

THE UK COLLEGE OF HYPNOSIS & HYPNOTHERAPY

Diploma in Cognitive-Behavioural Hypnotherapy

Course Handbook & Assessment Guide

Including information on the

Diploma in Stress Management & Resilience-Building

Revised:

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About The UK College of Hypnosis & Hypnotherapy

Introduction to the UK College of Hypnosis & Hypnotherapy

The UK College of Hypnosis & Hypnotherapy is a hypnotherapy training provider specialising in modern evidence-based, cognitive-behavioural theory and practice. It is a division of MindEase Limited (registered in England as Company No. 07119930, VAT Registration Number 177 1514 04). Mindease Limited is a private limited company listed in the Department for Education & Skills' UK Register of Learning Providers (UKPRN 10042163).

Mission Statement

- To innovate by continually researching and developing the most effective and evidence-based approaches to cognitive behavioural hypnotherapy
- To provide the best quality, most effective and most enjoyable training in hypnotic psychotherapy available anywhere in the world
- To deal with students fairly, honestly and supportively, nurturing their therapeutic skills and helping them develop to their full potential as therapists

History of the UK College

The College was founded in April 2003 when the HypnoSynthesis® trademark (2329434) was officially registered as the brand name for the training in self-hypnosis and personal development being taught by Donald Robertson at that time, after teaching smaller workshops and seminars for several years.

After becoming an incorporated company in July 2005 (Company No. 05499462), it assumed the name, The UK College of Hypnosis & Hypnotherapy Limited, while retaining the brand trading name of HypnoSynthesis®. The trademark Hypno-CBT® (2398937) was registered in 2005 as the brand name for the proprietary system of cognitive-behavioural hypnotherapy initially developed by Donald Robertson.

In December 2009, the company name was changed to The UK College of Cognitive & Behavioural Therapies Ltd, with the UK College of Hypnosis continuing as a division of this.

In 2013, the ownership of The UK College of Hypnosis and Hypnotherapy and the trademark Hypno-CBT® transferred to MindEase Limited, the company founded by the then Vice-Principal, Mark Davis.

The UK College continues to operate now as a division of MindEase Limited under the direction of the principal Mark Davis according to the same principles instantiated by Donald Robertson, developing the Hypno-CBT® approach and furthering the delivery of what aspires to be the most effective hypnotherapy training programme in the world.

In 2014 the British Psychological Society Learning Centre formally recognised the Certificate Course and Diploma Course as approved CPD for psychologists.

At the 2016 Annual Chinese Psychology Conference Mark Davis, the College Principal, delivered a keynote talk to 3000 psychotherapists on the integration of mindfulness, hypnosis and cognitive behavioural hypnotherapy ("Integrating the Ancient, the Magical and the Scientific"). During that same year Hui Bee Teh, a UK trained clinical psychologist and college alumni, joined as Asia Operations Manager and The UK College began to offer courses in Beijing, China; delivering the first ever complete training in Cognitive Behavioural Hypnotherapy (Hypno-CBT®) to 40 Chinese students and therapists. In 2017 The UK College will be teaching two diploma programmes in Beijing while continuing to offer our Diploma programme, courses and workshops in the United Kingdom.

College Staff

Mark Davis

*College Principal and Executive Director
Course Trainer & Assessor
Appointed Person (First Aid)*

Fabienne Davis

Director & Training Administrator

Emma Coffey

*Assessment Administrator
Project Management*

David Ince

Non-Executive Director

Lorna Cordwell

Associate Course Trainer & Assessor

Daniel Mirea

Associate Course Trainer and Workshop Instructor

Shelley Cushway

Assistant Trainer

Dr Jana Martiskova, Phd

Assistant Trainer

Mimi Fakhri

Assistant Trainer

Dr William Sheate, Phd

Assistant Trainer

Sue Sawyer

Assistant Trainer

Tim Grimwade

Assistant Trainer

Hui Bee Teh

Asia Operations Director

Simon Clarke

Internal Verifier / UKCP Registered Hypno-Psychotherapist

UK College Contact Details

The UK College of Hypnosis & Hypnotherapy

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Website: www.UKhypnosis.com

About the Diplomas

About the Diploma in Cognitive-Behavioural Hypnotherapy

Overview

The Diploma in Cognitive-Behavioural Hypnotherapy has been developed by the UK College of Hypnosis & Hypnotherapy to provide candidates with a progression route toward full professional status as a hypnotherapist.

The diploma consists of the following mandatory units:

Unit 1 (C0982/001): Assessment. Assess the client's needs.

Unit 2 (C0982/002): Treatment. Conduct the treatment.

Unit 3 (C0982/003): Self-help. Train & educate the client in self-care.

Unit 4 (C0982/004): Professional & Ethical Issues. Understand professional issues.

Unit 5 (C0982/005): Theory & Concepts. Apply knowledge & theory to treatment.

Aims of the Award

The overall aim of the diploma is to provide professional training in evidence-based hypnotherapy, through which you will acquire both a sound theoretical framework and the practitioner skills and techniques required to work safely and effectively with clients.

- To provide a safe and challenging environment for the study of hypnotherapy theory and practice.
- To teach a core model of hypnotherapy theory and practice.
- To teach a basic understanding of comparative models of psychotherapy.
- To teach an appropriate understanding of research methods and evidence-based practice in relation to hypnotherapy.
- To encourage and prepare students for the use of clinical supervision and reflective practice in hypnotherapy.
- To prepare students for registration with the relevant therapy accreditation bodies.

The National Occupational Standards for Hypnotherapy (NOS)

This award has been based upon and mapped to the National Occupational Standards for "hypnotherapy" published by Skills for Health, the sector skills council for the UK health sector. Each unit opens with a clear indication of the unit which it is based upon from the NOS, and individual learning outcomes have been designed to directly correlate with the elements of the NOS, as indicated in the unit specifications below. The NOS have been correlated with the NHS Knowledge & Skills Framework by Skills for Health as follows,

NHS Knowledge & Skills Framework

Level 3: Assess health and wellbeing needs and develop, monitor and review care plans to meet specific needs.

Unit CH-CH1: Health & Well-Being HWB2

Assessment and care planning to meet people's health and wellbeing needs

Unit CH-CH2: Health & Well-Being HWB5

Provision of care to meet health and wellbeing needs.

Unit CH-CH3: Health & Well-Being HWB4

Enablement to address health and wellbeing needs.

Complementary & Natural Healthcare Council (CNHC)

CNHC is a UK voluntary regulator for complementary therapists.

CNHC was set up with government support to protect the public by providing a UK voluntary register of complementary therapists. CNHC's register has been approved as an Accredited Register by the Professional Standards Authority for Health and Social Care.

Complementary therapies registered: Alexander Technique teaching; Aromatherapy; Bowen Therapy; Craniosacral Therapy; Healing; Hypnotherapy; Massage Therapy; Microsystems Acupuncture; Naturopathy; Nutritional Therapy; Reflexology; Reiki; Shiatsu; Sports Therapy; Yoga Therapy

CNHC has worked with Skills for Health and developed the latest National Occupational Skills – the first two of which are generic to all complementary healthcare practitioners and the third is exclusively for hypnotherapists

CN-H1 – Explore and establish the client's needs for complementary and natural healthcare [hypnotherapy]

(<https://tools.skillsforhealth.org.uk/competence/show/html/id/2798/>)

CN-H2 – Develop and agree plans for complementary and natural healthcare [hypnotherapy] with clients

(<https://tools.skillsforhealth.org.uk/competence/show/html/id/2799/>)

CN-H3 - Provide hypnotherapy to clients

(<https://tools.skillsforhealth.org.uk/competence/show/html/id/3286/>)

About the Diploma in Stress Management & Resilience-Building

The Diploma award is an additional qualification, which can be undertaken by students alongside the Diploma in Cognitive-Behavioural Hypnotherapy. This Diploma is accredited by ISMA (The International Stress Management Association). Please note: this is *not* an NCFE-verified award.

