

**A Neuro Linguistic Psychotherapeutic Model of Consultative Therapy –
An exploration of supervision in psychotherapy.**

ABSTRACT.

This paper sets out to begin a new journey of exploration in the field of supervision. We take as our starting point the modality of Neuro Linguistic Psychotherapy to bring a new way of conceptualising what happens in the supervision process. Rather than look at the process we seek to begin to develop a model of the process of change itself. We provide a brief introduction to the modality and hope to show where existing work has provided a valuable input to our thinking. Further we offer a new paradigm for the profession of supervision and suggest that the present label of “supervision” is no longer appropriate. We intend that our proposed model will help us go further in our attempts to; map out how we gain rapport with our therapists and clients, to recognise our outcomes more clearly. to begin to measure our degree of change and to offer new options to achieve our outcomes.

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Introduction

Neuro Linguistic Psychotherapy (NLPt) is still a young and somewhat undefined modality of psychotherapy and counselling. The definitions of Neuro Linguist Programming (NLP) (Bandler and Grinder 1975) from which NLPt has developed are many. They range from:

“The study of the structure of subjective experience” (Bandler and Grinder 1975)
to

“The pursuit of excellence” (Bandler and Grinder 1975)

and also

'It's a mindset, characterised by a passionate, omnivorously insatiable sense of curiosity and adventure, motivated by a resolute commitment to succeed, a commitment to seize any opportunity to learn and make the most of life, and a wanton willingness and drive to experiment with the necessary flexibility to achieve and influence.' (Bandler 1995)

With the exception of the above there is as yet, October 2003, no widely agreed definition of NLPt. Other than that it has created for itself a place in the United Kingdom Council for Psychotherapy (UKCP) in the section called Experiential Constructivists there remains yet to approve a unifying theoretical model or epistemological basis on which to ground its effectiveness and develop it further. The only agreed foundation is that of NLP.

It is into this open field that we have thought about both NLP and NLPt and here we offer our view, notwithstanding the comments above, of what a model of NLPt supervision might encompass and therefore what its shape might be.

Background

We should make a comment about the language that we are using. There has been a debate in the literature about the nature of the process and the suitability of the term “supervision” (Wheeler and King 2001). This label suggests a responsibility and indeed liability that for many practitioners does not exist. Further, it suggests an hierarchical model that in most cases may not

work in the best interests of the parties involved. Where a practitioner has managerial responsibility, educational accountability and formal legal liability then the term "supervisor" might well be a correct description of that role. However, in general terms we believe that most practitioners seek out and work with colleagues with the view to "consult" with them to reflect on their own practice, learn from another's practice and discuss specific issues in order to ensure best practice on a peer level. It is this form of activity that we set out to discuss here.

There are many accepted models of supervision in the literature. Indeed the culture within which supervision / consulting is delivered is itself under scrutiny and discussion. (West 2003, Rose 2003, Proctor 2002) Supervision is that process by which we believe that we maintain effectiveness and security in our profession (BACP 2003). It has been accepted for some time that in the process of presenting our work either to another therapist or group of therapists we will be more able to understand our own process and be helped and advised as to where we might improve our practice. In some ways this follows the Western scientific method of apparent openness with colleagues so that others can learn from us and we can develop our own practice.

Further, as many in our profession work alone, the process of consulting provides a means by which the fitness of a therapist to practice can be ascertained and therapists themselves can work with other models of expertise.

The early concept in NLP was that of the meta model. (Bandler and Grinder 1975) This is the concept that stems from the early work of Bandler and Grinder, and others, that people create within themselves a subjective map or representation of the world – a model at one remove from the "real world". The meta model provides a form of questioning that seeks to elicit how that representation is built, maintained and developed. The outcome of this elicitation is to enable the supervisor / consultant to build or "model" the world of the client. In this way the supervisor / consultant can co-create changes or co-create an environment for change that enables the client to achieve their goals.

It is this idea of therapists actively modeling their clients, either individually or in groups, that NLPt has within it its greatest strength and where NLPt can make its greatest contribution.

Here we should state that in NLPT “modeling” has a specific definition. We mean the process by which the client / therapist creates what Dilts describes as an “instrument map” that enables them to live in their world more effectively. It is experiential, subjective and reflexive. This process has been described as having five fundamentals (McDermott & Jago 2001) which we interpret as:

- All experience has a structure.
- With the right tools the structure can be described.
- When it is known this structure can be replicated.
- This knowledge of the structure can be transferred to others.
- In the transference we can reinforce effective structures and by destabilising limiting ones they can be reconstructed to be more effective.

