

Hypnotherapy Practitioner Diploma Criteria

- If already qualified, give evidence of having had formal training in hypnotherapy (supply relevant diploma(s)), **OR** give evidence of having been in practice for a minimum of five years.
- sign the HPD Declaration.
- answer a short question paper (covering all learning outcomes)
- describe a treatment plan for a series of hypothetical cases
- submit a recorded first session of at least 45 minutes (this can be a role-play, or full permission of the client must be obtained).
- submit a 1000 word statement of personal and professional philosophy
- sign a statement of commitment to CPD and supervision/peer support (as appropriate commensurate with level of experience).
- submit a supervisor's report from a suitably qualified supervisor or trainer or HPD personal tutor.

All 7 elements described above must be submitted for the Portfolio to be complete. In addition, you must have completed all 120 hours of the DipCAH training days.

The Portfolio is the written work through which we assess you both for the DipCAH, AND through which you gain the HPD.

There is no time limit on when you can submit it. Please ensure that it is your own work. If work is plagiarised this wastes our markers time and may be charged accordingly.

The portfolio is intended as an ongoing piece of work and is not intended to be handed in complete without any input. To get started, a good approach is to complete a few of the short questions in draft form and email them to marking@hypnotherapy-training.co.nz for feedback.

To make the marking process as simple as possible, please also:

- Include the question with your answer (not just the question number)
- Page number your document
- Include your name in the header or footer on each page, AND in the title of your document

Portfolio Marking Process

Once we receive your complete portfolio (or batches of questions), we will mark it and send you feedback, comments and highlight any questions or areas that need more attention. We aim to get back to you within 6 weeks of receiving your work, but this does depend on how much marking has been submitted at the time.

Once completed to a satisfactory standard, we send you your DipCAH Certificates (and NLP Practitioner certificates unless you have already completed the assignment separately for this). You can then use the letters DipCAH after your name.

Please send your portfolio electronically, in a format which can be edited, as we may need to send it to the NCH in the UK as part of the marking process.

HPD Marking Process

The HPD is an externally accredited qualification, so before you can receive this, the NCH in the UK needs to do some moderation of our school's standards.

They require a random 25% sample of student portfolios for 'internal verification'. The NCH carries out this process every two months, and once completed they issue the HPD certificate direct from the UK.

The length of time it takes for the NCH to send out HPD certificates depends on how many portfolios they have received, but certificates are usually sent within a few weeks.

Portfolio Details

Question Paper

These questions have been designed to be cross-referenced with the Learning Outcomes as agreed by the NCFE/NCH. This correlation is provided as a guideline only, however, the headings and sub-headings may help to provide a context for your answers.

All questions are to be answered fully. Please give enough information to show your understanding to a sufficient level. Please remember that this question paper is only being taken by qualified hypnotherapists and so answers will be expected to be commensurate with your status as a hypnotherapy practitioner.

Your portfolio needs to be paginated and indexed to ensure that your evidence of learning can easily be located within the portfolio.

Please also ensure that the question precedes the answer.

Assessment

All learning outcomes must have been satisfactorily met, in the opinion of the assessor, in order to achieve the award.

HPD Short Questions

Question		LO typically covered
1	What model of hypnotherapy do you follow mostly? Explain why you prefer this model. Briefly contrast this with another model and explain your choice.	1.01 1.02 1.04 1.05
2	What psychological theories underpin your work and how do these influence your practice?	1.03 1.05
3	Name 7 induction techniques and give a brief explanation of each. Which three do you use most often and why? What factors influence your choice?	1.04 1.05 4.03 4.05 4.06 4.07
4	Briefly describe psychosis in everyday terms. How would you recognise that a client may be psychotic? What would you do?	1.06
5	Briefly explain the stress response, in terms of what you would use with an average client.	1.07
6	How do you explain the conscious/unconscious to your client?	1.08
7	What are induced and spontaneous abreactions? What do you do in each circumstance?	1.09
8	Do you use suggestibility tests? Why or why not?	1.10
9	Do you do depth testing? Why or why not?	1.11
10	What is transference? What is counter-transference? How do you work with these theories in practice	1.12
11	What is resistance? What do you do with a client who displays it?	1.13
12	As you consider the Code of Ethics, it can be helpful to think about situations in which it could be difficult to adhere to. Which clause(s) might you find most difficult and why?	2.01
13	If you heard that another member of the NCH had behaved unethically what would you do about this?	2.01