The Diploma can be completed once you have completed the UK College's classroom training for the Diploma in Cognitive-Behavioural Hypnotherapy, which covers many concepts and techniques used in stress management. Alternatively, you can attend the 6 day Stress Management & Resilience Building course to gain the 'stand alone' certificate. Additional reading, home study, and assessment must be completed in order to obtain the Diploma or Certificate in Stress Management and Resilience Building Award (SMRB). You will find the requirements described below.

If you wish to apply for the Diploma your work can be submitted and assessed *at the same time* as your work for the Diploma in Cognitive-Behavioural Hypnotherapy, or afterwards. You will also have one opportunity to resubmit questions for this assessment, based on tutor feedback, which do not meet the criteria for passing. The Diploma in SMRB must also be completed *within twelve months* of finishing your Diploma classroom training, unless an extension has been granted by the College.

To obtain the award of the Diploma in SMRB, you must also have *passed* the Diploma in Cognitive-Behavioural Hypnotherapy.

Diploma in Stress Management & Resilience-Building

Work must be submitted by email, to admin@ukhypnosis.com, in the same format as for the Diploma.

Required & Recommended Reading

You should obtain the following two core texts and study them in detail:

1. *Build your Resilience* (2012) by Donald J. Robertson
2. *The Relaxation and Stress Reduction Workbook, 6th Edition* (2008) by Davis, Eshelman & McKay

The following recommended texts may also be of value:

1. *A Clinical Guide to the Treatment of the Human Stress Response, 2nd Edition* (2002) by Everly & Lating
2. *The Principles of Stress Management, 3rd Edition* (2008) by Lehrer, Woolfolk & Sime (eds.)
3. *Developing Resilience: A Cognitive-Behavioural Approach* (2009) by Michael Neenan
4. *The Resilience Factor* (2002) by Reivich & Shatté

Note: Reivich & Shatté (2002) contains a description of the Penn Resilience Program (PRP) based on Martin Seligman's approach.

Assessment Questions

All four questions below must be answered:

1. Provide a review of *Build your Resilience* (2012) by Donald J. Robertson, evaluating the overall approach described, in relation to your own practice or clients you intend to work with (750-1,000 words).
2. Provide a review of *The Relaxation and Stress Reduction Workbook, 6th Edition* (2008) by Davis, Eshelman & McKay, evaluating the overall approach described, in relation to your own practice or clients you intend to work with (750-1,000 words).
3. Describe Richard Lazarus' "transactional" model of stress and coping, and evaluate the pros and cons of this theory in relation to both stress management and resilience-building (750-1,000 words).

4. Pick at least three specific interventions used in stress management or resilience-building and evaluate their pros and cons, with reference to your current practice or clients you intend to work with (750-1,000 words).

Certificate in Stress Management & Resilience-Building

Attendance at the 6 day workshop which is designed both for those needing to deliver stress management training to their companies – and also for individual therapists looking to add to their skill set – this evidence-based stress management course will provide a strong foundation and skill set for helping clients or employees with stress management and resilience building.

Modules include:

Psycho-education including definitions of stress & resilience, different models, stress, physiology and illness, coping, how to build resilience, nutrition, exercise, neuroscience, sleep & the assessment

Relaxation, breathing, disorders of arousal & assertiveness

Mindfulness, anger management & ABC theory of cognition

Problem solving, worry, facing worry & anxiety

Stress in the workplace, treatment planning, workshop building

Completion of the questions outlined in the Diploma

The Diploma Assessment & Certification Process

Diagram of the Assessment & Certification Process

Answers to all test questions must be submitted by email within one year of the completion of classroom training.
The initial submission is considered a 'first draft'.



The first draft will be marked within *approximately* 20 days of submission.



If any answers are marked below 60%, they will be referred back to the student for *one* resubmission which must be submitted within 30 days.
Feedback and guidance will be provided at this stage.



The Internal Verifier (IV) will check and sign-off a random sample of completed assessments. The External Verifier (EV) will then visit the college to check and sign-off the same sample. To avoid any delay in diplomas being issued, the IV and EV dates will depend partly on when the first assessments from the batch (stage 3 group) are completed.



A certificate claim form will then be sent by the college to NCFE who will issue the diploma certificate to the college within 15 working days. The college will send this on to the student normally within five working days.
(Make sure you advise us of any changes to your address)



Once the diploma certificate has been received, students are eligible for Membership of The General Hypnotherapy Register, The National Council of Hypnotherapy, The The National Hypnotherapy Society and The Register for Evidence-Based Hypnotherapy (subject to insurance and supervision requirements specified by the individual registers).

Submitting Work and Essential Guidance

The assessment questions that students are required to complete are submitted online at <https://www.ukhypnosis.com/submit-your-assessment/>

All questions or communication about your assessment are to be via email to assessments@ukhypnosis.com.

This handbook, the assessment questions, submission form and payment online are all available in the Student Support Section of the college website at: <https://www.ukhypnosis.com/student-support/>

You can begin to answer the test questions relating to each diploma stage as soon as you have completed the corresponding classroom training, however all work must be submitted after completion of stage 3.

It is essential that you read all of the guidance shown in this handbook before beginning to answer any of the questions.

Students may normally submit one *draft* copy of their work before the final submission for assessment. For students planning to complete all three stages of training, assessment work can be submitted in two batches. The first submission is answers to Unit 1 questions, the second submission is answers to questions in Units 2-5. Answers to Units 2 – 5 must all be submitted together. Those completing stages 1 and/or 2 of the training only, are not required to submit any assessment work and will be issued with a certificate of attendance on request. Please email us to request your certificate.

We strongly recommend everyone proceed to work on, write and submit answer to Questions 1.1 to 1.6 as soon as they finish the Stage 1 Course (Certificate in Evidence-Based Hypnosis)

Before you have finished the classroom training (end of Stage 3) there are other questions that you can work on and your answers written. However please don't submit these until you have finished answering all the questions.

Additional questions you can work after Stage 1 Course (Certificate in Evidence-Based Hypnosis)

Questions 2.1, 3.1, 4.1 and 4.2, Questions 4.5 to 4.7 and Questions 5.5 to 5.8 - each of these questions pertain to material covered in Stage 1 (the first week of the course) – therefore you can start preparing answers to these questions before you have finished Stage 3.

We recommend that you don't answer the remaining questions until after you have finished Stage 3 – although if you are engaged in sufficient supplementary reading you can be answering these already (for example questions 5.4).

You can download all the questions in a Word document here:

<https://www.ukhypnosis.com/wp-content/uploads/2016/02/CBH-Assessment-Questions.docx>

Word Count: All answers **must be within the limit of 400-600 words per question**. Any answers that aren't within the word limit won't be marked.

Quotations: Quotations from other sources must be kept to an absolute minimum for these short questions. Marks will not be given for material quoted directly from another source, so try to put things in your own words where possible.

Citations & Referencing Sources: Any work which employs quotations from or refers to other texts should be clearly referenced, ideally using the Harvard System of Referencing. Citations are not included in your word count.

