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the home of NLP therapy

Neuro-Linguistic Psychotherapy and Counselling Association

Supervision Policy and Guidelines

1. Introduction

1.1 This document outlines a framework for the standards of Supervision for Neuro-Linguistic Psychotherapists. The framework addresses the following principles:

- The nature of supervision
- The purpose of supervision
- Tasks of supervision
- Supervision and clinical issues
- Diversity and equalities considerations in clinical practice

1.2 Additionally this document clarifies the guidelines required to meet the following standards:

- Ratios for supervision (individual and group)
- Standards for supervisors
- Responsibility to the supervisee
- Clinical responsibilities
- The supervisor's responsibility to self
- The relationship between trainers, supervisors and training supervisors

1.3 Diversity and equalities

Supervisors and supervisees involved in working with clients need to have at the centre of their work an awareness of the impact of difference and diversity, including origin, ethnicity, religion, class, status, gender, sexual orientation, age, disability, belief and contributions to society. This document should be interpreted in accordance with this statement for the benefit of clients and those working with them.

1.4 Terms

The term 'practitioner' is used to cover both psychotherapists and psychotherapeutic counsellors and applies to trainee and registrant members alike within this guidance.

2. Principles of Supervision

2.1 The nature of supervision

Supervision is a process conducted within a formal working relationship in which a qualified or trainee psychotherapist presents his or her client work to a designated supervisor as way of enhancing their practice through careful reflection on the process. Supervision can take place on a one to one basis or in groups.

2.2 The purpose of supervision

The primary purpose of supervision is to enhance the professional development of the supervisee so as to ensure the best possible psychotherapy practice for their

client. To this end supervision should perform the functions of education, support, and evaluation against the norms and standards of the profession and of society. This is the case irrespective of employment arrangements and applies both in private and public service.

Supervision can also contribute towards a gate-keeping process which allows for the recognition of stress related exhaustion, working beyond level of competency, compassion fatigue, burnout etc, caused by the supervisee's physical, mental or emotional state making it unsuitable for them to work with clients.

2.3. Tasks of supervision

Supervisors need to be aware of the broad range of tasks that their role entails. These include:

a) Facilitating an open, trusting working alliance with supervisees in which the supervisee is confident to reveal the difficulties within his/her work.

b) Offering support – providing affirmation of good practice, colleagueship in assisting the supervisee in handling the difficulties encountered in their practice.

c) Taking an educative role - using coaching skills, or aspects of mentoring to enlarge the supervisee's theoretical knowledge and to highlight areas of further training.

d) Recognizing that there is a normative role in supervision that includes upholding the standards of good professional practice, guiding and supporting supervisee's in addressing ethical issues, balancing the needs of supervisee and client and addressing issues of safety and right conduct.

e) Ensuring that any safeguarding issues are being dealt with effectively.

f) Enabling new insights and understanding to emerge in the process of the work including attending to diversity and equalities matters.

g) Where the therapist is in training or there is a requirement by the organisation the therapist is employed by there may be an evaluative role.

2.4 Clinical issues in supervision

a) Dealing with complex legal and ethical issues such as confidentiality, record keeping and safeguarding within a framework of collaborative & transparent working relationships.

b) The presentation of some clients exhibiting symptoms of mental ill-health or distress may be formulated quite differently by a Neuro-Linguistic model than by a mainstream psychiatric or medical model.

c) The need to be responsive, creative and innovative to meet the client in their model of the world through the use of Neuro-Linguistic therapeutic tools & understandings.

d) The referral of clients who may be exhibiting symptoms of undiagnosed mental ill-health or onward referral where it is felt beyond the remit or competence of the supervisee.

e) Active engagement with diversity in personal, family, social & cultural difference, as well as the impacts of racism & discrimination are foundational to Neuro-Linguistic practice.

f) The need to challenge discriminatory practice or potential discriminatory practice and to determine when a supervisee needs help and guidance on this.

3. Minimum standards for supervision

It is mandatory that all training and qualified practitioners are in professional supervision. Experienced practitioners may choose peer supervision.

The principle governing supervision is that the ratio of supervision is commensurate with the clinical experience of the therapist, the overall caseload of the therapist and the complexity of the client group.

