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Supervisor Assessment Report Guidelines (SARG) 2019

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SARG1: Before Completing This Report

In addition to completing the current Application Form (AF) and Trainer Assessment Report (TAR) applicants are also required to submit a **Supervisor Assessment Report (SAR)** which covers the qualitative Accreditation Criteria.

This document provides Supervisors and Applicants with guidelines about how to complete a Supervisor Assessment Report.

A Supervisor Assessment Report (SAR) provides an opportunity for Supervisor and Applicant to demonstrate, through examples of supervision and case work, the applicant's understanding and fulfilment of the assessment criteria, and how they fulfil the UKCP requirements of clinical competence and ethical practice.

The aim of the SAR is to give a rounded picture of the applicant's "practical integrated knowledge and experience of the application of NLP as a methodology of behavioural modelling in their ongoing supervised practice of Neurolinguistic Psychotherapy".

(Accreditation Policy and Procedure, paragraph 1.3)

If a supervisor is asked to produce an assessment report and they decline, they should explain their reasons to the applicant, and notify the Accreditation Registrar in writing.

SARG2: Declaration of Applicant

The declaration must be signed by the applicant.

SARG3: Supervisor Eligibility

If you are not a recognised NLPtCA supervisor, please include your supervisor, NLP and psychotherapy qualifications and experience, relevant employment and accreditation by any other organisation.

The Supervisor Assessment Report is to be presented by a current supervisor who has been regularly supervising the applicant face to face for at least a year and who is both:

- An NLPt supervisor recognised by NLPtCA; or a supervisor registered with UKCP, BACP (psychotherapist), BPS (or other recognised organisation) who is also an experienced NLP Master Practitioner.

IMPORTANT: It is recommended that students receive supervision from an NLPt supervisor recognised with NLPtCA where possible. If a supervisor is NOT NLPtCA recognised then this must be approved by the Accreditation Registrar and approval should be sought as early as possible.

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- Personally and professionally independent of the trainer completing the Trainer Assessment Report.

SARG5: Declaration of Supervisor

Previous supervisors, completing sections 1 to 12 of the SAR, may add a note to the declaration, stating the applicable period.

SARG6-11: History of Supervision (to date of application)

SARG9: Please note that supervision with a spouse/partner or business associate does not count towards the required supervision hours.

SARG10: The 75 hours of Primary Supervision must have been completed over a minimum of 3 years and for at least 2 of the 3 years prior to the date of application supervision must be regular, one-to-one and face-to-face.

Applicants are now required to obtain sign off of their supervised client hours by their supervisor. From 2018, sign off will also include Secondary supervision.

Please note that some types of client work deserve specialist training. These include, but are not limited to, child (under 18 years of age) psychotherapy, group, couples and family work, childhood sexual abuse and other severe trauma, body-oriented psychotherapy, sexual identity and sexuality work. (NLPtCA Code of Ethics)

SARG12: Signatures of Supervisor and Applicant

This must be signed and dated by both the supervisor and the applicant.

SARG13-18: SUMMARY OF ASSESSMENT CATEGORIES

QUALITATIVE CRITERIA

The applicant is required to provide evidence that they have demonstrated sufficient maturity, clinical competence and ethical practice to UKCP standards in the following areas:

13. Relationship with Client
14. Relationship with Self
15. Relationship with methodology of NLPt
16. Clinical application of psychotherapy studies and other psychotherapeutic methods:
 - Human Development
 - Psychopathology (including Psychopharmacology)
 - Sexuality and Gender
 - Ethics
 - Research Methods
 - Social Science.

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Accreditation Criteria 16, 'Clinical application of psychotherapy studies' requires you to assess the applicant's clinical competence and ethical practice when applying the understanding they acquired from their training in the seven subjects listed.

17. Relationship with other professionals
18. Practice management

Supervisors tick ONE of the following options for EACH of the 23 Accreditation Criteria 13.1 to 18.2:

- a. I have sufficient evidence the applicant has demonstrated to me that they fulfil UKCP clinical competence and ethical practice requirements for this criterion.
- b. I have evidence the applicant does NOT meet UKCP clinical competence and ethical practice requirements for this criterion.
- c. I do NOT have sufficient evidence to decide.

SARG19: Other Evidence

For the 23 accreditation criteria:

If you ticked Box b. "Applicant does NOT meet the requirements" please give details of your evidence for EACH of the criteria indicated.