14	Which clause of the Code of Ethics would be broken if you were to offer services for which you had not been trained?	2.01
15	If a client called you and said that they wished to remove the memory of an event, what would you do?	2.02
16	If a client called stating that they needed help for depression, what would you do?	2.02
17	In what ways might the health of your client affect the therapy you give? Please provide as comprehensive an answer as you can, considering long and short term, physical and mental health issues.	2.02 3.01
18	Give an example of a client for whom you feel that hypnotherapy may be part but not all of the answer.	2.02
19	Give two examples of instances where you would involve other health professionals in your work with a client and explain why.	2.02 3.04
20	How do you evaluate your outcomes? If you are not yet in practice, how do you intend to?	2.03
21	Why is it important to reflect upon your own practice and address any developmental needs? Give examples of how you might reflect and develop over time.	2.03
22	If you are in practice, list the CPD you have undertaken over the last two years. If not, what are your plans for the 12 months following qualification?	2.03
23	How do you explain confidentiality to your clients? Why is the client's right to confidentiality important?	2.04
24	How do you ensure your client records are secure? Why is this important?	2.04
25	If a client asked to see their notes, what would you do?	2.04
26	What procedures should you adhere to with data held on electronic devices? Please ensure you address the use of smartphones as well as computers whether you have one or not. What procedures should you adhere to for paper records?	2.04
27	Give two examples of occasions when you would insist on another person being present when you are treating a client.	2.05
28	What is meant by "implied" and "informed" consent? When should written consent be obtained?	2.05

29	Give examples when you might touch the client? Give details of any considerations.	2.05
30	Briefly explain what you believe safeguarding to be and your generic responsibilities when issues arise	2.02 2.05
31	If you became aware of a child or vulnerable adult potentially being at risk what would you do?	2.02 2.05
32	What would you do if a client had been given advice from another therapist that conflicted with the advice you would give?	2.06
33	Explain five reasons why therapy may be terminated by the client and what you would do in each circumstance.	2.06
34	What are the issues with offering guarantees?	2.06
35	What would you say if a potential client asked you for your success rate for smoking cessation? Explain your answer.	2.06
36	If a client comes to you to stop smoking and a week later you see them with a lighted cigarette, how would you feel?	2.06
37	Give three possible approaches for a client with a phobia of flying. How would you choose which to use?	3.01 3.29 4.01
38	Give three examples of different instances where you might choose not to accept a client and explain why	3.02
39	Give three examples of different instances where you must not accept a client.	3.03
40	If you feel unable to take on a particular client for any reason, how would you refer them on?	2.02 3.04
41	Describe the seating in your consulting room, including positions of the chairs. If you do not have a room yet, describe how you would like it to be. Explain why your room is arranged the way it is.	3.05 3.20 3.24 3.25
42	Give three factors that may cause communication to be inhibited and explain why.	3.05 3.20 3.24 3.25
43	How do you encourage clients to ask questions and express concerns?	3.06 3.26

44	How do you ensure that you fully understand what your client is saying to you?	3.06
45	How do you ensure that your clients are fully aware of your prices and commitments?	3.07
46	What are the benefits and the limitations of online therapy?	3.08 3.14
47	Give an example for when online therapy may be suitable for a client?	3.08 3.14
48	If conducting online therapy what issues do we need to be aware of? Do you intend to offer online therapy and if so, what do you need to do to ensure you are practising ethically?	3.08 3.14
49	Give an example of an open and closed question. What are the benefits of each?	3.09
50	Why should you avoid the use of the question "Why?" when working with clients?	3.09 3.21
51	How and why are subjective units of distress scales (SUDS) used? Give an example.	3.10
52	Please attach a blank copy of your case history form.	3.11 3.12 3.13
53	In what ways do you endeavour to present a professional appearance? Why is this important?	3.15 3.16
54	What do you say when you answer the phone? How is the phone answered if you are not able to answer it? If you have an answering machine message, what does it say?	3.16
55	What is rapport and how do you gain rapport with your clients?	3.17 3.18 3.27
56	Describe the characteristics of the therapeutic alliance.	3.18 3.27
57	Explain the difference between content and process, giving examples. Why is it important to focus on process? Describe three situations in which it may be difficult to do so.	3.18 3.27 3.31 4.02
58	When is self-disclosure appropriate and when is it not? Give examples	3.19

