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Clinical Supervisor & UKCP Registered Psychotherapist

Supervision Services information Sheet

"Supervision is a confidential working relationship in which the personal resources of the supervisor and supervisee

are directed, in regular sessions, towards maximising the competence of the supervisee in helping clients.

The aim of supervision is to provide an attentive and supportive climate within which the individual can develop new

options for managing themselves and their work with greater satisfaction and effectiveness.

Supervision aims to achieve this by;

{a} considering responsibility for standards and ethics

{b} sharing the responsibility for the professional development of the supervisee's skills, knowledge and under standing

{c} providing opportunities for discharge and recharging of batteries."

{Inskipp and Proctor, 1989}

My approach

The therapy supervision I offer is based upon my own regard for an individual's own training and philosophy. My integrative

framework is influenced by trainings in hypnotherapy, person-centred therapy, NLP and an avid interest in all

forms of therapy theory.

I welcome the opportunity for a preliminary discussion regarding individual needs, for which no charge is made.

Anti-discriminatory practice

I seek to provide a service which is anti-discriminatory in nature and endeavour to ensure this commitment is reflected

in the supervisory process.

Further information on the mechanics of the supervision I offer, together with details regarding my training and experience

follow:

Background Information

General

Supervisees normally contract for weekly, fortnightly or monthly sessions of one to two hours duration. The frequency of therapy supervision will vary according to the volume of therapy, experience of the supervisee, the work setting and current professional requirements.

I ask supervisees to adhere to the relevant Code of Ethics and Practice of their professional body and to provide me with a written copy if I should not possess one. Some supervisees may belong to another professional body and wish to abide by a different code and complaints procedure. What I deem to be important is that both parties are in agreement as to which code is in operation.

As part of good practice I hold regular reviews regarding the effectiveness of therapy supervision. These enable changes, where appropriate, to be made to the supervision process. In addition, methods of self assessment and the self evaluation of a supervisee's work are also considered. The terms and conditions outlined in this Information Sheet are liable to annual review. I consult with another supervisor over matters of supervision.

Fees

My fees are £50 per session, more if special rooms need to be booked or travelling is involved. If a session is to be cancelled I require A FULL 24 HOURS NOTICE, otherwise the supervisee or sponsoring organisation is liable for the full cost of the session. Individuals pay by cheque, credit/debit card or cash at the end of each session whilst organisations are invoiced per term.

Confidentiality

As a non managerial therapy supervisor I treat all information disclosed to me as confidential. Where a professional disagreement about client care cannot be resolved I consult with my external consultant and, if appropriate, refer the therapist to another supervisor. I reserve the right to make contact with the relevant organisation [e.g. employer, college, external agency or professional body, if I believe a supervisee's work with a client causes serious concern and where a mutual course of action cannot be agreed. Issues of client safety and the safety of those surrounding the client being given primary importance.

Legal responsibilities

Issues for consideration include our respective legal liabilities to each other, any employing organisation and to clients. This includes the action to be taken if I have serious concerns about a supervisee's practice
- particularly in the area of client safety as outlined above.

Contact

I do not break into sessions to answer the telephone and there are times when I am not contactable. To allow messages to get through I have a telephone answering machine. I am also available between sessions should a supervisee experience serious difficulties with a client which cannot wait until the next session.

Professional Credentials (Selected)

