and maintenance of quality counselling practice. Although the theory behind clinical supervision is still a work in progress and there is yet to be a complete definition, there is no doubt that the practice of good supervision works.

While it would appear that the basic skills used in supervision are generic and similar to the skills used in all good therapy, there are some important distinctions that need to apply with particular branches of therapy.

This article offers a summary statement of six facets that need consideration when supervising couple and relationship counsellors.

THE RELATIONSHIP IS THE CLIENT

When a couple comes for counselling the counsellor is confronted with two individuals who have brought their relationship for therapy. The relationship is the client. The most common problem experienced by a supervisor is that the counsellor begins introducing a case with words such as, “I am seeing this couple, he or she is a.....” and then goes on with a lengthy monologue about one partner with diagnosis etc. What becomes immediately obvious is that the counsellor has lost the relationship as the client, and has unwittingly decided to become an individual therapist to one partner. This process can become destructive to the relationship and destroys any possibility of positive couple therapy. A more damaging scenario is when the supervisor becomes seduced in attempting individual therapy to one partner through the supervisee.

FOCUS ON THE PROCESS

When the relationship is the client, the focus needs to be more on the processes of the couple system than on the content or detail of the issues presented. It would be quite easy to counsel a couple for years, painfully working through the many content issues that are the subject of conflict, and not bring any change to the process of relating which is the underlying cause of the problems presented.

It is not uncommon for the supervisee to parallel this pattern by wanting to take up large sections of the supervision session reporting facts or details of the couple’s life and totally losing awareness of the systemic patterns that need therapeutic intervention.

Relationship counselling is aimed at assisting the couple to make creative changes to the patterns of relating with the goal of increasing the couple’s capacity to resolve issues of content and conflict within the relationship. So the word for supervisors is: if you find yourself getting lots of detail, explore process.
THE PULL TO TRIANGULATION

Part of the excitement of couple counselling is navigating the many currents and cross currents of the relational stream as they attempt to pull the counsellor into a position of alliance with one partner against the other. The pull to triangulation is at times almost impossible to resist.

Triangulation can involve parents, children, hobbies or religion, all aimed at taking the focus off the couple system and de-powering the therapeutic impact. The unwitting supervisee will find they are responding to the one partner or one third party more than the other. Often with skilful rationality and great use of theory will the supervisee justify the position of the one to the expense of the other. At this point, the supervisee has forgotten that the relationship is the one that needs attention. Taking sides, even unconsciously, denies the way these supposed imbalances are relationally functional at that point of time and guarantees that the relationship will resist and defeat any one-sided interventions.

THE POWER OF THE CROSS GENERATIONAL

Generational patterns are acted out with powerful unconscious forces in committed couple relationships. Patterns of past family eg. re-enactment of childhood family trauma. Three and four generational traditions all enter the couple counselling room, each watching over the couple to maintain its place in their lives.

There is the statement from past family therapy that when a couple enter the room up to a hundred others come in with them, and when only the couple is left, therapy is complete.

From the supervisor’s point of view, the hundred from the couple combine in supervision with the fifty of both supervisee and supervisor. The vital reflective stances the supervisor needs to take are: In what ways are my and my supervisee’s family story shaping what is happening both in supervision and with the couple? What areas of emotional reactivity are being triggered in presenting this case? In what ways can the generational influences be brought into creative awareness for the supervisee and the couple?

Another important factor for supervisor awareness is the “Anniversary effect” of traumatic incidents in the life of the partners. The death of the parent, the effect of a past abortion, the breakdown of a past relationship, the date at which my parents broke up: all these past events may find themselves replayed without conscious awareness in the couple relationship. SENSITIVELY feeling for these can be a vital part of counselling practice and supervisory guidance.

KEEPING THE BALANCE BETWEEN COUPLE AND INDIVIDUAL

While this subject has already been addressed in this paper, it is worth a space on its own. It is a major task for the experienced therapist and a minefield for the beginner. How does one maintain the delicate balance between acknowledging and working with each individual and the relationship?

HOW PARALLEL PROCESS WORKS RELATIONALLY

Parallel process and its recognition is a vital part of good supervisory practice. When supervising a couple counsellor, the complexities of parallel process are multiplied exponentially. When parallel process is identified the question may be: Are the supervisor and supervisee playing out the couple relationship with
each other or are they playing out the supervisee’s relationship with one of the partners? Which one of the four potential relationships is being replayed in the supervisory session? It is in the careful unravelling of these processes that both supervisee and the couple can explore new possibilities.

**COLLUSION**

One of the dangers that is apparent in all supervision is the tendency on the part of the participants to form collusive relationships in which supervision becomes a friendly chat, or worse, a diagnostic case study. It is all too easy to settle back to a no-demand collegiate discussion with a good friend. This avoids facing the real demand of good supervision for high level, focused, reflective exploration with incisive questions that allow the supervisee to deepen understanding of self and clients in the therapeutic relationship.

It is important in all supervision relationships, and particularly in peer supervision, to have a clear contract to block any move to collusive comfort.

**CONCLUSION**

Clinical Supervision requires the use of all the skills available to couple therapy as well as the intense intellectual discipline of reflective drawing upon theory and practice in bringing both the experience and knowledge of new possibilities to supervisees. Supervision requires a broad understanding of the many complexities that impinge the complex process of couple counselling.

The diagram below highlights all the issues of both the intra psychic, interpersonal and social subsystem pressures impinging on the supervisory process: an exciting labyrinth for all explorers into the dynamics of relational being for both counsellor and supervisor.

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Doug is in private practice as a counsellor/clinical supervisor, and human relations’ trainer on the Central Coast. He acts as consultant for various agencies and Government departments in the areas of counselling, grief, and family dynamics. His current practice includes counselling, training in Body focused and couple counselling and clinical supervision for both individuals and groups in government and non government organisations.

Doug is a Clinical Member and Registered Supervisor of Australian Association of Relationship Counsellors, and a clinical Member of Christian Counsellors Association. He is an ordained Baptist minister, has a B.A. in Sociology and an M.Th. with a focus on family systems. His current theological interest is the theology of Karl Barth and current trends arising out of Barth’s work.

Over the past 20 years his growing edge has been in exploring the integration a body focus into the practice of relationship counselling and Clinical Supervision.