The NLPT Consultant Model

NLP has been described as the “The study of the structure of subjective experience.” In the process of consultation the world of NLPT meets the general world of therapy head on – different realities and experiences. There are ideas and process that are specific to NLPT and many others that NLPT needs to integrate into itself. We have tried to begin to meet both in this model. A simplified model of NLP as it might relate to NLPT consultancy or any intervention is drawn in fig.1.

Fig 1. NLP: A simplified model.

Present State _ Desired State

—
Add resources

Our role as Consultant Therapists:
To Empower our therapists to
move from a present to a desired state in their
work.

In the process of consultation we are faced with a representation of representations – subjective experience upon subjective experience. In working as a consultant we react to our therapists’ construction of the client’s representation of their world. One step more removed from what might be called the “real” world of the client.

It is our proposition that the activity called Consultant Therapy has two main elements:

- Concurrence – the relationship, the being, the agreement
- Strategy– tasks, the doing

Concurrence is that relationship between the consultant and therapist(s) where the agreements are made, the landscape is co-created and client information and therapeutic work are examined, discussed and analysed. This is where the NLPt focus comes into it's own. It's about the curious examination of the client and therapist, of the therapist and consultant and about these elements and their relationships to the wider world. Here the Process or Seven eye model (Hawkins and Shohet 2000) is very useful in mapping out the boundaries.

Strategy is a more detailed and somewhat proscribed description of activities that, with an added NLPt perspective, need to be addressed to ensure the evidence of the effectiveness of the therapy. The process of audit is covered in this part of the consultancy. This is perhaps where NLPt more explicitly meets the wider world.

It is our experience that the balance between these activities in NLPt consultancy is about 70 / 30 in favour of concurrence whereas we have noticed that in the models that are discussed widely in the literature the main focus seems to be on the strategy. We believe that in NLPt consultancy the focus is on the creating, developing and taking conscious recognition of the relationship between consultant / therapist and therapist / client. The tasks of the strategy work, although undoubtedly important, cannot be fulfilled if the relationship is not maintained and actively tended.

Concurrence.

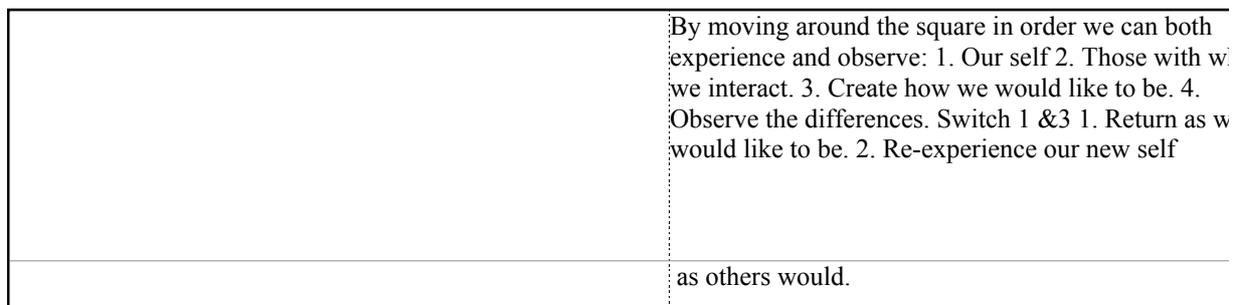
Although there are a great many patterns of behaviours that people can exhibit humans are in general excellent pattern formers. Patterns will be created from the most diverse of data and experience. It is this ability that is made use of by NLPt in the modeling process to achieve success. In order to model successfully we need a language that describes the subjective reality of our therapist. In our model described here there are five main patterns that describe how people move around in their world. Whereas no one person will be in one particular perspective nor use one in every context there is a preference in certain contexts for certain perspectives. It is the discovery of this

commonality that is sought in the concurrence stage of consultancy.

A word of warning here. It can be very comfortable to begin to fit therapists, and clients, into a recognised pattern rather than observing and eliciting the pattern from therapist / client irrespective of the model. What we describe below are the patterns that have been noticed by many people in this field. The skill is to identify the "pattern mix" and then to make a judgment as to the effect of that mix within the context of the consultancy or therapy at the time. It may also be that in the desire to fit into the patterns described below too rigidly, new and more useful ones may be missed.

One of the exercises in NLP and NLPt is that called the Meta Mirror. It was originally developed by Robert Dilts and John Grinder around 1987 and is used in many NLP trainings. It may have other names. This is a process by which we take different perspectives on ourselves within a given context. By using the four corners of a square and physically moving from one corner to the next, as below, we can experience our subjective reality from a variety of other possible realities – meta positions. In this process we can act on new learnings immediately and test them out.