1989 American College of Clinical Hypnosis - Training in hypnosis and psychological analysis
1993 London College of Clinical Hypnosis - Training in clinical hypnosis
1993 National Guild of Hypnotists-Certified hypnotherapist
1995 Centre Training School of Hypnotherapy and Psychotherapy - Diploma in Hypnotherapy and Psychotherapy
1996 NLP Associates, Certified Practitioner of NLP
1996 NLP Associates , Certified Master Practitioner of NLP
1996 American Board of Hypnotherapy, Certified Instructor of Hypnotherapy
1996 UKCP Registration
1997 Centre Training School, Post Graduate Diploma in Hypnotherapy and Psychotherapy,
1998 Advanced Neuro Dynamics, Certified Trainer of NLP
1999 Performance Partnership, Hypnotherapy Trainer
2000 National Guild of Hypnotists, Certified Instructor of Hypnotherapy
2000 National Federation of NLP, Master Trainer of NLP
2000 National Guild of Hypnotists, Board Certified Status
2001 Senior Clinician, National Council for Hypnotherapy
2001 International Hypnosis Institute, Master Practitioner of Ericksonian Hypnotherapy
2001 Certified Analytical Hypnotherapist AH, National Association of Transpersonal Psychology, USA
2002 Certificate in Supervision, Centre Training International School of Hypnotherapy and Psychotherapy
2002 Diploma of Professional Counselling, Australian Institute of Professional Counsellors
2002 Hypnotherapy Practitioner Diploma, National Council for Hypnotherapy/NCFE
2002 Accredited Hypnotherapy Supervisor, National Council for Hypnotherapy
2002 Certified Professional Coach, International Institute of Coaching
2003 Diploma in Advanced Hypnotherapy, Hypnotism Institute of Los Angeles
2003 Certificate in Hypnotherapeutic Supervision, National Council for Hypnotherapy/NCFE National Awarding Body
2003 Certified Practicing Counsellor, Australian Counselling Association
2004 Certification in Clinical Hypnotism, National Guild of Hypnotists
2004 Certified Five Phase Abreactive Hypnotherapy Practitioner, Banyan Center of Hypnosis
2004 Board Certified Hypnotist, Omni Hypnosis Training Center/NBHEC
2004 Certified Master Instructor, National Guild of Hypnotists
2005 Certified HypnoCoach, National Guild of Hypnotists
2006 Diplomate National Guild of Hypnotists
2007 National College of Hypnosis and Psychotherapy, Diploma in Hypnosis and Psychotherapy
2007 National College of Hypnosis and Psychotherapy, Diploma in Ericksonian Hypno-Psychotherapy
2007 National College of Hypnosis and Psychotherapy, Advanced Diploma in Hypno-Psychotherapy
2007 European Association for Hypno-Psychotherapy, European Certificate of Clinical Hypnosis
2007 European Association for Psychotherapy, European Certificate of Psychotherapy
2008 World Council for Psychotherapy, World Certificate of Psychotherapy

Academic Credentials

GCGI Hypnotherapy and Counselling, City and Guilds of London Institute
Graduateship
MA Education Studies, Liverpool J.M. University
CertEd Post Compulsory Education, Manchester University
ACoT, Associateship Diploma, College of Teachers
LCGI Licentiate in Training and Development, City and Guilds of London Institute

Memberships (Selected):

Fellow, National Council for Hypnotherapy (Elected)

Fellow, National Guild of Hypnotists (US) (Exam)

Board Certified Fellow, National Board for Certified Clinical Hypnotherapists (US) (Elected)

Fellow, Royal Society for Public Health (Elected)

Fellow, Central Register of Advanced Hypnotherapists (Elected)

Fellow, National College Student and Alumni Guild (Elected)

Fellow, Institute for Learning (pcet) (Elected)

Fellow, College of Teachers (Elected)

Fellow, Royal Society of Arts, (Elected)

Member, International Stress Management Association, UK

Member, British Society of Clinical and Academic Hypnosis, UK

Member, National Register of Hypnotherapists and Psychotherapists, UK

Registered, United Kingdom Council of Psychotherapy

Member, New Zealand Society of Clinical and Applied Hypnotherapy

Registered Professional Member, Australian Society of Clinical Hypnotherapists

Code of Ethics:

I adhere to the Code of Ethics and Practice of the NCH, NCSAG and the NGH

SUPERVISEE DETAILS FORM

Personal details

Surname: First name:

Address:

Post Code: Tel No:

Employment Details

Job Titles:
[eg. freelance therapist, volunteer therapist, agency employed]

Organisation/Practice:

Address:

Post Code:

Tel No: Ext:

Details of work/practice address if different to the above

Other relevant information not included above

Training/Qualifications related to therapy

Dates Training body	Course title and qualification
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Therapy experience

Type of work to be supervised
[e.g. individual, therapy supervision, training work]

1. How often do you see clients? [e.g. once or twice a week]
2. For how long?
3. Over what time period?
[e.g. 6 sessions, 6 months, 1 year, longer, varied etc]
4. What type of theoretical approach[es] do you use in your work?
5. What overall term do you use to describe your therapy style? [e.g. Analytical, Ericksonian, etc]
6. Maximum client contact hours per week:

7. If your therapy had to be terminated unexpectedly for any reason, what arrangements are in place

to meet the needs of your clients?

8. Who is accountable for the management of your work with clients? [e.g myself co-ordinator etc]

9. Who is the person I should contact if concerns about the quality of your work with clients cannot be resolved?

10. Does your organisation require any form of formal feedback regarding your work with clients'?

YES/NO

[e.g. Annual review, report etc] Details if applicable:

Professional Issues

What is the name of your professional organisation?

Does the organisation have its own Code of Ethics and Practice and do you abide by this?

Does the organisation have its own complaints procedure?

Do you have Professional Indemnity and Public Liability Insurance?

If yes, to what level of cover?

If no, are you prepared to take this out?