If you ticked Box c. "I do NOT have sufficient evidence" in one or more categories. This does not preclude accreditation as the applicant may be able to provide the evidence in other ways. Please give:

- Any evidence you do have, even if it is not yet sufficient
and
- The evidence you would require to be able to make an assessment.

SARG20-26: Six Supervisor Examples of Evidence

Examples of evidence are required for six of the criteria only (three mandatory and three elective) — unless additional evidence is requested at a later date by the Accrediting Team. The required length of each example is 500-1000 words.

Examples should be drawn from the applicant's clinical practice, as discussed at supervision. Examples should satisfy the requirement to protect client anonymity as demonstrated in the sample material. The evidence chosen needs to demonstrate a level of clinical competence and ethical practice which are sufficient for the applicant to be accredited as a Neurolinguistic Psychotherapist and registered with UKCP.

Mandatory Examples

Please provide a description of the evidence that supports your assessment for each of the three mandatory criteria: 13.2, 14.2 and 15.2.

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Elective Examples

Please provide a description of the evidence that supports your assessment for each of the three elective criteria, i.e. choose ONE of the remaining criteria from EACH of categories 13, 14, and 15.

(However, if you are a second supervisor please consult the Accreditation Registrar, with the applicant, before completing your report.)

Optional example(s) which describe a quality not already covered in the preceding examples and which influenced your decision to assess the applicant as warranting immediate accreditation can be given in section 26 of the report.

Sections 20-26 provide a list of examples of the kind of behaviour which qualifies as evidence for each criterion in categories 13, 14 and 15. These examples are there to help supervisor and applicant identify relevant examples from supervision of the applicant that support their clinical competency and ethical practice. It is not meant to be a comprehensive list — it should be used as a guide. Copies of sample supervisor reports can be obtained from the Accreditation Registrar and are available on the NLPTCA website.

Please choose examples that show, in different ways, how the applicant has demonstrated her/his clinical competence and ethical practice in the specific areas identified. Your aim is to choose six examples to give a rounded picture of the applicant.

EACH example should include as a minimum:

- **WHAT** specifically the applicant did.
- **HOW** s/he arrived at the decision to behave in that way with that client.
- **WHY** the actions s/he took constitute sound clinical competence and ethical practice.

Note: Apart from exceptional circumstances, the action a Neurolinguistic Psychotherapist takes can only be assessed as appropriate in relation to the client's desired outcome. Therefore it is expected that a statement of the client's desired outcome, preferably in the client's own words, will form part of your evidence. It is also expected that the examples will show how the applicant has:

- A growing awareness of her/his weaknesses and strengths as a therapist and is able to adapt her/his behaviour in light of that awareness.
- Developed the range and creativity of her/his approach and responds flexibly to the individuality of each client.
- Learned from training, clinical experience, supervision and self-reflection and has subsequently incorporated this learning into her/his practice.
- Adhered to the NLPTCA Code of Ethics.

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You should also state the source of your evidence, e.g.:

- Live observation of the applicant working with a client in a therapy session
- Video recording of a therapy session
- Audio recording of a therapy session
- Verbatim transcript of a therapy session
- Face-to-face supervision session
- Observed therapeutic work with peers
- Written report, essay, case study
- Other (please specify).

SARG20: First Mandatory Example, category 13.2

13.2 Appropriate management of physical and psychological boundaries.

Provide an assessment of how the applicant:

- Recognised the need to attend to the psychological boundary with a client; what action they took to establish a boundary; how the applicant monitored the situation; and how they assessed the effect on the client's development.
- Utilised a boundary issue in service of the client's desired outcome.
- Adapted her/his behaviour with a long-term client as their relationship changed over the course of therapy.

SARG21: Second Mandatory Example, category 14.2

14.2 An awareness of the applicant's own process and behaviour and its effect on the client; the effect of the therapeutic relationship on the applicant; and appropriate use of self-monitoring and self-supervision before, during and after sessions.

Provide an assessment of the applicant's:

- Awareness of how the similarities and differences between her/his own constructs and those of a client hindered (or had the potential to hinder) her/his effectiveness as a therapist of that particular client; and how the applicant's subsequent action with this client was informed by that awareness.
- Range of 'use of self' during therapy, e.g. by:
 - use of a personal anecdote.
 - describing own thinking and feeling process.
 - describing effect of client's behaviour on them.

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- overtly replaying a particular behavioural pattern back to the client.
- interpreting a client's experience.
- giving advice.
- physical touch, hugs.

