A Sample NLPtCA Supervisor Assessment Report
(with a selection of four examples)

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

Example 1

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

13. Relationship with Client

13.1 *Due regard for client safety.*

[Applicant] worked with a young male university student who had self-harmed by cutting, attempted suicide and was feeling depressed.

[Applicant] assessed the risk to the client in a number of ways, checking the client's ecology at several levels. [Applicant]:

· Checked that the client's GP was aware of the situation and could be consulted and involved as necessary.

· Interviewed the client's father during the initial telephone conversation to assess his (and the family's) support and congruence with the client's therapy.

· Took a detailed description of the attempted suicide and discovered that after drinking too much alcohol he had taken about 8 tablets of 500 mg of Paracetemol and then called for help.

· Helped him to understand how his feeling depressed led him to self-harm and the suicide attempt and to discover that those feelings were a signal that he needed to call someone for support. He drew up a list of people he could call, and [Applicant] said he could add her name to the list.

· Assessed that the client's reflection that this was a "not serious" overdose attempt, and that he had been "silly" and would not be repeating the behaviour could be relied upon. He was very clear and congruent that he did not intend to make any future suicide or self-harm attempts.

· Spent a considerable time helping the client to construct an embodied sense of his desired outcome "to feel accepted like a worthwhile person". At the same time, [Applicant] calibrated the strength of his desire for this outcome.

· Used Meta Model to elicit his criteria for how he knows people accept him, modelled his state of acceptance and helped him to anchor the state.

Given the above, [Applicant] concluded that the immediate physical risk to the client was low and that she was competent to work with him. As an external check, she presented his case at her next supervision with me.

As the therapy progressed [Applicant] continued to monitor the potential risk to the client by calibrating the relative strength of his 'feeling depressed' compared to his 'feeling accepted'.

I chose this example because it demonstrates that [Applicant] takes time to investigate potential risks to client's well-being and whether appropriate support systems are in place. She is mindful of the client's ecology and of needing to continually appraise their state and her capacity to work with clients at risk. In this case the reduction in the client feeling depressed and the increasing feelings of self acceptance confirmed that [Applicant]'s risk assessment and judgment were sound. I am confident that [Applicant] would have been able to detect if there was a more serious risk of suicide and would have taken appropriate steps.

Example 2

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

14. Relationship with Self

14.3 *An appropriate level of confidence matched to her current competence, and an understanding of her limitations of competence and experience (with appropriate subsequent referral).*

[Applicant] was contacted by the mother of a 36-year old female who was suffering from erratic behaviour, mood swings and depression.

[Applicant] agreed to see the client for an initial consultation. During that session it became clear that the client's erratic behaviour included bouts of shouting and loud singing. Her mood swings included alternating between crying and elation. The client described aspects of her current life which [Applicant] found hard to believe (e.g. that her GP was trying to stop her going down the pub with Robbie Williams). The client's behaviours included wandering eye movements, periods of glazed expression and irregular voice speed and volume. [Applicant] recognised these behaviours as possible characteristics of severe mental health disturbance which were beyond his current competence.

[Applicant] investigated the client's general health and who else the client had seen about her mood swings. The client's GP had referred her to a psychiatrist, and [Applicant] requested and obtained permission to contact them.

The psychiatrist confirmed [Applicant]'s suspicions. The client had been diagnosed with schizophrenia and psychotic delusions, and had been prescribed medication. The discussion with the psychiatrist resulted in him agreeing to talk to the client's family and offer them a specialised psychotherapy provided by the hospital.

[Applicant] contacted the client, explained what he had done and recommended that the client take up the psychiatrist's offer as this was more appropriate to her needs than the type of psychotherapy [Applicant] could offer.

This example shows how [Applicant] is capable of recognising behaviours which indicate severe mental health disturbance. He knew that working with the client would be outside his current competency. His concern for the client's safety meant that he elicited enough information to be able to follow up the case with other health professionals. He demonstrated his professionalism in his contact with the psychiatrist and the manner in which he told the client that he was not going to work with her.

The example also shows how [Applicant] was transparent with the mother and daughter and was clear what he was prepared to offer: he only committed to an initial consultation; he obtained the client's permission to discuss the case with a psychiatrist; and after the initial telephone conversation, he communicated directly with the client and not through the mother. Together this demonstrates that [Applicant] can handle a complex case with sensitivity and to a good ethical standard.

Example 3

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

15. Relationship with methodology of NLPt

15.1 Working from an experiential constructivist perspective, respecting the uniqueness of each individual's map of the world and operating within the Presuppositions of NLPt.

[Applicant] worked with a 32-year-old male who displayed an outwardly confident manner, but wanted help for anxiety attacks. He had also experienced severe bouts of nausea over the previous 6 months. His GP could find no physical cause for the nausea and suggested the client talk to someone about this as it could be stress related. Although the client had trouble believing this because he felt it was just physical, he agreed to see [Applicant].

[Applicant] noticed that the client used metaphor quite liberally. She matched this behaviour by using Clean Language to help the client model his symbolic experience of the nausea. This led him to recognise that the symptom was accompanied by feelings of rejection and inadequacy. Recognising the systemic nature of psychosomatic conditions, [Applicant] facilitated the client to model his experience, not only up to the point at which the symptom of nausea occurred, but beyond to reveal any potential recursive effects on the feelings which had triggered it. The client discovered that he was using his feeling nauseous as additional evidence of being inadequate and worthy of rejection.