Plagiarism in any form is *strictly prohibited* by the College and NCFE – see our assessment policy for details.

Submitting. You can submit answers to Unit 1 after the Stage 1 Course. Do not submit answers for units 2-5 until you have completed those stages of classroom training.

Format: Answers must be submitting in single MS-Word document via the Submission Form on the website at <https://www.ukhypnosis.com/submit-your-assessment/>
Please do not send answers in multiple Word documents.

Include a copy of the relevant question before each of your answers.

Include a header with your name and submission date on each page.

Turnaround times: Your answers will be marked within 30 days of submission – however we will try to mark your answers with 10 working days.

Marking: Answers are marked out of 10. A score of 6/10 or more on every question is required to pass. If your answer is less than 6/10 you will be given specific feedback and a chance to resubmit.

Feedback: You will receive feedback on all your answers to allow you to improve your written responses in subsequent submissions – as well as summary feedback for your future development.

Sources. It is not appropriate to reference the course manuals or handouts in your answers, all references should be to published books, journal articles, etc. The main recommended course textbook is Hartland's Medical and Dental Hypnosis by Heap and Aravind.

Fees: Fees for the Diploma in Cognitive Behavioural Hypnotherapy are £144 (£120+VAT). These cover the cost of examiners, internal verification, registration with NCFE, administration and your certificate. You need to pay your fees before you can submit any work. You can pay online at <https://www.ukhypnosis.com/pay-for-your-assessment/>

General comments and suggestions:

In total there are 26 questions. Therefore total word count for the assessment can vary between 10,400 – 15,600 words. We encourage you to submit after Unit 1 in order to get some immediate feedback and to fine tune the style and content of your written work. Reminder: This is not a pass or fail. You can resubmit after tutor feedback.

This is a VOCATIONAL AWARD. Therefore personal reflection and understanding of how hypnotherapy is applied in practice is considered far more important than a regurgitation of book knowledge, theory or citing references. Reflect upon your experience and the feedback forms. Read and develop your own understanding. You have to demonstrate an ability to evaluate and analyse concepts – especially as they apply to the practice of hypnotherapy (accepting clients, assessing clients, developing and delivering treatment plans).

Some students find it helpful to leave their textbooks in a different room when it comes time to writing their answers, other students find it helpful to record their spoken answers and then transcribe and refine these.

Negative marks are given for quoting (vs paraphrasing in your own words) and also for bullet points lists (vs evaluating and analysing with pros & cons, exceptions, implications etc). You do not need to include a lot of references.

Marking, grades and feedback

The College require approximately 30 days for marking first draft submissions. Feedback will be provided by email, and a further 30 days may be required to mark your final submission, although this will depend on the amount of work being resubmitted. Please note that these timings are approximate and intended only as a guide. In many cases submissions are marked and returned with 10 days or less. If resubmission of work is required, students will have 30 days to do so. Marking will begin when all questions for all three stages of training have been submitted. We are unable to mark work for each stage individually.

The minimum pass mark for the tests is 60% of the *total* mark. Therefore, each individual answer must achieve a minimum of 60%. Students who score less than 60% have *one* subsequent opportunity to resubmit answers. Guidance on resubmission will be provided by your tutor or assessor and it is strongly recommended that you take advantage of every opportunity for feedback. Grades are not displayed on the NCFE diploma certificate and are not graded in terms of merit, distinction etc. When the assessor has marked your work, you will receive an email from the college administrator with your grades and feedback attached.

Each test question is marked on a scale from 0-10 and this gives a guideline regarding the work needed for the portfolio as follows:

Fail Outcome			Pass Outcome				
0 – 1	2 – 3	4 – 5	6	7	8	9	10
Extremely Poor	Very poor	Poor	Pass	Sound Answer	Good	Very good	Excellent
Irrelevant or very seriously flawed answer. No answer given.	Seriously incomplete. Major flaws. Several significant omissions or errors.	Some significant omissions or errors.	Evidence of evaluation and analysis Some omissions or errors	Evidence of evaluation and analysis Some minor omissions or errors.	Evidence of evaluation and analysis. Few minor omissions or errors	Clear evidence of evaluation, analysis and reflection	Very clear evidence of evaluation, analysis and reflection. Complete answer

Coursework marked “6/10” will be sufficient to meet the required standards but your assessor may provide additional comments and guidance on your submission. However, please do *not* make *any* changes to your test question responses unless specifically asked to do so. Coursework marked “5” or below is *not* sufficient to meet the required standards and requires additions or changes before final submission.

The Internal & External Verifiers

After your Assessor has marked your work as passed, another member of staff, the Internal Verifier, will confirm his assessment. An External Verifier, employed by NCFE, will visit your awarding centre (the College) and may wish to discuss

the content of the course and the work you are doing with you and the other candidates. The External Verifier's role is to ensure your work has been assessed in accordance with NCFE's requirements.

Comparison with Previous Versions of the Award

Please note that previous versions of this award were marked using a different scale. Changes have also been made to the outcomes and evidence required. The overall quantity and standard of work required has not changed. Students are now required to provide a slightly reduced (simplified) body of evidence but to answer specific questions in more detail. Some outcomes and questions have merged. Hence, the word count has been increased slightly for individual test questions.

Award of Diploma

Once you have completed your assessment work to the satisfaction of your Assessor and the Internal and External Verifier, and successfully completed any additional requirements, your awarding centre (the College) will return a signed Certificate Claim Form to NCFE. Your diploma will be dispatched to your awarding centre (the College) within 15 working days of receipt of this form. Your awarding centre (the College) will then forward the diploma to your designated postal address (please advise us of any change of address). Please allow up to six weeks from receiving your grades to receipt of your diploma.

Accreditation

Designatory Letters

After completion of Stage 1, you will be eligible to put the letters "Cert. Hyp." after your name. After Stage 2 this can be upgraded to "Cert. CBH." After Stage 3 this can be upgraded to "AdvCert. CBH." Upon achieving the full diploma in CBH award, this can be upgraded to "Dip. CBH". Upon achieving the diploma in Stress Management and Resilience Building you will be eligible to add the letters "Dip. SMRB" after your name.

Professional Registration

Once you have received your NCFE Diploma, you will be eligible to join the following professional hypnotherapy registers, subject to additional requirements for insurance, supervision and CPD:

The Register for Evidence-Based Hypnotherapy & Psychotherapy (REBHP) - www.REBHP.org

The Diploma is recognised by REBHP and you will be eligible for full membership (at Licentiate Level) at REBHP.

The General Hypnotherapy Register (GHR) & General Hypnotherapy Standards Council (GHSC)

The diploma has been assessed and validated at "practitioner" level by The General Hypnotherapy Standards Council (UK). Graduates are eligible for professional registration with The General Hypnotherapy Register at full practitioner status.

The National Council of Hypnotherapy (NCH) – www.hypnotherapists.org.uk

The diploma has been deemed equivalent to the Hypnotherapy Practitioner Diploma used by NCH – and so you will be eligible for full membership (at Licentiate Level) with the National Council of Hypnotherapy.

The Complementary & Natural Healthcare Council (CNHC) – www.cnhc.org.uk

Once you have the diploma and have joined either GHR or NCH as a licensed practitioner (rather than student or affiliate) you can then apply for registration with CNHC – a government approved national register of complementary therapists.

Assessment Questions

Essential Guidance.

Word Count: All answers must be within the limit of 400-600 words per question. Any answers that aren't within the word limit won't be marked.