And how s/he assessed the ethics of, and decided when to use, such interventions.

- Use of her/his congruence and incongruence signals before, during and after a series of therapy sessions with a client, and the appropriateness of this behaviour.
- Exploration, learning and application of that learning to their clinical practice, in relation to experiencing her/his own difficulty or unresourceful state when working with a client; and how they monitored the changes and the effects of the changes.

SARG22: Third Mandatory Example, category 15.2

15.2 Use of behavioural modelling to gather information, to define problems and desired outcomes, to detect patterns, and determine appropriate interventions.

*The aim of the accreditation process is to...Ensure the applicant demonstrates in written application and, if needs be by other means including at interview, a practical integrated knowledge and experience of the application of NLP as a methodology of **behavioural modelling** in their ongoing supervised practice of Neurolinguistic Psychotherapy (NLPT). (P&P1)*

Please provide evidence to clearly demonstrate how you used behavioural modelling to gather information, to define problems and desired outcomes, to detect patterns and to determine appropriate interventions.

The Panel are particularly interested to see evidence of your own understanding of how you are working with clients using a behavioural modelling methodology. This is a demonstration of **your** modelling of the client, showing **your** understanding of **how** the client is doing what they're doing.

The Panel are seeking an emphasis or expansion of your personal evidence of behavioural modelling. They require a full and well rounded sense of you embodying the practice of an NLPT practitioner and that you are **demonstrating** behavioural modelling in that work

The Panel understand that these are subtle but necessary distinctions in order for us to be satisfied that you fully occupy the identity and practice of a Neurolinguistic Psychotherapist

Applicants and supervisors should provide clear evidence of the ability of the applicant to practice behavioural modelling using NLPT methodologies. This evidence

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should demonstrate that applicants clearly understand the modality of NLPt in which they seek to accredit.

Provide an assessment of how the applicant has used behavioural modelling to identify the structure of a client's subjective experience by some of the following methods:

- Strategy of internal process, internal states, and external behaviours (TOTE).
- Symptoms, Causes, Outcome, Resources and Effects (SCORE model).
- Patterns of attention that enable them to consistently access: the Present State, appropriate Resources and their Desired State.
- Perception of their Environment, Behaviour, Capabilities, Beliefs, Identity and Spirituality (NeuroLogical Levels).
- Ability to take the perspective of Self, Other and Observer (1st, 2nd and 3rd Perceptual Positions) in the Past, Present and Future.
- Criteria/values, behavioural equivalence, and enabling and motivating beliefs (Belief Template).
- Metaphoric and symbolic landscape (Symbolic Modelling).
- Progress towards and achievement of their desired outcome over an extended period of time.
- Binding and double-binding patterns.
- Aspects of a client's experience that they were over/under valuing/attending to.
- Breadth of awareness of the ecology of their current and desired behaviour.
- Contribution to the systemic dynamic of a personal relationship.

NOTE: If your example relates to the applicant's use of specific NLP models like those listed above, you need to be clear how the applicant used them for modelling and not as a technique. For example a "Neurological level alignment" is a change technique. However, the Neurological Levels framework can be used as part of a process of modelling the client during the session. A clear example of the applicant modelling and how that information guided their decisions and interventions would constitute evidence of behavioural modelling.

Such interventions are also part of the clients therapeutic process and it is expected that any examples given will be described in the context of the process of therapy and the client's desired outcome for therapy. The purpose and the result of the modelling should be made clear, as well as the reasons for choosing a particular modelling approach at that stage of therapy.

SARG23: First Elective Example, Relationship with Client.

Select from either category 13.1, 13.3 or 13.4

13.1 Due regard for client safety.

Provide an assessment of how the applicant:

- Considered a potential risk to, and safety of, a client; the action they took; and why that was appropriate under the circumstances.

- Responded to a client who became severely distressed; the factors the applicant took into account when deciding to intervene or not, and the alternatives they considered. If the applicant did intervene, what was their purpose for their chosen intervention; and why did they use it at that moment. If they did not intervene, under what circumstances would they have intervened with this client?
- Responded to, and worked with, a client who contemplated or attempted suicide.

13.3 Capacity to recognise clients with severely disturbed mental health.

Provide an assessment of how the applicant:

- Recognised a client with severely disturbed mental health; the evidence they used to make their assessment; and the consideration they gave to the potential consequences of making their decision.
- Responded to a client who displayed behaviour suggesting severely disturbed mental health during a therapy session; how they arrived at the decision to act as they did; and what they learned from the experience.

