IN STANDARDS AND CURRICULUM

for the qualification

“MAPA Practitioner in Integrative Neuro-Linguistic Therapeutic Practice, IN”

from

ANDRÉ PERCIA

Entrance qualification: “NLP Practitioner, IN”, or an equivalent qualification formally accepted under IN regulations

Proposed minimum duration: 130 full training hours over at least 18 days

Assessment: Mandatory written and behavioral assessment

1. Purpose of the qualification

The “MAPA Practitioner in Integrative Neuro-Linguistic Therapeutic Practice, IN” qualification develops foundational competence in the responsible therapeutic use of NLP-derived models through the MAPA Method.

It is designed for practitioners who have already completed recognized foundational NLP training and who wish to develop the additional judgment required to use NLP within structured helping and therapeutic processes.

The qualification does not treat therapeutic competence as the accumulation of techniques. It develops the participant’s ability to:

- clarify a presenting concern;
- map how a pattern operates in context;
- construct collaborative and provisional formulations;
- recognize possible protective functions;
- distinguish internal representation from external reality;
- develop concrete and proportionate desired outcomes;
- select, adapt, postpone or decline an intervention;
- obtain and maintain continuous consent;
- monitor consequences in everyday life;
- recognize risk, limits of competence and the need for referral.

The central organizing structure is MAPA:

Map before intervening.
Analyze before concluding.
Project before promising.
Accompany before closing.

MAPA does not replace the models and methods of NLP. It provides a framework for deciding whether, why, when and how they should be used.

2. Professional and legal scope

This qualification does not, by itself, confere a statutory licence to practise psychology, psychotherapy, medicine, psychiatry, counselling or any other regulated profession.

Participants must use the qualification within:

- their underlying professional education;
- their demonstrated competence;
- the legislation of the country in which they practise;
- relevant professional codes;
- appropriate supervision;
- the limits of their role and setting.

Where psychotherapy is regulated, the qualification may be used as psychotherapeutic specialization only by professionals who already meet the applicable legal requirements.

The title must not be presented as authorization to diagnose or treat mental disorders where the practitioner is not legally qualified to do so.

3. Relationship to existing IN qualifications

The curriculum builds upon the principles and skills of **NLP Practitioner, IN**, including ethical and ecological use, rapport, sensory-based observation, outcome formulation, Metamodel distinctions, Milton Model language, anchoring, reframing, submodalities, timelines, modeling and strategy work. The current official Practitioner standard requires at least 130 hours over 18 days and both written and behavioral assessment.

The proposed qualification does not repeat the NLP Practitioner curriculum as though participants were beginning NLP for the first time. It recontextualizes selected NLP models within:

- therapeutic formulation;
- risk recognition;
- relational responsibility;

- contextual analysis;
- continuous consent;
- intervention selection;
- progress monitoring;
- supervision and referral.

4. Relationship to Neuro-Linguistic Psychotherapy

The qualification does not claim that structured psychotherapeutic education based upon NLP has not previously existed.

Established Neuro-Linguistic Psychotherapy traditions have developed substantial psychotherapeutic training pathways. Integrative Neuro-Linguistic Therapy should therefore be positioned as a distinct MAPA-based contribution to the wider field, not as a replacement for all existing NLPt traditions.

Its particular focus is the operationalization of:

- formulation before intervention;
- protective function;
- internal and external context;
- continuous consent;
- proportionate technique selection;
- real-world follow-up.

5. Entrance requirements

- "**NLP Practitioner, IN"** or an equivalent NLP qualification accepted according to IN certification regulations.
- a description of their professional background;
- their intended field of application;
- confirmation that they understand the legal limits of the qualification;
- agreement to participate in supervised practice, peer learning and reflective work.

Training institutes may use an admission interview where appropriate.

For participants intending to practice psychotherapy, evidence of the necessary underlying professional qualification should be required according to national law.

6. Core Practitioner competencies

By the end of the training, participants should be able to demonstrate the following competencies.

6.1 Ethical and professional competence

Participants can:

- describe their qualifications accurately;
- distinguish NLP training, coaching, helping practice, therapy and regulated psychotherapy;
- explain the limits of their professional role;
- obtain informed and continuous consent;
- maintain confidentiality and appropriate boundaries;
- recognise situations requiring supervision, consultation or referral;
- avoid guarantees, coercive language and exaggerated claims.

6.2 Relational competence

Participants can:

- establish a collaborative working relationship;
- listen without rushing from complaint to explanation;
- use sensory-based feedback without presenting interpretation as fact;
- recognise hesitation, disagreement and refusal as potentially meaningful;
- invite correction;
- notice and address relational strain;
- respond without treating rapport as compliance.