Submitting. Do not submit answers for units 2-5 until you have completed those stages of classroom training. Answers must be sent submitting online at <https://www.ukhypnosis.com/submit-your-assessment/>.

You can submit answers to Unit 1 as soon as you are ready. We will attempt to mark these quickly in order that you can receive feedback which will assist you in completing Units 2-5.

Sources. It is not appropriate to reference the course manuals or handouts in your answers, all references should be to published books, journal articles, etc. The main recommended course textbook is *Hartland's Medical and Dental Hypnosis* by Heap and Aravind.

Plagiarism. All plagiarism is cheating and will result in an instant fail. See the College policies in the course handbook for more information.

Quotations. Keep quotations from other sources to an absolute minimum for these short questions. You will not receive any marks for material quoted directly from another source, so try to put things in your own words where possible.

Format. Include a copy of the relevant question before each of your answers. Include a header with your name and submission date on each page.

26 questions in total. Word count: 400-600 words per question.
10,400 – 15,600 words in total.

Assessment Questions – mapped to National Occupational Standards (NOS)

Assessment Questions mapped to NOS Unit 1: Assess Client's Needs

1.1 Evaluate the factors that determine whether a client is suitable for hypnotherapy in terms of their goals, personal circumstances, etc. Provide three examples of unsuitable clients or requests (*other* than common contra-indications).

1.2 What did you learn about interviewing and assessing clients from the initial consultation classroom exercise? Reviewing your documentation, identify and evaluate five key aspects of the initial consultation.

1.3 Evaluate the role of rapport and the working alliance in therapy, factors that contribute to its development and factors that might undermine or interfere with the working alliance. Evaluate your own ability to cultivate a therapeutic alliance and outline how you might handle any ruptures or problems?

1.4 Evaluate the pros and cons of using different scales and tests to assess your client's hypnotic responsiveness in a therapy session. Identify and discuss at least one scale and three different suggestion tests.

1.5 Hypnotic Skills Training, to teach clients about hypnosis and to teach them self hypnosis is an important aspect of CBH. Summarise your understanding of Hypnotic Skills Training approaches and methods and discuss how you intend to use these to facilitate client's responsiveness to hypnotic suggestion.

1.6 Evaluate the respective roles and responsibilities of therapist and client in successful hypnotherapy. Provide an

example of how you would describe these roles to the client and explain the rationale for hypnosis and suggestion to them.

National Occupational Standards Unit 2: Conduct Hypnotherapy Treatment

2.1 Reviewing your feedback forms from classroom practical sessions, evaluate the role of hypnotic induction, deepening and emerging techniques and describe three different induction techniques and three deepening techniques used in hypnotherapy.

2.2 Reviewing your classroom practical forms, summarise and evaluate what you have learned about the range of techniques and strategies used to address different client presenting problems in hypnotherapy. Give examples of three distinctly different client presenting problems and the methods you would use to treat them.

National Occupational Standards Unit 3: Teach Clients Self-Help

3.1 As part of your treatment plan you elect to teach your client self-hypnosis. How would you approach this and evaluate which techniques you could use? What might be some common challenges the client has with learning self-hypnosis? How would you address these?

3.2 What did you learn about assigning behavioural tasks to clients? Provide at least three examples of situations where you would assign different types of behavioural homework to clients between sessions?

3.3 What did you learn about assigning cognitive ("thinking") tasks to clients? Provide at least three examples of situations where you would assign different types of cognitive homework to clients between sessions.

Occupational Standards Unit 4: Professional and Ethical Issues

4.1 Read the GHR code of ethics. What relevance does this document have for your practice of hypnotherapy? Evaluate clause 2 and two further clauses which you think are most interesting or significant.

4.2 Describe those issues which fall within the basic sphere of competence of a hypnotherapist and evaluate at least three exceptions or borderline (problematic) cases (commonly recognised contra-indications should not be used as examples)

4.3 Evaluate the role of reflective practice in hypnotherapy. How would you evaluate the effectiveness of your approach with individual clients? Describe the specific steps you would take in reflecting upon a "critical incident", i.e., an event in your practice which requires careful evaluation.

4.4 What is clinical supervision? What are the pros and cons of the different forms it can take? Explain exactly what obligations you have to a professional body, such as GHR, in terms of supervision.

4.5 Evaluate the role of client confidentiality in hypnotherapy. What limitations or exceptions apply to confidentiality? What problems might maintaining confidentiality present?

4.6 Evaluate the implications of the main laws which affect the practice of hypnotherapy. Explain and evaluate your duty of care and the role of informed consent in treatment.

4.7 Evaluate the risks associated with false memory syndrome and spontaneous or deliberate abreaction in hypnotherapy. How would you reduce those risks or manage their consequences. What further risks and contra-indications are associated with hypnotherapy in general?

National Occupational Standards Unit 5: Apply Theory to Hypnotherapy

5.1 Evaluate the similarities and differences between these four approaches to hypnotherapy; cognitive, behavioural, Ericksonian and hypno-analytic. Describe three specific therapeutic techniques used in cognitive-behavioural hypnotherapy, evaluating the pros and cons of each.

5.2 Explain the difference between neurosis and psychosis and why this is relevant to hypnotherapy. Describe the major categories of anxiety disorder and how they may be treated differently in hypnotherapy.

5.3 Explain the difference between state and nonstate theories of hypnosis and evaluate the practical implications for effective hypnotherapy. Provide an account of the factors emphasised in nonstate models.

5.4 Evaluate the role of evidence-based practice in hypnotherapy. How do you propose to stay up to date with this evidence? What sources of evidence do you plan to draw upon in your practice and why?

5.5 Summarise and evaluate the typical “rules of suggestion” and other factors contributing the effective use of suggestion. Explain the different forms which suggestion can take.

5.6 Evaluate the rationale, function, and application of the traditional hypnotic eye-fixation induction.

5.7 Discuss and evaluate the historical relationship between hypnotism and mesmerism. How does this relate to modern hypnotherapy?

5.8 Critically evaluate the relationship between stage hypnosis and modern hypnotherapy. What strategies and techniques are used in stage hypnosis to create the stage show for the audience? What can hypnotherapists usefully learn from stage hypnosis?

Case Studies

Case Studies: As part of the diploma assessment you are required to complete 3 case studies. Each case study should be two sessions in duration as follows;

Case Study 1 - Focus on; Assessment & conceptualisation, introduction to hypnosis, ego-strengthening and script development

Case Study 2 - Focus on; Assessment & conceptualisation, behavioural therapy interventions & approaches

Case Study 3 - Focus on Assessment & conceptualisation, cognitive therapy interventions and approaches.

If you continue working with your volunteer beyond three sessions, these should not be submitted as part of your assessment. Only the first three sessions will be part of your assessment and therefore formally marked

Case study volunteers: Your case study clients should be fully briefed and understand that this is part of your qualification assessment, that you are still in training and have not yet qualified.

Case study volunteers can be identified as soon as you commence the course. The first case study can be completed after stage 1, the next case study can be completed after stage 2. If you would prefer, you can start once you have completed all three stages. You will have one year from the completion of stage three to submit your case studies.

Your case study volunteers should be seeking help for sub-clinical, low level issues such as:

Performance improvement; sports, exam, driving, public speaking etc

Mild anxiety associated with phobias e.g. animals or heights

General stress; work related, lack of assertiveness

Mild anxiety associated with social anxiety e.g. speaking in meetings or presentations, expanding friendship groups, dating, networking

Habit change; nail biting, hair pulling

If, once the initial assessment is completed, it becomes apparent that there are more complex issues, you should refer the individual and not proceed further. Similarly, if it becomes clear that exposure to your case study volunteers issue could negatively impact shared relationships in the future, either refer or defer their participation. Referrals should always be discussed with your supervisor before being discussed with the volunteer who may accept or reject any recommendations accordingly. Referrals may be made back to their GP or to a qualified therapist, the appropriate routes will be part of the discussion with your supervisor.