Fig 2: The Meta Mirror.



The main patterns, which the meta mirror seems to compare favorably, are derived from the Four Realities Model (McWhinney 1997) and also the family therapy categories (Satir 1972). These have been developed with an NLP focus (Young 2001) and they are:

1. Unitary: This about rules, theory and truth. There is an assumption that there is an underlying framework that directs all thought and action. Therapists here will be looking to fit clients into a particular category or type. They will have identified the client from the pattern rather than creating the pattern from the client. They may also do the same for the

agency in which they work. Satir calls this the "blamer".

2. Sensory: This is the pattern of uncritical curiosity. Questions will be asked and information sought. Facts and logic will be more important than achieving a goal. The therapist will be looking for connections and the results of behaviour. Satir calls this the "computer".
3. Social: Here what's important are the others involved in the system. It's an internal self focus that is externally dependant. Therapists will ask for direction and approval. It's about feelings and group agreement. Satir calls this the "placator".
4. Mythic: In this pattern there is a type of dissociation and looking at the large picture. Stories will be used and metaphors generated. Choices and opportunities will be evaluated and presented. Satir calls this the "distractor".
5. The fifth pattern the place where all consultants and therapists need the ability to go and that is outside all these patterns with the ability to notice and comment on them – a meta position. Satir called this place the "leveler".

It is quite likely that for our purposes the language of these labels will be unhelpful. For the time being we are working with these labels. By recognizing these patterns the NLPt consultant and therapist can begin to create a model, a representation, of how they are together, how the therapist is with their client and how the client is in their own world and check it out between them.

How the consultant then makes their own sense of the patterns and then works with the therapist depends on their own beliefs in the presuppositions of NLP. The presuppositions are a collection of beliefs about the world that may or may not be "true". However, they are useful perspectives that help make effective change. This is another of NLPt's differences from some other therapies. Clients are thought to be doing the best that they can be and therefore NLPt refrains whenever possible from ascribing a pathology, a disease process, to the client or the therapist. There are a number of these and perhaps the most relevant ones for consultancy are:

- People operate from their perspective of the world rather than how the

world really is. (The map is not the territory)

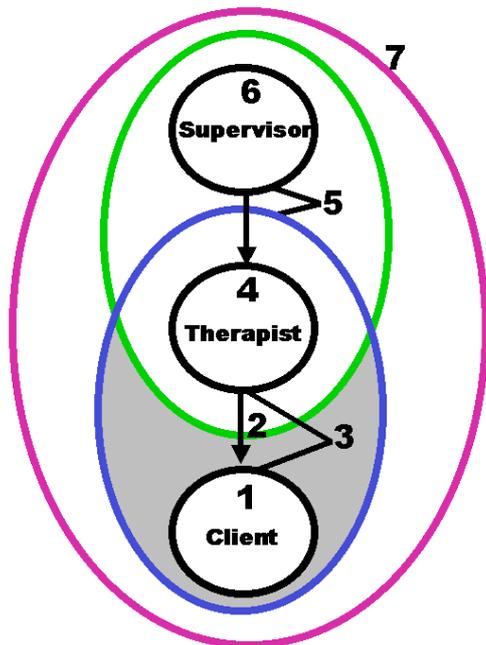
- The intention of all behaviour is positive.
- Rapport is meeting individuals at their model of the world.
- The meaning of a communication is the response it elicits.
- There are no failures in communication, only responses.
- Recognising responses requires clean, open, sensory channels.
- People process all information through their five senses.
- People with the most flexibility have the highest probability of achieving the response they desire.
- People have all the resources necessary to make any desired change.
- People have two levels of communication:- conscious and not-conscious.
- Modelling successful performance leads to excellence.

These presuppositions are being developed all the time. However, it might be that when these are added to the modeling process as described above, this is what makes NLPt distinctive. It might also be that unlike other modalities NLPt is proactive in making these foundations known to therapist and client and willing to develop them.

In creating a visual model of NLPt Consultancy there are a few things to hold in the frame.

We believe that the Process Model or Seven Eyed Supervisor (Hawkins and Shohet 2000), shown in Fig. 3, is an extremely effective map that lays out the boundaries of where attention needs to be placed. We show it here:

Fig 3: The Process Model.



	Where: 1. The client's life & experiences.2. The interventions & techniques of the therapist.3. The relationship between client & therapist.4. The internal experience of the therapist.5. The relationship between supervisor & therapist (and client).6. The
	internal experience of the supervisor.7. The external system of all involved.