3.1 Ratios of supervision

a) Individual supervision

i. **For trainees in the first four years of training:** 1 hour of supervision for every six client hours. The ratio of supervision may be higher at the beginning and nearer a ratio of 1 hour of supervision for every 4 client hours. Trainees should refer to the Accreditation Application Form (AFG: 7 Supervision) for detailed criteria.

ii. **For newly qualified therapists in the first year of practice,** it is recommended that there is an hour of individual supervision for every ten client hours and a minimum of one hour a month.

iii. **For years 2 and 3 of practice post-qualification** there is a suggested minimum of one hour a month and a ratio of one hour of supervision per 15 client hours.

iv. **It is recognized that for experienced practitioners, the nature of the supervisory relationship and the purpose of supervision will evolve into a more consultative role that has a collegial quality.** The frequency and amount of supervision would be decided in consultation with the supervisor. The decision will be based on the nature of the client group that the supervisee is working with and the number of clients they are seeing.

Trainees and those in the first three years post-qualification should have individual supervision with a qualified NLPt Supervisor. Exceptions to this should be approved by the Accreditation Registrar.

Supervision with a spouse / partner or business associate does not count towards the required supervision hours.

For all practitioners it is recognized that working with severely disturbed, traumatized or abused clients will require higher rates of supervision. Supervisors may advise additional supervision where they deem necessary. Failure on the part of the supervisee to heed such advice must be addressed in supervision.

b) Group supervision

Group supervision provides the therapist or trainee with invaluable opportunities for shared learning and support. Group supervision should be on a ratio of a minimum of 30 minutes of supervision per supervisee. It is essential, however, that trainees have additional individual supervision.

Group supervision hours are calculated as follows: each supervisee counts the first hour of the session and the remaining time is divided by the number of supervisees present. The remaining time can be added to CPD hours.

c) Remote Supervision

From 1.04.20 to 31.03.22 practitioners have been able to have 100% of their supervision remotely. Trainees should consult the Accreditation Application Form – AFG: 7, for details of the amounts of in person / remote working allowed.

Experienced practitioners should follow UKCP guidance on the amount of remote supervision allowed. Current guidance recommends a thorough risk assessment for in person working. Things to consider – and this list is by no means exhaustive – include:

- each client's needs and safety
- your needs and safety
- the context of the service
- whether other options are possible, and the ethical and practical risks of any decision
- the known risk factors of age and any pre-existing health conditions for both yourself and your client(s)
- clients with particular needs who may not be able to engage using online platforms
- if your client(s) could be putting themselves at risk during the journey to and from your premises
- sharing contact tracing information with the NHS about anyone you have been in contact with.

d) Supervision of Supervisors

i. **Trainee supervisors** should be in supervision for the practice of supervision, separate from client case supervision, whilst in training. The ratio for this should be at least one hour of supervision of supervision (received) for ten hours of supervision (given to others) during training. This should be with an NLPtCA supervisor. At least 50% of supervision of

supervision should be Face to Face (with the remain 50% allowed via telephone or other remote media).

ii. **Accredited supervisors** should contract with their supervisor to agree the amount of supervision of their supervision. For experienced practitioners a suggested ratio is one hour of supervision of supervision for twenty hours of supervision given. In deciding an appropriate supervision of supervision ratio considerations should include but not be limited to:

   i. Experience of the supervisor being supervised - recently accredited, experienced, etc.

   ii. Caseload of the supervisees of the supervisor being supervised - number, complexity, frequency of supervision, etc.

   iii. Experience of the supervisees of the supervisor being supervised – trainee, recently accredited, experienced, etc.

Supervisors are required to keep a record of supervision of their supervision work, separate from client case supervision.

3.2 Standards for supervisors

a) That the supervisor has undertaken training in supervision that meets UKCP SETS or equivalent.

b) The supervisor must have a recognised UKCP psychotherapy qualification or equivalent.

c) The supervisor must work to the Code of practice of NLPtCA and the Complaints Procedure of NLPtCA and the service provider if employed by one.

d) Supervisors must have knowledge of diversity and equality considerations and be able to challenge discriminatory practice.

e) Supervisors must have a suitable Professional Indemnity Insurance as specified by NLPtCA.

f) Supervisors must have supervision of their supervision work.