State if not relevant because you are covered by an employer:

What type of personal therapy/counselling have you undertaken, for how long and in what ways do you feel this has influenced your therapy style?

What type of supervision, if any, have you previously experienced and for how long?

Do you have any additional supervision arrangements and, if so, what are they?

How do you ensure the secure and confidential storage of client notes and their safe destruction?

How do you evaluate your client work?

[e.g. feedback sheets, supervision, reviews etc]

In what ways do you work towards operating an anti-discriminatory practice? [e.g. supervision, training, fee structure etc]

How do you access medical cover for your work with clients? [e.g. contact client's G.P. when appropriate, access to a psychiatrist]

My signature below indicates that I have read, understood and am in agreement with the terms and conditions as detailed in the Supervision Services Information Sheet supplied to me.

Signed:

Date:

I give permission for **Shaun Brookhouse** to make contact with the relevant organisation [e.g. my employer, college, appropriate external agency or professional body], if he/ she believes my work

with a client causes her serious concern and where a mutual course of action cannot be agreed. Issues of client safety and the safety of those surrounding the client being given primary importance.
Signed:

Date:

Code of Ethics and Practice for the Supervision of Hypnotherapists

A. Introduction

1. The purpose of this Code of Ethics is to establish standards for Supervisors in their supervision work with Therapists, and to inform and protect Therapists seeking supervision.
2. Ethical standards comprise such values as integrity, competence, confidentiality and responsibility.
3. This document should be seen in relation to the Code of Ethics and Practice for Hypnotherapists.
4. Members of the NCH, in assenting to this Code, accept their responsibilities to hypnotherapists and their clients, their agencies, to colleagues, and to the NCH.
5. There are various models of supervision. The code applies to all supervision arrangements.

The Code of Ethics has three sections:

1. The Nature of Supervision
2. Issues of Responsibility
3. Issues of Competence

The Code of Practice has two sections:

1. The Management of the Supervision work
2. Confidentiality

The Appendix describes different models of Supervision, and comments on issues that may be relevant to particular models.

B. Code of Ethics

B 1. The Nature of Supervision

1. The primary purpose of supervision is to ensure that the therapist is addressing the needs of the client.
2. Supervision is a formal collaborative process. The term 'supervision' encompasses a number of functions concerned with monitoring, developing, and supporting individuals in their therapy role. [This process is sometimes known as 'non-managerial supervision or 'consultative support'.]
3. To this end supervision is concerned with:
 - a. the relationship between therapist and client, to enhance its therapeutic effectiveness.
 - b. monitoring and supporting the therapist in the therapist role.
 - c. assisting the therapist to develop his/her professional identity through reflection on the work, in the context of this relationship, which will be both critical and supportive.
 - d. clarifying the relationships between therapist, client, supervisor, and [if any] the organisations involved.
 - e. ensuring that ethical standards are maintained throughout the therapy work.
4. Supervision is therefore not primarily concerned with:
 - a. training
 - b. personal therapy of the therapist
 - c. line management

However, the skills associated with these activities are central to competent supervision.

5. The supervisory relationship must by its nature be confidential.
6. A therapist should not work without regular supervision.

B.2. Issues of Responsibility

1. Given that the primary purpose of supervision is to ensure that the therapist is addressing the needs of the client:
 - a. therapists are responsible for their work with the client, and for presenting and exploring as honestly as possible that work with the supervisor.
 - b. supervisors are responsible for helping therapists reflect critically upon that work. It is important that both parties are able to work together effectively.
2. Supervisors are responsible with therapists for ensuring that they make best use of the supervision time.
3. Supervisors and therapists are both responsible for setting and maintaining clear boundaries between working relationships and friendships or other relationships, and making explicit the boundaries between supervision, consultancy, therapy and training.
4. Supervisors and therapists must distinguish between supervising and counselling the therapist. They would not normally expect to mix the two. On the rare occasions when the supervisor might engage in therapy with the therapist, a clear contract must be negotiated, and any therapy done must not be at the expense of supervision time.
5. Supervisors are responsible for the observation of the principles embodied in this Code of Ethics and Practice for the Supervision of Therapists, and whichever code of Ethics and Practice their supervisee is working to.
6. Supervisors must recognise the value and dignity of therapists as people, irrespective of origin, status, sex, sexual orientation, age, belief or contribution to society.
7. Supervisors are responsible for encouraging and facilitating the self development of others, whilst also establishing clear working agreements which indicate the responsibility of therapists for their own continued learning and self-monitoring.
8. Both are responsible for regularly reviewing the effectiveness of the supervision arrangement, and considering when it is appropriate to change it.
9. Supervisors are responsible for ensuring that the satisfaction of their own needs is not dependent upon the supervisory relationship, and they should not exploit this relationship,
10. The supervisor and therapist should both consider their respective legal liabilities to each other, the employing organisation, if any, and the client.