Contraindications

It is important that you stay within your sphere of competence, and in particular, refer any volunteers that present any contraindications. These include, but are not limited to, volunteers diagnosed with schizophrenia, depression, psychosis, severe clinical presentations, epilepsy, migraine, suicidal ideation, under 18's, pregnancy. Referral of these volunteers extends to those volunteers seeking assistance for an issue that isn't related to their pre-existing condition i.e. smoking cessation for a volunteer diagnosed with depression.

Confidentiality should be maintained at all times. Your case study notes should be completed with a reference number and no personal information such as address, email address etc., included in your assessment submission

No payment should be taken for these sessions and case study volunteers should be aware that you are not yet fully trained or established in business. The interventions you will be using are safe and harmless, however they should be aware that you are still learning, and they should disclose any underlying issues honestly and promptly, including any that develop during the case study period. You will therefore refer any issues you believe are contra-indications for your current level of knowledge. If you are in any doubt as to whether to proceed with a case or have any concerns that arise during the case study, please contact your supervisor to discuss. Your supervisor will be aligned to you during stage 1 along with full contact details

It is advised that close friends or relatives are not invited to be case study volunteers. We advise that you ask your network for referrals of people you could work with. If you do decide to work with an individual you already have a relationship with (family, friend, social network etc) be very clear about confidentiality at the outset and agree to remain focused on their low-level issue as outlined above. You should be aware that the therapy may lead to the sharing of highly sensitive information which may change the nature of your relationship, and should carefully consider your acceptance and comfort with this fact before commencing. If you have any doubts about the impact on your relationship you may wish to select someone else, outside of your immediate network to work with.

Case study supervision: A supervisor will be allocated to you once you have completed stage 1. If you have any queries or concerns regarding your supervisor you should email assessments@ukhypnosis.com. You should arrange supervision sessions directly with your supervisor, and a minimum of 30 minutes per case study.

General guidance: You need to apply for student Professional Indemnity insurance before commencing your case studies. Most insurers provide this type of insurance. Public liability insurance should also be covered as part of your professional indemnity insurance, please check that this is in place. Once you have decided which organisation to insure yourself through, contact them to see if they provide student insurance. The college can't make any recommendations for insurers.

Ensure you have a private, safe, confidential and suitable place to conduct the case study sessions. Conduct a health & safety risk assessment to satisfy yourself that the space is suitable. Ensure that the premises are covered by public liability insurance.

Case study write up guidance: The details of your case study should be recorded in the appropriate form, additional copies can be found in the resources section on the website. There is space for 2 sessions per client.

No personal details of your client i.e. name, email address, address, should be included. Please use a volunteer reference number.

On submission you are required to submit your 'Supervision Review' and 'End of treatment review' only for each of your three clients plus a feedback form for each of the three clients.

Case study marking criteria: You will need to demonstrate the following:

How did you explain the rationale for hypnotherapy and formally agree a treatment plan and goals?

How did you complete the assessment phase?

How did you explain informed consent and confidentiality?

How did you plan and prepare a therapy session or series of sessions to complete a minimum of 7 hours of formal therapy activity?

How did you select the treatment interventions?

How did you assess your ability to build relationships and use effective communication techniques of questioning, listening and giving feedback?

Learning Outcomes & Reading List

Learning outcomes

Students are assessed against the following learning outcomes and the test questions are mapped to these.

Unit 01 (C0982/001):

Assess the client's needs

Summary of Corresponding NOS Unit (CH-H1)

This unit describes the role of the practitioner in assessing clients' needs which affect their health, effective functioning and well-being. This involves evaluating requests for hypnotherapy and the initial information received on the client, whether it is provided by the client him/herself or comes from another source, such as a referral. In doing this the practitioner needs to consider whether it is appropriate to work with the client or not. The evaluation will include determining the urgency of the client's needs and the overall caseload of the practitioner, together with making the necessary arrangements for the assessment to take place. If the decision is made to see the client, the nature and purpose of the assessment is agreed with them and their needs identified. Some clients may be accompanied by a companion(s). Where this occurs the practitioner is expected to interact with the companion(s) in ways that are appropriate to the needs of the client and the needs of the practitioner. The subsequent assessment aims to determine the nature and extent of the client's needs and to agree a course of action with them. This may be to refer the client to another healthcare practitioner or to develop a hypnotherapy treatment programme or to decide that hypnotherapy is not appropriate for the client.

Learning Outcomes:

The learner will:

Assess the suitability of clients for treatment.

The learner can:

Assess the suitability of the client in terms of their goals, circumstances, and presenting problem.

Range (explanation)

Assess. This may include the client's initial contact by telephone or email, or information provided during an initial consultation. Clients should be assessed in terms of general suitability, time and financial resources, suitability of their problem and goals, and the presence of risk factors and contra-indications, etc.

The learner will:

Interview the client to assess their needs.

The learner can:

Carry out an initial consultation and complete all relevant documentation.

Range (explanation)

Documentation. The therapist should provide evidence of recording client details in a structured format and assessing the nature of their problem and their goals for treatment. Forms assessing client contra-indications or other documentation may also be used. The therapist should also be able to explain any written factsheets or therapeutic contracts.

The learner will:

Build rapport and a strong working alliance.

The learner can:

Demonstrate an ability to evaluate and build a healthy working alliance.

Range (explanation)

Evaluate. The therapist should show an ability to monitor the therapeutic relationship with the client, e.g., by sensitive questioning or obtaining written feedback and responding appropriately.

Working alliance. The therapist should show an ability, e.g., to foster trust, expectation, favourable attitudes, and motivation (TEAM) and to exhibit empathy, congruence, and positive regard in order to facilitate treatment.

The learner will:

Assess and enhance hypnotic responses.

The learner can:

Evaluate hypnotic responses using a variety of measures and tests.

Improve hypnotic responses through client education and skills training.

Range (explanation)

Evaluate. Methods of evaluating the client's responsiveness to hypnosis include, e.g., the use of individual suggestion tests (e.g., hand clasp test), subjective self-report and rating of response by client, formal hypnotic responsiveness/susceptibility scales (e.g., the Stanford and Harvard scales, Hypnotic Induction Profile, etc.), and structured client questionnaires.

Education and skills training. This may include education about hypnosis and removal of misconceptions, structured training using modelling and trial and error to progressively improve client responsiveness to suggestion, e.g., the Carleton Skills Training Programme, or the Coue group method of training, etc.

The learner will:

Provide a rationale and explanation for hypnotherapy treatment.

The learner can:

Explain the rationale for hypnosis and hypnotherapy to the client and answer their questions.

Range (explanation)

Rationale. The hypnotherapist should, e.g., be able to explain both his and the client's roles and the qualities and attitudes which are conducive to successful hypnotism and therapy. He should also be able to explain, e.g., the rationale for the overall approach being adopted in order to establish the credibility of the treatment plan in the client's eyes.

Internal Assessment Guidance – Unit 01:

Learning Outcome:

Number	Type of evidence
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1.1-1.6 These outcomes should be evidenced by completion of test questions and written reviews of classroom practical exercises.