6.3 Mapping competence

Participants can:

- move from global labels to specific situations;
- distinguish observable events from interpretation and prediction;
- identify triggers, attention, meaning, representation, bodily response, emotion and behavior;
- identify immediate protective effects and delayed costs;
- explore exceptions, resources and contextual conditions;
- produce a Current State map that remains recognizable to the person.

6.4 Formulation competence

Participants can:

- construct provisional and collaborative formulations;
- distinguish perceived origins from current maintaining conditions;
- identify alternative hypotheses;
- explore what a pattern may be attempting to preserve;
- avoid reducing a person to a belief, technique, diagnosis or identity label;
- revise formulation in response to new information.

6.5 Outcome competence

Participants can:

- transform avoidance goals into observable desired responses;
- establish criteria for evidence;
- distinguish control from influence;
- consider internal and external ecology;
- identify resources and constraints;
- construct proportionate steps rather than idealized outcomes.

6.6 Intervention competence

Participants can:

- link technique selection to formulation;
- explain the proposed intervention;
- consider alternatives;
- obtain consent;
- monitor responses during the intervention;
- adapt, pause or stop;
- decline to use a technique when it is not indicated;
- close experiential work responsibly.

6.7 Monitoring competence

Participants can:

- identify individual indicators of progress;
- assess frequency, intensity, duration, recovery and functioning;
- invite feedback about non-response and unwanted effects;
- revise the plan;
- recognise when another form of care is required;
- organise follow-up and appropriate endings.

7. Required training content

Module 1 — Foundations of Integrative Neuro-Linguistic Therapy

Recommended allocation: 16 hours / 2 days

Required content

- origins and historical development of NLP;
- therapeutic modelling and major influences;
- contributions and controversies within NLP;
- distinction between historical importance, practical usefulness and evidence;
- model, metaphor, technique, hypothesis and mechanism;

- why technique alone is not therapy;
- origin and purpose of Integrative Neuro-Linguistic Therapy;
- introduction to the MAPA Method;
- therapeutic judgement and procedural competence;
- curiosity, uncertainty and provisional thinking;
- legal and professional scope;
- ethics and responsible communication;
- supervision, consultation and referral;
- introduction to reflective practice.

Required learning outcome

The participant can explain why knowing an NLP procedure does not, by itself, establish therapeutic competence.

Module 2 — Relationship, Contract, Triage and Safety

Recommended allocation: 16 hours / 2 days

Required content

- establishing a collaborative frame;
- client-centred and non-judgemental communication;
- presenting concern in the person's own language;
- expectations and limits;
- informed and continuous consent;
- confidentiality and record-keeping;
- boundaries;
- support networks;
- current medical, psychological and psychiatric care;
- relevant physical-health information;
- recognition of possible self-harm or suicide risk;
- violence, abuse, threat and coercive control;
- substance-related concerns;
- severe confusion or loss of functioning;
- exhaustion and severe sleep deprivation;
- grief and acute loss;
- criteria for proceeding, pausing, stabilising or referring;

- responsible work within professional competence.

MAPA instruments

- Initial Triage, Contract and Safety Form;
- Support and Professional Care Map;
- Provisional Initial Formulation;
- Safety and Referral Review.

Required learning outcome

The participant can recognise when safety, support or referral takes priority over an NLP intervention.

Module 3 — Mapping the Current State

Recommended allocation: 14 hours / 2 days

Required content

- moving beyond the presenting label;
- situation and context;
- trigger;
- observable event;
- focus of attention;
- interpretation and meaning;
- internal imagery, language, memory and sensation;
- emotional and bodily response;
- behaviour, avoidance and attempted control;
- immediate relief or protective effect;
- delayed consequences;
- inaccessible resources;
- external conditions;
- exceptions;
- collaborative verification of the map.

Required learning outcome

The participant can construct a detailed Current State sequence without converting it into a fixed identity or premature diagnosis.

Module 4 — MAPA Formulation and Protective Function

Recommended allocation: 16 hours / 2 days

Required content

- formulation as a collaborative and revisable process;
- formulation and diagnosis;
- fact, interpretation, prediction and hypothesis;
- perceived cause and current maintenance;
- repetition and reinforcement;
- protective function;
- positive intention: value, limitations and responsible language;
- need being preserved;
- immediate benefit and later cost;
- strategy and exit criteria;
- alternative hypotheses;
- contextual and systemic factors;
- review of formulation with the person.

Models

- SCORE;
- SOAR;
- T.O.T.E.;
- R.O.L.E.;
- MAPA Line of Repetition;
- MAPA Strategy and Exit Criteria Map.

Required learning outcome

The participant can produce a coherent formulation while remaining open to uncertainty and correction.

Module 5 — Desired State, Outcomes and Ecology

Recommended allocation: 12 hours / 2 days

Required content

- Desired State beyond symptom elimination;
- observable responses;

- behavioural evidence;
- context specificity;
- influence and personal agency;
- values and criteria;
- motivation;
- resources;
- internal ecology;
- relational and social ecology;
- health, safety, financial and legal consequences;
- future pacing;
- small steps and graded change;
- progress indicators.