B .3. Issues of Competence

1. Supervisors should continually seek ways of increasing their own professional development, including, wherever possible, specific training in the development of supervision skills
2. Supervisors must monitor their supervision work and be prepared to account to their therapists and colleagues for the work they do.
3. Supervisors must monitor the limits of their competence.
4. Supervisors are strongly encouraged to make arrangements for their own consultancy and support to help them evaluate their supervision work.
5. Supervisors have a responsibility to monitor and maintain their own effectiveness. There may be times when their personal resources are so depleted that they will need to seek help and/or withdraw from the practice of supervision, whether temporarily or permanently.
6. Therapists should consider carefully the implications of choosing a supervisor who is not a practising therapist. This applies especially to inexperienced therapists.

C. Code of Practice

1. Introduction

This Code of Practice is intended to give more specific information and guidance regarding the implementation of the principles embodied in the Code of Ethics for the Supervision of Therapists.

2. The Management of the Supervision Work

In order to establish an effective supervision contract, the following points should be considered:

1. Supervisors should inform therapists as appropriate about their own training, philosophy and theoretical approach, qualifications, and the methods they use.
2. Supervisors should be explicit regarding practical arrangements for supervision, paying particular regard to the length of contact time, the frequency of contact time and the privacy of the venue.
3. Fees required should be arranged in advance.
4. Supervisors and therapists should make explicit the expectations and requirements they have of each other, and each party should assess the value of working with each other.
5. Before embarking on a supervision contract, supervisors should ascertain what, if any, therapeutic or helping relationships the therapist has had, or is currently engaged in. This is in order to establish any effect this may have on the therapist's therapy work.
6. If, in the course of supervision, it appears that therapy or therapy would be beneficial to a therapist, the supervisor should discuss the issue and, if appropriate, make a suitable referral to a third party or agency.
7. Supervisors should ensure that therapists are given regular opportunities to discuss and evaluate their experiences of supervision.
8. Supervisors should regularly review how the therapist engages in self assessment and self evaluation of their work.
9. Supervisors should ensure that therapists understand the importance of further training experiences, and encourage the therapist's professional development in this way.
10. Supervisors must make sure that therapists are made aware of the distinction between therapy, accountability to management, consultancy, support, supervision and training.
11. Because there is a distinction between line management and therapy supervision, where a therapist works in an organisation or agency, the lines of accountability and responsibility need to be clearly defined, between: therapist/client; supervisor/therapist; organisation/client; organisation/supervisor; organisation/ therapist; supervisor/client.
12. Supervisors who become aware of a conflict between their obligation to a therapist and their obligation to an employing organisation will make explicit to the therapist the nature of the loyalties and responsibilities involved.
13. Where personal disagreements cannot be resolved by discussion between supervisor and therapist, the supervisor should consult with a fellow professional and, if appropriate, offer to refer the therapist to another supervisor.
14. In addition to the routine self monitoring of their work, supervisors are strongly encouraged to arrange for regular evaluation of their work by an appropriately experienced consultant.
15. Supervisors should, whenever possible, seek further training experience that is relevant to their supervision work.

C 3 Confidentiality

1. As a general principle, supervisors must maintain confidentiality with regard to information about therapists or clients, with the exception cited below.
2. Supervisors must not reveal confidential information concerning therapists or clients to any other person or through any public medium unless:
 - a] it is clearly stated in the supervision contract that this is acceptable to both parties, or
 - b] when the supervisor considers it is necessary to prevent serious emotional or physical damage to the client or another party. When the initial contract is being made, agreement about the people to whom a supervisor may speak must include the people on whom a supervisor relies for support, supervision or consultancy. There must also be clarity at this stage about the boundaries of

confidentiality regarding people [other than the therapist] to whom the supervisor may be accountable.

3. Confidentiality does not preclude the disclosure of confidential information relating to therapists when relevant to the following:

a) recommendations concerning therapists for professional purposes.

b) pursuit of disciplinary action involving therapists in matters pertaining to ethical standards.

4. Information about specific therapists may only be used for publication in journals or meetings with the therapist's permission, and with anonymity preserved when the therapist so specifies.

5. Discussion by supervisors of therapists with professional colleagues should be purposeful and not trivialising.

D. Appendix

D. 1. Models of Supervision

1. There are different models of supervision. This appendix outlines the particular features of some of these models.

2. One-to-one: Supervisor-Therapist:

This involves a single supervisor providing supervision for one other therapist, who is usually less experienced than themselves in therapy. This is still the most widely used method of supervision. Its long history means that most of the issues requiring the supervisor's and therapist's consideration are well understood, and these are included in the Code of Practice above.