After two sessions the client's symptoms began to dissipate. He also noticed that his symptoms did not reoccur when he was not in a situation where he felt threatened by other people. This helped him change his belief about the purely physical nature of his symptoms and encouraged him to continue with therapy.

During these sessions, his outcome evolved from wanting to get rid of the nausea to "I want to go for things without worrying about being rejected" to "To be able to go for what I want". He explained that when contemplating taking an initiative he experienced a conflict: one part saying 'go for it' and one part saying 'hold back – it might go wrong'. [Applicant] modelled these two patterns and then used a parts integration process.

When the client commented "I've always felt rejected and inadequate", [Applicant] asked when he had first had these feelings and he replied "Since I was 3 or 4 years old". [Applicant] used walking a timeline so the client could model his earlier family experiences and perceptual positions to reframe his interpretation of his father's motivations and parenting. [Applicant] facilitated the client to remodel his reaction to his father's behaviours, so that they did not include feeling rejected or inadequate.

[Applicant] then worked with the client to future pace the redesigned 'go for what I want' outcome across different contexts in his life, adjusting as necessary for ecology. Finally [Applicant] facilitated the client to complete this change by imagining and describing a future occasion when he might feel that someone was rejecting his ideas or behaviours or perceiving them as inadequate. This exercise ensured that the client's physical responses to these feelings did not include nausea, but rather were characterised by a feeling of curiosity and an internal voice asking with interest what might be happening for the other person and whether it could be useful for the client to use a different approach.

This example shows [Applicant]'s ability to adopt an experiential constructivist approach and work directly with the client's subjective experience of their physical symptoms. She used the nausea as an access point to explore the underlying psychological issues. [Applicant] recognised the complexity of the client's psychosomatic symptom, and understood the need to make use of a variety of NLPt techniques over the six sessions.

This case also shows [Applicant] taking a developmental approach and working with him at his current level of development and beliefs. As these changed [Applicant] worked with him at a deeper level, so that the client could break his self-reinforcing pattern and define a new construct and strategy for his future. [Applicant's] future pacing helped the client to generalise the improvements across several contexts and long into the future.

Example 4

Please provide your assessment in the format outlined in 'Supervisor Evidence', Section 2 of the Guidelines for Supervisors (Appendix VIa). 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. Clinical *application* of psychotherapy studies in:

16.2 *The application of a critical understanding of psychopathology.*

A 48-year old female presented with multiple symptoms: phobias, anxiety attacks and long-term depression.

[Applicant] identified that the client's outcome was to 'feel relaxed' when she was to attend a hospital appointment for cancer testing, as she was terrified of hypodermic syringes.

Before working with this desired outcome, [Applicant] took a thorough case history. This revealed that the client had been prescribed mild sedatives for the previous two weeks (Diazepam at 2 mg 3 times daily) to help with her fear of attending the hospital. The client had also been taking antidepressant medication for about four months (Seroxat at 20 mgs daily). As the client said that neither medication was helping much, [Applicant] recommended that the client report this to her GP.

Further investigation revealed that the client's anxiety attacks involved chest palpitations and regular bouts of crying. It became clear that she had multiple anxieties. The effect on the client was that this 'makes me look stupid' and was an example of her poor self-image. Her depressed state, anxieties and poor self image were evidently interrelated and having a systemic effect by each contributing to the maintenance of the client's pattern of physical symptoms and state of mind.

[Applicant] recognised that the client's symptoms were presenting on multiple levels and although the anxiety and depression indicated a more systemic dysfunction, he responded to the client's request by agreeing to help with her immediate problem so that she could be more relaxed at her hospital appointment.

[Applicant] began by getting a clear baseline for the client's symptoms so that he could monitor any changes and the client's progress. [Applicant] saw the client for two sessions after which the client overcame her phobia of hypodermic syringes and was therefore able to attend her hospital appointment more calmly, without the previous feelings of panic, palpitations and breaking down into tears.

[Applicant] concluded by facilitating the client to future pace a broad strategy for overcoming her other issues because her GP had referred her to the NHS for free therapy to address her other symptoms.

This case demonstrates how [Applicant] is able to work to a specific client outcome despite a multitude of symptoms resulting in a severely disturbed state. [Applicant] first checked that the fear of syringes was indeed a phobic response and was an isolated issue that could be addressed directly. Having done so he helped prepare the client for the longer-term therapy she needed. This shows how [Applicant] considers the wider systems that clients are situated within and does what he can to work within these systems.

CONCLUSION

The examples I have selected (all from 1:1 supervision) show how [Applicant] tailors their approach depending on the individual client and their symptoms. In different ways these cases demonstrate that [Applicant] can recognise a client with disturbed mental health, assess the potential risks for the client and know when they are competent to work with a client. When a referral is necessary, [Applicant] has a professional manner when speaking to other health professionals. [Applicant] has demonstrated their willingness to continually develop themselves professionally and makes good use of supervision. Because of this I have no hesitation in recommending [Applicant] for accreditation.