Further, it is our belief that we have to hold in our minds the purpose of this consultancy process. We believe that this is to elicit:

- How the therapist models the client's map
- How the Consultant models the therapist's map
- How therapist and supervisor model a map of the consultant therapy process

In holding these things in our minds as we are in the consultancy process we need to elicit and check in which "reality" frame we are all working i.e. ourselves as consultants, our therapist(s) and the client(s).

The following is a static diagram, Fig 4, of the dynamic process that it being continuously updated for each of the people in the consultancy process. It would be comforting to think that the ways that our therapists present is equal in every case. In the usual form such circles are show as equal sizes creating a mathematically symmetrical form. Life, however, has a different form. It is part of the consultant's function to hold these changing patterns and reflect them back to the therapist in order to comment, guide and learn on the journey to the goal(s).

The four types.

It is important to remember that the positive or negative aspects of these types depends on the context. However, the following is a more detailed description of the perspective of the world that each holds. This is presented as much for the consultant to identify where their own thinking might benefit from some change as much to identify where the therapist and client might well be creating and or maintaining a block. Its also presented as a way of suggesting other options to be followed (Young 2001).

Unitary: Engagement with the present according to rules. Can be strong and purposeful. Can also be inflexible and happy to ignore the views of others. There is a lack of flexibility and language can be taken literally. Is likely to want to fix things	Sensory: Engage with analysis and evidence. Can be good at planning and detail. Like to follow “logical” pathways and conclusions. Skilled at experiencing issues from an “objective” position and may argue from this place for its own sake. Conflicts: Can
. Conflicts: “I am right and you are wrong.” People in this frame need to be asked explicitly to consider other viewpoints. Useful language for change: “Has this always been true ?” “Who told you this?”	use language that is factual and not linked to life and can seem apart from others. Useful language for change: “How else could this be achieved ?” “How would your client perceive this?”
Mythic: Engagement with creative thought and imagination. Develop thinking about the future opportunities and options. Think in terms of patterns metaphors and symbols. Will seek out the links between ideas and explore possibilities. Use a lot of “What	Social: Engagement with the group feelings. Spend time seeing to everyone else’s needs. Good at ensuring that ethics, morals and standards are being met. Act a lot from “should”s and “ought”s. They work very well in a team / family setting. Seen as “pe
if..” questions. Conflicts: May seem to be disconnected from the “real” world. Can act in ways that distract from the job in hand or offer unusable solutions. Useful language for change: “What are the consequences of this ?” “What would be a different	ople – people”. Conflicts: Can act to placate those seen as being seen in a high status. Usually unwilling to focus on the way that sensory people work. Useful language for change: “What matters, what is important?” “everyone agreed on this?”
metaphor for this?”	

Strategy.

At this time there is far less to say about the process of strategy. This is the area of consultant therapy where NLPt can model the work that has already been carried out by others. It is the section of the work where audit is carried out and evidence of the process is recorded. It is also the place where for those working in organisational situations records can be maintained and information shared

within teams.

However, as regulation increases it is likely that the need for reporting and a clear level of audit will become every more necessary.

A re-writing of existing work (Holloway 1995) might be as in figure 5 below:

Fig 5.

	Consultant Tasks					
		NLPt Modeling Skills	Client Presentation	Professional Role: Private / employee	Internal State Awareness	2nd Positioning of self
Consultant Functions	Monitoring Evaluating					
	Advising / Instructing					
	Modeling					
	Consulting					
	Supporting					

Conclusion.

In this first discussion of our model the main focus has been on concurrence. The stage of consultancy dealing with the ability of therapists to engage in reflexivity and, in NLPt, the skill of modeling. We have focused on the need to develop a frame of reference that helps to decide where we are in order that the steps to get us where we want to be can be taken with greater certainty. We believe that this "Four Realities" modeling is an effective way of:

- mapping out how we gain rapport with our therapists and clients,
- recognising our outcomes
- measuring our degree of change
- offering new options to achieve our outcomes

Together with the presuppositions of NLPt we believe that this adds to the development of Consultant Therapy, until now given the term "supervision", and helps define the activity with more precision.

We now wait to hear from colleagues both within NLPt and those of other modalities to respond to our thoughts and ideas. We hope that through a process of dialogue we can develop a robust model of what it is that we are intending to achieve in the activity of supervision that we have called Consultant Therapy.

Tomaz Hanchen (tommy@tommyhanchen.plus.com)
Martin Weaver (health@martinweaver.co.uk)

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