3. One-to-one: Co-supervision:

This involves two participants providing supervision for each other by alternating the roles of supervisor and therapist. Typically, the time available for a supervision session is divided equally between them.

4. Group supervision with identified supervisor[s]:

There is a range of ways of providing this form of supervision. At one end of the spectrum the supervisor, acting as leader, will take responsibility for apportioning the time between the therapists, and then concentrating on the work of individuals in turn. At the other end of the range, the therapists will allocate supervision time between themselves, using the supervisor as a technical resource. There are many different ways of working between these two alternatives.

5. Peer group supervision: This takes place when three or more therapists share the responsibility for providing each others' supervision

within a group context. Typically, they will consider themselves to be of broadly equal status, training and/or experience.

6. Eclectic methods of supervision: Some therapists use combinations of the above models for their supervision.

D .2. Points requiring additional consideration

1. Certain models require the consideration of some of the points listed below, that are additional to the contents of the Code of Practice.

2. All the points contained elsewhere within the Code of Practice should be considered.

3. Sufficient time should be allocated to each therapist to ensure adequate supervision of the therapy work.

4. Some methods are unlikely to be suitable for newly trained or inexperienced therapists, because of the importance of supervisors being experienced in therapy. [eg co-supervision].

5. Care needs to be taken to develop an atmosphere conducive to sharing, questioning and challenging each others' practice in a constructive way. [eg group supervision].

6. As well as having a background in therapy work, supervisors should have appropriate groupwork experience in order to facilitate this kind of group.

7. All the participants should have sufficient groupwork experience to be able to engage the group process in ways which facilitate effective supervision.

8. Explicit consideration should be given to deciding who is responsible for providing the supervision, and how the task of supervision will be carried out.
9. It is desirable that these groups are visited from time to time by a consultant to observe the group process and monitor the quality of the supervision.

PRACTITIONER THEORETICAL ORIENTATION QUESTIONNAIRE

Section One

Please indicate by circling the appropriate number[s] which of the following categories you would consider yourself to be in as a therapist/therapist;

1. Humanistic/Existential
2. Psychodynamic
3. Behavioural [learning theory]
4. Cognitive
5. Eclectic/Integrative
6. Other [please specify]

Section Two

Please indicate by circling the appropriate number[s] which of the following you would use to describe your approach to therapy/therapy:

1. Adlerian
2. Analytical Psychology [Jungian]
3. Behaviour Therapy
4. Person Centred [Rogerian]
5. Crisis Intervention
6. Clinical Theology
7. Cognitive Therapy [e.g. Beck, Ellis]
8. Drama Therapy / Psychodrama
9. Eclectic / Integrative
10. Existential
12. Gestalt
13. Hypnotherapy
14. Neuro-Linguistic Programming
15. Personal Construct Therapy
16. Primal Therapy
17. Analytical Psychotherapy [including Classical Freudian; Kleinian; Object Relations; Kohutian Self Psychology]
18. Transactional Analysis
19. Other [please specify]

Section Three

Which of the following techniques/ways of being and working listed below have you used, or would consider using, as consistent with your approach to therapy/ therapy? Please circle the appropriate number[s].

1. Assertiveness Training
2. Behaviour Modification Techniques [of any kind]
3. Cognitive Change Techniques [e.g. disputing irrational beliefs, uncovering automatic thoughts, cognitive restructuring]
4. Developing Organismic Awareness
5. Drama
6. Encounter Group Work
7. Empty Chair Technique
8. Exaggeration of Body Movements
9. Drawing I Art
10. Free Association
11. Fixed Role Therapy
12. Goal Setting
13. Hypnosis
14. Inter-Personal Skills Training
15. Meditation
16. Non-Directive Approach
17. P-A-C Structural Analysis
18. Personal Encounter in Here/Now, I/Thou Relationship
19. Modelling
20. Reflecting Back Empathically, Both Content and Feeling
21. Relaxation Techniques
22. Role Play
23. Rehearsal
24. Script Analysis
25. Systematic / In-Vivo Desensitisation
26. Treatment Contract
27. Working With Dreams
28. Transference Interpretation
29. Behaviour Reinforcement / Non-Reinforcement
30. Visualisation
31. Other Techniques / Ways of working [please specify]

**Please return all relevant information to
Richmael House, 25 Edge Lane, Chorlton, Manchester, M21 9JH
Payments by cheque are made payable to Brookhouse Hypnotherapy Ltd**