Required learning outcome

The participant can develop an outcome that is specific, contextual, proportionate and compatible with the person's wider life.

Module 6 — Structure of Subjective Experience

Recommended allocation: 16 hours / 2 days

Required content

- sensory-based observation;
- calibration;
- distinction between observation and interpretation;
- representational systems as investigative lenses;
- internal dialogue;
- predicates;
- sensory qualities and submodalities;
- association and dissociation;
- perceptual positions;
- strategies;
- T.O.T.E. and R.O.L.E. in applied formulation;
- metaprogrammes as contextual tendencies rather than fixed personality types;
- values and criteria;
- Neurological Levels as an organising model rather than a literal brain structure;

- Unified Field as an integrative map;
- history and evidential limitations of eye-accessing cues;
- prohibition against presenting eye movements as reliable mind-reading, diagnosis or lie detection.

Required learning outcome

The participant can use NLP models as provisional lenses without confusing them with established neurological facts.

Module 7 — Therapeutic Language and Meaning

Recommended allocation: 16 hours / 2 days

Metamodel

- deletions;
- generalisations;
- distortions;
- unspecified nouns and verbs;
- nominalisations;
- modal operators;
- universal quantifiers;
- mind-reading;
- cause and effect;
- complex equivalence;
- lost performatives;
- precision without interrogation.

Reframing

- context reframing;
- meaning reframing;
- function and consequence;
- limitations of reframing;
- avoiding invalidation of grief, injustice, illness or danger.

Sleight of Mouth

- intention;
- consequence;
- redefinition;

- chunking;
- counter-example;
- hierarchy of criteria;
- another outcome;
- applying the statement to itself;
- meta-frame;
- model of the world;
- metaphor;
- ethical use without argumentative domination.

Milton Model and evocative language

- permissive language;
- utilisation;
- ambiguity;
- presuppositions;
- direct and indirect suggestion;
- embedded suggestions examined within consent and influence;
- conversational trance;
- therapeutic metaphor;
- distinction between therapeutic communication and manipulation.

Required learning outcome

The participant can use language to increase precision, reflection and choice without arguing against the person's lived reality.

Module 8 — Foundational Change Strategies

Recommended allocation: 18 hours / 3 days

Required content

- technique as a formulation-linked experiment;
- intervention-selection criteria;
- preparation and resource assessment;
- consent and alternatives;
- state elicitation;
- resource anchoring;
- anchor stacking and chaining;

- circle or field of excellence;
- submodality interventions;
- Swish Pattern;
- association and dissociation;
- perceptual-position work;
- New Behaviour Generator;
- content and context reframing;
- Six-Step Reframing;
- introductory parts integration;
- strategy modification;
- modelling of resources;
- imagery rehearsal;
- metaphor and trance;
- introductory Timeline work;
- Personal History Change;
- memory as reconstructive;
- risks of suggestion and false certainty;
- grounding and return to the present;
- indications, cautions and contraindications;
- when to adapt, pause, stop or decline an intervention.

Required learning outcome

The participant can select and conduct foundational interventions in a manner proportionate to formulation, consent, competence and context.

Module 9 — Building and Monitoring Therapeutic Processes

Recommended allocation: 12 hours / 2 days

Required content

- establishing priorities;
- creating an initial process plan;
- sequencing sessions or meetings;
- preparation, intervention and integration;
- pacing and dosage;

- real-world behavioural indicators;
- client feedback;
- non-response;
- recurrence of the pattern;
- revising the formulation;
- adverse and unwanted effects;
- rupture and repair;
- dependency;
- referral and shared care;
- follow-up;
- endings and discharge;
- case integration.

Required learning outcome

The participant can plan, monitor and revise a helping or therapeutic process within their professional scope.

Module 10 — Integration and Certification

Recommended allocation: 10 hours / 1 day plus assessment time distributed through the programme

Required content

- integration with the participant's underlying profession;
- distinction between psychology, psychotherapy, coaching, hypnosis, counselling and education;
- professional identity;
- public communication and claims;
- documentation;
- continuing professional development;
- supervision and intervision;
- practitioner bias;
- preferred-technique bias;
- rescue impulses;
- receiving and using feedback;
- integrative case presentation;
- written assessment;

- behavioural assessment.

Required learning outcome

The participant demonstrates behavioural integration of the MAPA Method and responsible professional positioning.