**Unit 02 (C0982/002):
Conduct the treatment**

Summary of Corresponding NOS Unit (CH-H2)

This unit describes standards for planning, implementing, monitoring and reviewing hypnotherapy treatment programmes for clients. The actions which the practitioner takes should be planned and evaluated with the clients concerned.

Learning Outcomes:

The learner will:

Design a treatment plan and agree it with the client.

The learner can:

Evaluate the suitability of different interventions and develop a proposed treatment plan.

Range (explanation)

Treatment plan. This should demonstrate a staged (over several sessions) multi-component (using a variety of techniques) approach to hypnotherapy, including homework assignments.

The learner will:

Employ hypnotic inductions and related techniques.

The learner can:

Induce, deepen, and emerge clients from hypnosis.

Range (explanation)

Induce. The student should provide evidence of having used a variety of different techniques and approaches.

The learner will:

Deliver hypnotherapy treatment.

The learner can:

Deliver tailored sessions of hypnotherapy interventions for a range of issues and goals.

Range (explanation)

Interventions. These should, e.g., include a variety of relaxation, self-awareness, verbal suggestion, mental imagery, and other techniques, including interventions assimilated into hypnotherapy from other models of treatment, e.g., cognitive and behavioural therapies.

Issues. These should include, e.g., issues such as anxiety, confidence, insomnia, and habits.

Internal Assessment Guidance – Unit 02:

Learning Outcome: (list one after the other)

Number	Type of evidence
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2.1-2.3 These outcomes should be evidenced by completion of test questions and written reviews of classroom practical exercises.

Unit 03 (C0982/003):

Train & educate the client in self-help

Summary of Corresponding NOS Unit (CH-H3)

This unit describes standards for planning, implementing and evaluating sessions designed to enable the client to adopt self-care procedure(s).

Learning Outcomes:

The learner will:

Teach and assign homework techniques.

The learner can:

Train the client in a variety of self-hypnosis techniques and assign them during sessions.

Range (explanation)

Self-hypnosis techniques. This primarily includes the use of self-hypnosis, relaxation, autosuggestion and other self-help techniques used outside of therapy sessions by the client.

The learner will:

Agree and assign behavioural task assignments.

The learner can:

Prepare the client to engage in suitable behavioural tasks for a variety of issues.

Range (explanation)

Behavioural tasks. These tasks should test client improvement outside of the consulting room and include, e.g., *in vivo* exposure, assertiveness, acting against symptoms, etc.

The learner will:

Agree and assign cognitive task assignments.

The learner can:

Prepare the client to engage in suitable cognitive tasks for a variety of issues.

Range (explanation)

Cognitive tasks. These “thinking” tasks require the client to engage in exercises designed to help them alter their patterns of thinking and internal dialogue, e.g., the use of self-instruction, self-disputation, monitoring thoughts, etc.

Internal Assessment Guidance – Unit 03:

Learning Outcome: (list one after the other)

Number	Type of evidence
3.1-3.3	These outcomes should be evidenced by completion of test questions and written reviews of classroom practical exercises.

Unit 04 (C0982/004):

Understand professional issues in treatment

Summary of Corresponding NOS Unit

[This unit corresponds to the more generic elements in the NOS “knowledge and understanding” section.]

Learning Outcomes:

The learner will:

Understand their legal and professional role.

The learner can:

Evaluate the key elements of the GHR codes of ethics and practice.

Explain the scope and limits of your sphere of competence as a hypnotherapist.

Explain the role of CPD and reflective practice in maintaining professional standards.

Evaluate the benefits of different forms of clinical supervision.

Evaluate the role of confidentiality in hypnotherapy

Evaluate the legal issues relating the practice of hypnotherapy.

Evaluate the risks and contra-indications associated with hypnotherapy treatment in general and specific interventions.

Range (explanation)

Clinical supervision. Including, e.g., remote versus face-to-face, individual versus group, or supervision with professionals who adopt a different theoretical orientation, or work with different client groups.

Legal issues. Including criminal and civil law, e.g., informed consent, the Hypnotism Act 1952 and associated Home Office Circulars, Health & Safety at Work, Data Protection, Child Protection, Disability Discrimination, etc.

Risks. This must include false memory syndrome and risks attached to therapist-induced traumatisation, panic attacks, or similar issues, as well as risks of fostering psychological dependence in clients, etc.

Ethical dilemmas. The student should show an ability to pre-empt and evaluate potential problems which they might encounter, e.g., dual relationships with clients and other boundary issues, etc.

Internal Assessment Guidance – Unit 04:

Learning Outcome: (list one after the other)

Number	Type of evidence
4.1-4.7	Written test questions on the practical application of this knowledge.

Unit 05 (C0982/005):

Apply theory to treatment

Summary of Corresponding NOS Unit

[This unit corresponds to the more generic elements in the NOS “knowledge and understanding” section. It also encompasses psychotherapeutic theory, and issues in relation to developmental and descriptive psychopathology, research methods, evidence-based practice, and applied ethics.]

Learning Outcomes:

The learner will:

Understand issues relating to the theory of hypnotherapy.

The learner can:

Explain the main therapeutic approaches used in modern hypnotherapy.

Evaluate the elements of psychopathology relevant to the practice of hypnotherapy.

Evaluate the factors which might interfere with the working alliance.

Explain and evaluate the state versus nonstate debate about the nature of hypnosis.

Explain and evaluate the nature of evidence-based practice in hypnotherapy.

Explain and evaluate the principles of effective hypnotic suggestion.

Evaluate the traditional hypnotic eye-fixation technique.

Evaluate the historical relationship between hypnotism and mesmerism.

Evaluate the relationship between comedy stage hypnosis and hypnotherapy.

Range (explanation)

Therapeutic approaches. This might include an understanding of representative range of comparative psychotherapeutic theory, e.g., the relationship between cognitive, behavioural, and psychodynamic therapies, etc., or hypnotherapy approaches such as Ericksonian, direct suggestion, regression, etc.

Psychopathology. In particular, those conditions likely to be treated, and those which might present risks or contra-indications, etc. Study of psychopathology should be based on an accepted codification, e.g., DSM or ICD.

Working alliance. The student should be able to identify and evaluate factors such as client inhibition, miscommunication, emotional dependence, motivation, anxiety, hostility, etc., and consider how these are to be monitored and addressed in order to maintain the quality of relationship.

Internal Assessment Guidance – Unit 05:

Learning Outcome: (list one after the other)

Number	Type of evidence
5.1-5.9	Answer set test questions on these aspects of hypnotherapy theory.

Reading list

It is not appropriate to reference the course manuals or handouts in your answers, all references should be to published books, journal articles, etc.

We strongly recommend that all students subscribe to *The International Journal for Clinical & Experimental Hypnosis (IJCEH)* the leading research journal in the field of hypnosis. IJCEH subscription is free with registration for REBHP members. Other leading journals in the field are the *American Journal of Clinical Hypnosis (AJCH)* and the *British journal Contemporary Hypnosis*.

We have marked the most important books below with an asterisk (*). Many important books on hypnosis are out of print or difficult to obtain. Abe Books is probably the largest marketplace for books on the internet and the best place to look for copies of old textbooks.

www.Abebooks.co.uk

The main books recommended for all students to read during their training is,

1. *Hartland's Medical & Dental Hypnosis: Fourth Edition* (2001) by Heap & Aravind
2. *Essentials of Clinical Hypnosis: An Evidence-Based Approach* (2006) by Lynn & Kirsch
3. *The Practice of Cognitive-Behavioural Hypnotherapy* (in press) by Donald Robertson

The following are also important and highly recommended reading,

1. *Handbook of Hypnotic Suggestions & Metaphors* (1990) edited by Hammond
2. *Evidence-Based Practice of Cognitive-Behavioural Therapy* (2009) by Dobson & Dobson

See below for more information on these titles.