59	What is matching and mirroring?	3.22 3.23
60	How can you use non-verbal communication positively?	3.22 3.23
61	Are there any disabilities that would cause you problems, either in terms of the physical environment, or due to your own processes? Explain how you could overcome these problems.	3.28
62	How do you explain hypnosis to your client?	3.30
63	Give an example of each of the following types of intervention and briefly state when you might use them (NB if you have not studied a particular intervention, then say so and just explain your understanding of it): <ul style="list-style-type: none"> - a) <i>Direct suggestion</i> - b) <i>Indirect suggestion</i> - c) <i>Metaphor</i> - d) <i>NLP</i> - e) <i>Ericksonian</i> - f) <i>Analytical</i> - g) <i>Cognitive behavioural</i> - h) <i>Regression</i> - I) <i>Self-help (Inc. self-hypnosis and tasking)</i> 	4.05 4.06
64	When and why might you teach self-hypnosis?	3.31 4.09 4.10
65	How do you utilise feedback from a client to affect plans for therapy?	4.04
66	How do you bring your clients out of trance? What do you do if a client is reluctant?	4.08
67	How do you terminate sessions?	4.08

Vignettes

Students should choose 4 out of the 6 vignettes or use their own case studies.

Using a minimum of 800 words for each of the following, explain how you would work with the client. Your findings should ideally take the form of a fictitious case study. Specifically you should look for evidence:

1. What information would you gather?
2. What interventions would you use?
3. What problems, if any, could you foresee?

Mary

Mary has been smoking since she was 16. She is now 33 and is hoping to start a family soon. She has been told to stop smoking, but she likes it. She also finds that smoking is the only way that she can get a break at work. Money isn't an issue as she earns plenty, as does her boyfriend who also smokes and isn't interested in quitting.

Tom

Tom is a 45-year-old train driver who suffers from anxiety attacks when at work, except when he is actually driving. He enjoys that part, the scenery, and the peace and quiet and is happy with the responsibility. He doesn't like being in any situation that he feels he cannot escape from.

Angie

Angie is a student from overseas, studying at your local university. Her family are spending a huge amount of their income to get what they believe is the best education. But Angie is struggling. She finds the language difficult, can't make

friends and her confidence has plummeted. She is terrified of returning home without her degree.

Sammy

Sammy is 28 and his weight is causing him discomfort, physically and psychologically. He feels that he needs to lose 20 kilos. He never prepares food; he either eats meals cooked by his wife, other family members or in restaurants. He has many business lunches. He describes his life as unfulfilling.

Laura

Laura, 35, has recently been feeling restless, irritable, constantly 'on edge' and has difficulty concentrating at work. She states that she often experiences palpitations, shortness of breath, stomach ache and insomnia. Laura is worried that her performance at work is suffering and she is too tired to socialise and prefers to stay at home where she feels 'more comfortable'.

Harry

Harry, 60, is mourning the loss of his dog six months ago, who he calls his 'best friend'. He can't understand why he can't seem to move on and is still in shock. His wife, with whom he was happily married, died five years ago following a long illness. He describes his life as pointless without his dog and he misses the companionship and activities, such as long walks, and feels his fitness levels are deteriorating due to lack of exercise.

CPD and Supervision/Peer Support Declaration of Commitment

I declare that I fully understand the need for continuing professional development and that I will always keep my skills and knowledge up to date and continue to further develop the service I offer to clients.

I declare that I fully understand the need for professional support and I will abide by the NCH code of ethics (or the code of another body if I do not belong to the NCH) in respect of supervision/peer support requirements.

Please give details of current supervision / peer support:

Supervisor's Name

Or

Peer Supporter

Qualifications

Contact phone no

Frequency

Duration of sessions.....

Supervision Report

Name:

Supervisor/Trainer/Personal Tutor (delete as applicable)

If supervisor please state your supervisory qualifications:

What are your general impressions of the applicant as a hypnotherapist?

Do you feel that the applicant creates an appropriate environment and relationship for working with clients?

Do you feel that the applicant has good awareness of their own process and is able to keep this out of their work?

Do you feel the applicant is a safe and ethical practitioner?

Signed

Date



Hypnotherapy Practitioner Diploma Declaration

Name:

- I declare that I do not have a criminal record (or if I do I attach full details)
- I declare that I will remain fully insured throughout my career as a hypnotherapist.
- I declare that there have been no complaints made against me to the NCH or any other bodies (or if so I attach full details). If any complaint is made at any time, I will inform my professional society and my insurers.
- I declare that I will abide by the NCH Code of Ethics and Practice throughout my career, or, if I cease to belong to the NCH, I will abide by the Code of the society which I then join
- I declare that I will have in place a system of support for times when I am unsure of ethical or legal matters, or have questions with regard to my client work throughout my career.

Signed:

Date: