A Model NLPtCA Supervisor Assessment Report
(with a selection of three examples)

Note: The terms 'he' and 'she' are used interchangeably to mean both sexes.

FIRST ELECTIVE EXAMPLE

Please provide your evidence in the format outlined in 'Supervisor Evidence', Section 2 of the Guidelines for Supervisors (Appendix VIa).

Please detail your evidence (including the source of your evidence) that the applicant has demonstrated to you, sufficient clinical competence and ethical practice which fulfill UKCP requirements in the area of:

[13.1- Due regard for client safety.]

1. 24-year old male client with obsessive internal verbal rituals:

[Applicant] presented this client as a UK born Asian male with a self imposed ritual requirement. [Applicant's] presentation was by verbal account and a discussion with myself which included reference to [Applicant's] written notes that we both examined and explored together.

[Applicant] elicited the outcome for this client as "I want to live a normal life." A future pace was engaged in to create a full experience of how a "normal life" would be experienced by the client. The future state was experienced by the client as breathing easily and where he can go to work free of the need to perform the rituals. [Applicant] paced the client into experiencing the difficulty in breathing and by calibration noticed that the physiology of the client such that breathing was not restricted or impeded. At this point in the session the safety for the client was not an issue.

[Applicant] identified with the client that the required rituals to bring about the belief of easy breathing were about harm to the client by the client. The client also mentioned such behaviour in the past about two years earlier. Alerted to this potential recurring behaviour [Applicant] explored this past behaviour and discovered that the client had seen his GP. At this point [Applicant] began to explore the best strategy to ensure the safety of the client which included contact with the GP to gain another perspective. The GP confirmed the harming behaviour and was of the opinion that this was no longer a concern. [Applicant] concluded that they would be open for any such behaviour being demonstrated by the client.

[Applicant] noted that agreeing a contract with the client that he would not begin any self harming behaviour again. We explored what [Applicant]'s strategy would be if such behaviour did begin again. We explored the possible consequences to both [Applicant] and their client of: re-negotiation of the contract and termination of therapy. [Applicant] is open to working with other professionals when this seems necessary i.e. trust is lost between them and the client or the client's behaviour requires formal medical intervention for their own safety. [Applicant] was open to our exploration of the benefits and pitfalls of therapeutic contracts being too open or too restrictive. We discussed the risk factors around working with clients when they are exhibiting the very behaviours that might place them at risk of their own safety. Working with clients at this level allows a much more extensive modelling opportunity from which to create new strategies for the client. This also provides an opportunity to self-model about the degree of safety [Applicant] would permit themselves.

SECOND ELECTIVE EXAMPLE

Please provide your evidence in the format outlined in 'Supervisor Evidence', Section 2 of the Guidelines for Supervisors (Appendix VIa).

Please detail your evidence (including the source of your evidence) that the applicant has demonstrated to you, sufficient clinical competence and ethical practice which fulfill UKCP requirements in the area of:

> *[14.3 An appropriate level of confidence matched to current competence, and an understand of her limitations of competence and experience (with appropriate subsequent referral.]*

2. Middle-aged male enquiring about smoking cessation:

[Applicant] presented his notes for a client for whom he made a fairly quick decision based on clear incongruencies he experienced in the initial phone conversation. He identified that the client has no clear outcome or any sense that an outcome would be desirable. The client had found [Applicant]'s details in the Yellow Pages and the client insisted on a session that day. [Applicant] noted his upward tilting voice tone together with a slower than usual verbal pacing and a content that suggested social interaction was wanted rather than a therapeutic relationship. He concluded that there was a real possibility of deeper psychological disorders beyond his capabilities being exhibited by the client.

[Applicant]'s own internal processing led him to believe that this client's needs were beyond his abilities and therefore he recommended that the client contact his GP for further advice and support. he paced his client's surface structure by suggesting that the GP would be able to provide Stop Smoking groups free of charge which would fit the stated need of stopping smoking. The client accepted this.

There is a tendency especially at the beginning of a practice to take on all clients no matter what the issue and to believe that NLPt can help everyone. In this case [Applicant] showed foresight in both going with his own feelings of incongruity with the client and also ensuring that the client had another option that would, if taken up, provide support for other perhaps deeper issues.

As [Applicant] grows in experience and confidence he will be able to explore and challenge some of the deletions and generalisations of his clients and be more able to offer a service to clients who may indeed have deeper and demanding issues

THIRD ELECTIVE EXAMPLE

Please provide your evidence in the format outlined in 'Supervisor Evidence', Section 2 of the Guidelines for Supervisors (Appendix VIa).

Please detail your evidence (including the source of your evidence) that the applicant has demonstrated to you, sufficient clinical competence and ethical practice which fulfils UKCP requirements in the area of:

[16.2 – the application of a critical understanding of psychopathology.]

3. Daughter referred by mother:

[Applicant] presented a client referred by her mother. The client presented with behaviour like a bi-polar condition. On meeting the client [Applicant] noted delusions described by the client. The mother of the client returned and [Applicant] noticed a more systemic issue in that it was said by the mother that a diagnosis of schizophrenia had already be given by a psychiatrist and that the client was taking some medications. The mother of the client had decided that a psychotherapist was what was needed.

It was unclear whether the client's behaviour was her own or perhaps some learning from the mother – an effect of parental introjections. [Applicant] observed that the mother / client relationship was much more involved than at first thought.

Given the dynamics of the mother / child relationship and the given details of the psychiatric experiences [Applicant] concluded that there was most likely some kind of psychosis and that therefore the best course was to refer the client(s) back to the GP and the psychiatrist.

[Applicant] understands the etiology and consequences of this kind of potential psychopathology and the need for more help and support that she can provide as a psychotherapist working on her own.

In fact in a number of the examples given and some others discussed in supervision [Applicant] demonstrated the requirement to be able and willing to make a judgment on the likely depth and complexity of the presenting symptoms.

In all of the above examples [Applicant] shows her ability to model the somatic experience of the client and compare that to her own experience in order to make a reasoned judgment on the source of the experience for the client and therefore make an intervention that secures the best outcome for both themselves and the client.