3.3. Responsibility to the supervisee

Supervisors will:

a) Make a contract with the supervisee incorporating into the contract a clear understanding of each parties clinical responsibilities as outlined in Sections 3.3, 3.4 and 3.6.

b) Make clear the fee charged, the length and frequency of the sessions, cancellation, emergency and termination procedures;

c) When undertaking an evaluative role and required to report on the supervisees work then this must be discussed in the initial contracting session;

d) Be clear when contracting with supervisees, as to what action they would take if they were concerned about the supervisees work or capacity to practice;

e) Ascertain that their supervisees are covered by Professional Indemnity Insurance;

f) Have a responsibility to their supervisees and their clients to maintain their own CPD to ensure best practice and the professional development of their supervisees;

g) Have a responsibility to help the supervisee to maintain awareness of diversity and equalities considerations and legislation.

3.4 Clinical responsibility of the supervisor

a) The supervisor needs to be aware of the extent of their clinical responsibility in relationship to the agency that the supervisee works within. It is the supervisor's responsibility to make sure that the supervisee has clear lines of communication with the organisation or agency they work for and that adequate risk management & safeguarding procedures are in place.

b) The supervisor must be aware of both the limits of their own competence and those of their supervisee and be prepared to help the supervisee refer a client on appropriately. To this end, they would need to have a wide-ranging knowledge of referral possibilities and support their supervisee through any process of referral. Supervisors may need to recommend that the supervisee undertakes additional training. The supervisor also needs to be aware when more specialist supervision than they are able to give is indicated to meet the best interests of the client and supervisee.

c) Where the supervisee is working in independent practice, the supervisor must ensure that adequate provisions are in place and that the practice environment is suitable and relevant to the work. Furthermore, they must have a written record of the action plan and referral procedures that the supervisee holds to cover cases where a client's safety or health is at risk.

d) Supervisors are ethically responsible for supporting best practice.

e) Supervisors are responsible for making sure to the best of their ability that they are aware of all of the clients the supervisee is currently working with and have awareness of the total case load.

f) Given the emotional demands that working with highly complex & severe cases can entail, the supervisor needs to be able to recognize signs of stress and 'burn-out'.

g) Supervisors need to be alert to the potential for the supervisee to construe the client's material unhelpfully within the psychotherapeutic relationship and know when this goes beyond the containment that can be given in supervision and must be taken to the appropriate forum for personal development and/or personal therapy.

3.5 The supervisor's responsibility to self

These responsibilities include:

a) Receiving appropriate supervision of their supervision;
b) Appropriate continuing professional development to keep up to date with developments and research in the field of Neuro-Linguistic psychotherapy, general psychotherapy and the field of mental health.

3.6. The supervisee's clinical responsibilities

Supervisees need to be aware of their clinical responsibilities in relation to their clients and supervisor. The supervisee is responsible for their clinical work with clients.

Responsibilities include:

a) To agree to a working contract with their supervisor and to adhere to the arrangements made;

b) To specify any additional supervision they receive and which clients they are taking to which supervisor;

c) To ensure that the supervisor has an overview of the supervisee's total caseload; and to provide brief details of each client including the relevant history and reasons for referral;

d) To make a professional will;

e) To advise the supervisor of any significant developments, challenges and issues relating to the work with clients;

f) To advise the supervisor of the lines of management and communication within each agency in which the supervisee practises;

g) To provide the supervisor with a copy or other evidence of the safeguarding procedures of each relevant agency;

h) To advise the supervisor of any relevant changes to the conditions of their practice;

i) To advise the supervisor of any safeguarding concerns and referrals made;

j) To provide to the supervisor with a copy of their current Professional Indemnity Insurance and clearance for working with vulnerable clients for example CRB check;

k) To advise the supervisor of any additional training or professional development undertaken by the supervisee and to act upon any recommendations made by the supervisor for such training and development;

l) To take into account the advice of their supervisor when considering issues of burnout, stress or working beyond the level of their competency.

Revised May 2022 to align with UKCP & CEC Standards - Sally Ashworth

Issued NLPtCA Professional Standards Committee January 2023.

Section 3.1d updated with guidance on deciding appropriate ratios (requirements unchanged) NLPtCA Professional Standards Committee November 2023.