8. Recommended 18-day structure

Day	Principal focus
1	Foundations of INLT and MAPA
2	Ethics, scope and responsible therapeutic practice
3	Relationship, contract and continuous consent
4	Triage, safety, network and referral
5	Current State mapping
6	Context, sequence, protection and cost
7	Collaborative formulation
8	SCORE, SOAR, T.O.T.E. and R.O.L.E.
9	Desired State, outcomes and ecology
10	Representational processes and submodalities
11	Strategies, perceptual positions and organising models
12	Metamodel and clinical precision
13	Reframing, Sleight of Mouth and meaning
14	Milton Model, suggestion and metaphor
15	States, resources and anchoring
16	Foundational change strategies
17	Process planning, monitoring and follow-up
18	Integration, written and behavioural assessment

This sequence may be adapted, provided that the required content and competencies remain demonstrably covered.

9. Teaching and learning methods

The qualification should include:

- trainer demonstrations;
- supervised practice;
- structured triads;
- case-based learning;
- formulation laboratories;
- reflective writing;
- peer feedback;
- role-play and simulation;
- discussion of ethical dilemmas;
- anonymised or composite case material;
- personal experience of selected methods;
- guided intervision;
- supervision.

The training should not rely primarily upon lectures or demonstrations of successful techniques.

Participants must practise:

- asking;
- listening;
- formulating;
- explaining;
- obtaining consent;
- deciding not to intervene;
- monitoring;
- revising;
- referring.

10. MAPA Clinical Journal

Each participant should maintain a reflective journal addressing:

- What did I observe?
- What did I infer?
- What remains uncertain?
- Which technique did I feel tempted to use?
- What needed to be mapped first?

- What might the pattern be preserving?
- What external conditions may be relevant?
- What risks, limits or scope issues are present?
- How did my own history or preferred model influence my interpretation?
- What feedback altered my initial understanding?

The journal supports learning and supervision. It is not a substitute for formal clinical documentation.

11. Supervision, intervision and personal practice

In addition to the 130 required training hours, the following are recommended:

- at least 15 hours of group supervision;
- at least 20 hours of structured intervision;
- a learning-partner or buddy system;
- guided reading;
- personal practice;
- preparation of written formulations;
- development of a final portfolio.

The official NLP-IN curricula already recommend supervision, buddy systems, self-experience and self-organised intervision in addition to minimum training hours.

12. Written assessment

The mandatory written assessment should examine integration rather than memorisation alone.

It should include:

- MAPA principles;
- distinction between complaint and formulation;
- Current State and Desired State;
- protective function;
- external context;
- continuous consent;
- safety and referral;
- intervention-selection reasoning;

- model, metaphor, technique and evidence;
- ethical and legal scope;
- monitoring and adverse effects;
- case-based decision-making.

13. Behavioural assessment

The participant should demonstrate the ability to:

1. establish a collaborative contract;
2. clarify the presenting concern;
3. map a specific sequence;
4. distinguish observation from interpretation;
5. develop a provisional formulation;
6. identify contextual and safety considerations;
7. formulate an appropriate Desired State;
8. explain an intervention or justify non-intervention;
9. obtain consent;
10. monitor the person's responses;
11. adapt, pause or stop when necessary;
12. close the process safely;
13. establish follow-up;
14. reflect upon their own judgement.

The assessment should not reward dramatic intervention at the expense of safety, collaboration or accuracy.

14. Practitioner portfolio

The recommended final portfolio includes:

- two written MAPA formulations;
- one integrative case or simulation;
- alternative hypotheses;
- contextual and safety considerations;
- rationale for intervention selection;
- at least one intervention considered but not selected;

- monitoring plan;
- reflective commentary;
- supervisor or trainer feedback;
- evidence of revision after feedback.

15. Practitioner certificate wording

Subject to formal approval, the certificate should state:

“MAPA Practitioner in Integrative Neuro-Linguistic Therapeutic Practice, IN”

The training comprised 130 full hours over 18 days of on-site face-to-face and/or approved interactive face-to-face online training, from [date] to [date], in accordance with the ethics and quality standards of the International Association of NLP Institutes.

Entrance qualification: NLP Practitioner, IN, or an accepted equivalent.

The qualification included written and behavioural assessment.

This certificate does not, by itself, confer a statutory licence to practise psychology, psychotherapy, medicine or any other regulated profession.

The precise format must follow the IN Certification Guidelines and requires an official IN seal and the signature of an authorised “NLP Master Trainer, IN”. Current guidelines also require accurate reporting of hours, days, delivery format and entrance qualification.

12. Common quality principles

Every model and intervention should be taught through the following questions:

1. **What aspect of experience does this model help us investigate?**
2. **What hypothesis may it support?**
3. **What are its conceptual and evidential limitations?**
4. **Under what conditions may it be useful?**
5. **Under what conditions may it oversimplify, invalidate or cause harm?**
6. **What competence, consent and preparation are required?**
7. **How will its effects be monitored in everyday life?**

This seven-question structure should be a permanent curriculum standard.