1. General Hypnotherapy

* **The Discovery of Hypnosis: The Complete Writings of James Braid (2009)**, Donald Robertson (ed.)

This is the complete edition of James Braid's writings, the founder of hypnotherapy in his own words with preface and commentary by Donald Robertson, principal of the UK College.

* **Hartland's Medical and Dental Hypnosis: Fourth Edition (2001)**, Michael Heap & Kottiyattil K. Aravind

This is the main general-purpose textbook we recommend for clinical hypnotherapy.

* **Handbook of Hypnotic Suggestions and Metaphors (1990)**, D. Corydon Hammond

This is the best collection of scripts and techniques, containing excerpts from many different respected authors.

Clinical and Experimental Hypnosis: In Medicine, Dentistry, and Psychology, Second Revised Edition (2007), William S. Kroger

A traditional clinical textbook by well-respected author with a broadly behavioural orientation. Somewhat dated now, though.

* **DSM-V-TR: Diagnostic & Statistical Manual of Mental Disorders: 4th Edition (2013)**, The American Psychiatric Association (APA)

The main reference book classifying psychiatric conditions.

The New Encyclopaedia of Stage Hypnotism (1996), Ormond McGill

The main textbook of stage hypnosis, not recommended except as an example of this approach to hypnosis.

2. Cognitive-Behavioural Hypnotherapy

* **Essentials of Clinical Hypnosis: An Evidence-Based Approach (2006)**, Steven Jay Lynn & Irving Kirsch

An excellent introduction overview of the evidence-based / cognitive-behavioural approach to clinical hypnosis written by two of the most prolific researchers in the field.

* **Cognitive Hypnotherapy: An Integrated Approach to the Treatment of Emotional Disorders (2008)**, Assen Alladin

A recent textbook by a well-respected authority on cognitive hypnotherapy.

Hypnotherapy: A New Approach (1987), William L. Golden, E. Thomas Dowd & F. Friedberg

A small book providing a good introduction to a cognitive-behavioural approach.

Cognitive Hypnotherapy (2000), E. Thomas Dowd

A good overview of Dowd's approach which combines Beck's cognitive therapy with Ericksonian hypnosis.

They Call it Hypnosis (1990), Robert A. Baker

An excellent, very readable book, on the cognitive-behavioural theory of hypnotism; not a clinical textbook.

* **The Clinical Use of Hypnosis in Cognitive Behaviour Therapy (2006)**, Robin A. Chapman (ed.)

A collection of articles by different authors.

Hypnosis & Behaviour Modification: Imagery Conditioning (1976), William S. Kroger & William D. Fezler

An early textbook on behavioural hypnotherapy. Rather dated now, though.

Hypnotism: Imagination, and Human Potentialities (1974), T.X. Barber, N.P. Spanos, & J.F. Chaves

A seminal review of the research supporting a cognitive-behavioural (non-state) theory of hypnosis.

Clinical Hypnosis & Self-Regulation: Cognitive Behavioural Perspectives (1999), Irving Kirsch, Antonio Capafons, Etzel Cardeña-Buelna & Salvador Amigó

An important collection of articles on cognitive-behavioural approaches to hypnosis and self-hypnosis training.

* **Hypnosis & Behavior Therapy: The Treatment of Anxiety & Phobias (1983)**, J. Christopher Clarke & J. Arthur Jackson

An early and well-designed textbook on behavioural hypnotherapy; despite the title it also contains references to the cognitive and rational therapies of Beck and Ellis as used in hypnosis.

The Handbook of Clinical Hypnosis (2010), Irving Kirsch, Steven Jay Lynn and Judith Rhue

An expensive, substantial textbook on clinical hypnosis edited by the leading "non-state" theorists and researchers – but covers all uses of hypnosis.

Casebook of Clinical Hypnosis, by Lynn, Kirsch and Rhue

Many cases cited from all different models of hypnotherapy – giving good examples of treatment plans and the actual way that hypnosis sessions are structured.

Hypnotherapy Explained, Assen Alladin

An excellent introduction to hypnotherapy and its clinical use by Dr Assen Alladin – including chapters treating migraine and depression.

Cognitive Hypnotherapy: An Integrated Approach to the Treatment of Emotional Disorders, Assen Alladin

Strongly recommended for the clinician's bookshelf: covers CBH for migraine, insomnia, skin disorders, PTSD.

Handbook of Cognitive Hypnotherapy for Depression, Assen Alladin

An excellent small book by a leading clinician using CBH for Depression.

The Word as a Physiological and Therapeutic Factor, KI Platonov

An unusual and extraordinary book from the leading protégé of Pavlov who utilised a psychotherapy based hypnotic suggestions in an extensive way in Russian "polyclinics" – covering over 50,000 cases. Includes extensive experimental work using hypnosis.

Conditioned Reflex Therapy, by Andrew Salter

A trail blazing book on behaviour therapy that began the behavioural revolution and can claim to be the origin of assertiveness training. Salter writes in vigorous, fresh non-academic styles. Includes many golden nuggets of wisdom gained from therapy on the frontline. Salter makes extensive use of hypnosis. Out of print but highly recommended.

3. Cognitive-Behavioural Therapy

Cognitive-Behavioural Therapy for Dummies (2006), R. Wilson

A simple overview and introduction.

*** Evidence-Based Practice of Cognitive-Behavioural Therapy (2009)**, Deborah Dobson & Keith Dobson

A very thorough and up-to-date introduction to CBT, based on contemporary research evidence.

Problem-Solving Therapy: A Positive Approach to Clinical Intervention (2006), Thomas J. D'Zurilla & Arthur M. Nezu

The main generic manual for problem-solving therapy (PST). Very easy to read and comprehensive for this approach. A good model to integrate with hypnotherapy.

Cognitive Therapy of Anxiety Disorders: Science & Practice (2010), David A. Clark & Aaron T. Beck

Beck's new treatment manual for anxiety disorders (not phobias) based on his revised cognitive model of anxiety. This is a very comprehensive book but does assume prior knowledge of cognitive therapy.

Feeling Good: The New Mood Therapy (1980), David Burns

A popular self-help book based on Aaron Beck's cognitive therapy.

Rational-Emotive Behaviour Therapy: A Therapist's Guide (1998), Albert Ellis & Catherine MacLaren

This short book provides a good introduction to Ellis' REBT approach.

* **The Practice of Behaviour Therapy, Fourth Revised Edition (1990)** , Joseph Wolpe

The principal textbook of behaviour therapy. Particularly relevant to hypnotherapy given the similarities with Wolpe's systematic desensitisation.

The Practice of Multimodal Therapy (1981) , Arnold A. Lazarus

A key textbook outlining Lazarus' Multimodal Therapy (MMT). ,

The Case Formulation Approach to Cognitive Behaviour Therapy , Jaqueline B. Persons

Highly recommended - focuses particularly on case formulation in CBT with numerous examples – and includes a good overview of the main cognitive, behaviour and emotion based theories in the CBT model.