13.4 Appropriate rapport and responsive to client feedback.

Provide an assessment of how the applicant:

- Established and maintained rapport with a 'difficult' client over a number of sessions.
- Adjusted the level of rapport (including reducing rapport) with a client; how the applicant's action related to the client's desired outcome; and how they knew the action was beneficial for the client.
- Received feedback from a client and subsequently explored, learned from, and applied that learning to their clinical practice; and how they monitored the changes and the effects of the changes.

SARG24: Second Elective Example, Relationship with Self

Select from either category 14.1, 14.3 or 14.4

14.1 Due regard to personal safety.

Provide an assessment of when and how the applicant:

- Had concerns for her/his own physical or psychological safety, what actions s/he took, how s/he monitored the situation.

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- Responded to a client's unacceptable behaviour (and followed through with promised action if the client's behaviour continued) and the appropriateness and timing of the applicant's actions.
- Recognised a potential risk to their own well being; and took action to prevent or minimise that risk and how that learning was applied with future clients.

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

Provide an assessment of how the applicant:

- Assessed her/his own level of confidence; the factors that contributed to her/his level of confidence at the time; and how s/he adjusted her/his behaviour over the course of the therapeutic relationship.
- Examined, learned from, and applied that learning to their clinical practice, in relation to understanding her/his own physical, emotional, mental or spiritual limits as a therapist; and how they monitored the changes and the effects of the changes.
- Declined to work with (or to continue working with) a client; the range of factors that contributed to his/her decision; and how they referred them to another Neurolinguistic Psychotherapist or a professional from another discipline.

14.4 Recognition of areas of development and requisite action.

Provide an assessment of how the applicant:

- Used self-modelling to identify her/his own internal states, strategies and decision-making in relation to a client. And how this guided their actions in subsequent therapy sessions.
- Identified a developmental need as a result of an interaction with a client; what actions they took; how they monitored improvement; and how they knew they had gained sufficient competency.
- Responded to unexpected feedback from a supervisor, trainer or other professional; how they chose appropriate development; how they applied their learning; and how they monitored the changes and the effects of the changes.

SARG25: Third Elective Example, Relationship with Methodology of NLPt

Select from either category 15.1, 15.3 or 15.4

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.

Provide an assessment of how the applicant:

- Maintained an experiential constructivist perspective when a client reported, say, physical or sexual abuse in childhood; how that perspective supported the applicant's work with the client; and what was the applicant's perception of the difference it made.
- Responded to a client who consistently maintained that there was no positive intention in a behaviour.
- Respected a client's map of the world when it included overt racism, sexism or some other prejudice, or use of violence, sexual impropriety or criminal activity

15.3 Integrated application of a range of theory and practice of NLPt showing flexibility of behaviour and approach in response to the individual client.

Provide an assessment of how the applicant:

- Responded in different ways to clients who presented with apparently similar symptoms and desired outcomes.
- Was influenced by a difference in age, gender, sexuality, ethnicity or spirituality; how they adapted their therapeutic approach; and how s/he monitored the appropriateness of her/his own behaviour in this area.
- Used a range of interventions to adapt to a client's changing desired outcome and/or circumstances (including the client progressing along their developmental path).

15.4 Ability to remain outcome-orientated, track the client-process and monitor progress towards the client's desired outcome.

Provide an assessment of how the applicant:

- Remained outcome-oriented when a client could not formulate a Well-formed Outcome; the considerations that influenced the applicant's choice of approach; and how the client's 'inability' was monitored and utilised.
- Worked with a client who had multiple symptoms and multiple desired outcomes.

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- Responded when, after a number of sessions, a client reported not getting their desired outcome.
- Recognised that their criteria for successful therapy has matured and as a result how they have improved as a therapist.

Criteria 16-18

Accreditation Criteria 16, 'Clinical application of psychotherapy studies' requires you to assess the applicant's clinical competence and ethical practice when applying the understanding they acquired from their training in the seven subjects listed. .

Examples are not required for criteria 16, 17 and 18 — unless the Accrediting Team request them at a later date.

SARG26: Optional Other Example(s)

This section is provided for any example(s) which describe a quality of the applicant's maturity, clinical competency and ethical practice **not already covered** in the preceding examples which influenced the supervisor's decision to assess the applicant as warranting accreditation.