Stress Inoculation Training , by Donald Meichenbaum

Cognitive Behaviour Modification , by Donald Meichenbaum

3rd Wave CBT (Metacognitive and Mindfulness Based Approaches)

Mindfulness and Acceptance – Expanding the Cognitive Behavioural Tradition , Hayes, Follette and Linehan

Mindfulness and Acceptance Based Behavioural Therapies in Practice , Susan Orsillo and Lizbeth Romer

Metacognitive Therapy for Anxiety and Depression , Adrian Wells

UK College Policies

Admissions Policy

Students attending the Diploma are expected to meet the following requirements,

- Students should have no history of criminal convictions or sanctions by professional organisations which might reflect upon their suitability to practice as a therapist.
- Students must be at least 18 years of age when commencing training.
- Students should be fluent enough in spoken English to work effectively with English-speaking clients.
- Students must be in suitable mental health for training, e.g., no history of psychotic symptoms or serious current mental health problems, which may impair their ability to act as a therapist.
- Students who currently suffer from a general medical condition or psychological condition which might affect their safety or in any way impinge upon their ability to study are responsible for informing their Tutor before commencing training. For example, students who suffer from panic attacks or clinical depression are required to notify their Tutor in writing, so that relevant details can be logged in their file.

Equal Opportunities

- The Awarding Centre fully supports the principle of equal opportunities and opposes all unlawful or unfair discrimination on the grounds of gender, colour, racial origin, nationality, disability, age, creed, sexual orientation, marital status and social background.
- The Awarding Centre aims to ensure that equality of opportunity is promoted and that unlawful or unfair discrimination, whether direct or indirect, is eliminated both in its own employment practices, and in access to its qualifications.
- This does not contradict the Awarding Centre's duty to exclude students from training where a psychiatric or general medical condition might present a risk or otherwise render them unsuitable for training in hypnotherapy.

Disability & Additional Support

- We recognise that you might require additional support in order to achieve your Diploma; for example, if you have a permanent, or temporary, disability, medical condition or specific learning need.
- We promise to make reasonable adjustment to accommodate your needs, insofar as it is possible and appropriate to do so.
- Your Tutor will discuss the best methods of support to meet your needs and will notify NCFE of the support they are going to give you.

Appeals Policy & Enquiries about Results

Students who wish to appeal against the Awarding Centre's marking decisions have the right to do so by contacting the College in writing within 28 days of the original decision. At the discretion of the College, the Assessor may be asked to re-assess the work in question, which will be checked by the Internal Verifier. Appeals against the second decision of the Assessor may be made in writing within 28 days of their decision to the College. If the College considers it appropriate, a different Assessor may be appointed to re-assess the work independently of the first.

If you are still not satisfied with the Assessor's decision, or wish to challenge the decision of the External Verifier, you have the right to raise an appeal with NCFE directly. This must take place within 28 days of the preceding verification decision. There is a charge for this service, which is refunded if the appeal is upheld and your result is changed. Please bear in mind that re-marking can result in a negative result change, as well as positive and that the re-checked mark will be used for your overall result.

For more information your Tutor will be able to provide you with a full copy of NCFE's Appeals and Enquiries about Results Policy, or you can download it from: www.ncfe.org.uk.

Student Satisfaction Policy & Complaints Procedure

- Complaints must be submitted in writing to the Student Support Coordinator at the Awarding Centre within 28 days of the incident in question. See the front of this handbook for staff details and the address.
- The Awarding Centre will respond in writing to complaints within 28 days of receipt, where possible.

- If you are unhappy with the Awarding Centre's response you may appeal in writing to the Register's executive committee within 28 days. Contact the Register for details; see above for details.
- If you are unhappy with the Register's response, you may appeal to NCFE. NCFE will act upon reports of suspected or actual cases of malpractice or misconduct received from candidates and other parties about a centre's activities or centre personnel which may affect the integrity of the scheme(s) and quality assurance systems. NCFE's decision will be treated as final.

Course Structure & Professional Accreditation

- The normal number of classroom contact hours is approximately 168, which can be divided three stages; the total anticipated number of study hours, including homework, is 500 hours.
- Training for the diploma is normally divided into three stages and can be attended over a period of up to 12 - 18 months, though this may vary depending upon students' circumstances and needs.
- Upon completion of the diploma, students will be eligible to join REBHP, GHR and HS at Licentiate Hypnotherapist grade.
- Upon completion of an additional period of supervised clinical practice, in accord with the relevant Register's requirements, students may be eligible to upgrade to Accredited Hypnotherapist grade.
- These criteria are subject to change. Please check with each register for current requirements.
- The College *strongly* recommend that students do not start to work with paying clients until they have achieved the full diploma award and are accredited by a professional body, e.g. GHR, HS, REBHP, unless they are already qualified and registered to practice in a similar profession (counselling, psychotherapy etc.).

Assessment Policy & Student Misconduct

- Students must be able to provide evidence of attending at least 80% of the designated classroom hours to be eligible for this award.
- If students miss a classroom exercise that is required for assessment they must either make arrangements with the Awarding Centre to attend at another date, if possible, or provide alternative evidence, such as submission of a recording, at the discretion of the Academic Board of the Register.
- Students who enrol for the award must submit their portfolio within 12 months of completing the final stage of training.
- Reminders for unfinished work may be sent to your designated postal or email address by the Awarding Centre's administrator.
- *Plagiarism* in any form is *cheating* and will be treated as misconduct on the part of students.
- If your awarding centre (the College) suspects you have been involved in malpractice or misconduct (e.g. cheating) your award will not be issued during the course of the investigation. If the case is proven you may have a part of your assessment disallowed or, in serious cases, your final results may be void. For more information your Tutor will be able to provide you with a full copy of NCFE's Malpractice and Misconduct Policy, or you can download it from: www.ncfe.org.uk.

Quality Assurance Policy

- Student work is marked by a qualified Assessor in accord with NCFE requirements.
- The portfolios marked by the Assessor are subsequently checked by the Awarding Centre's Internal Verifier, who samples randomly from them to assure quality of assessment and work submitted.
- The portfolios are also checked periodically by NCFE's appointed External Verifier.
- At least one student representative is appointed from the Awarding Centre's current cohort of students in training to represent student feedback to the Register.
- Written qualitative and quantitative course feedback is collected from all students, where possible, and reviewed by the Awarding Centre administrator.

Data Protection Policy

- The Awarding Centre is registered under the Data Protection Act (Registration Number Z9662484), as are NCFE, and both are committed to maintaining the highest possible standards when handling personal information.

Health & Safety Policy

A. General Statement of Health & Safety Policy

- The Awarding Centre aims to provide and maintain, insofar as is reasonable and practicable, a safe and healthy working environment and to enlist the support of its staff and students toward achieving these ends.
- The Awarding Centre accepts that employers, employees, and other parties covered by health and safety legislation, have a collective duty to take action preventative of work-related injury, including work-related stress, insofar as this is reasonable and practicable.

B. Organization of Health & Safety Duties

- Health and safety within the organization, and risk assessment, is primarily the responsibility of the health and safety officer whose details can be found in the student handbook.
- All staff and students have a collective duty to identify and prevent risks insofar as it is reasonable and practicable for them to do so. The health and safety officer should be informed immediately of any information relating to potential or actual risks in respect of the Awarding Centre's premises or activities.

C. Arrangements for Implementation

- The health and safety officer is responsible for risk assessment of the premises and activities of the Awarding Centre in accord with standard UK health and safety legislation.
- Where appropriate, records will be maintained by the health and safety officer in accord with the relevant legislation.
- Risk assessments will be reviewed on an annual basis, or where changes to the environment render it appropriate to re-assess new or existing risk factors.

Company Insurance

The Awarding Centre carries company insurance and full cover for the activities which it undertakes.