

NATIONAL COUNCIL FOR HYPNOTHERAPY

HYPNOTHERAPY IN PRACTICE DIPLOMA

Guidelines for Tutors and Assessors

Questions & Vignettes

Guidance and notes for HPD completion

Following the updated core curriculum for hypnotherapy from the CNHC in January 2019 we consulted with the NCFE and completed the process of updating the Learning Outcomes in April 2019.

In order to help training schools ensure these outcomes are met we have added a further five questions to the original 62 short questions paper and have six vignettes (of which four should be chosen). The questions have been mapped to indicate the Learning Outcomes that will typically be addressed by each question. This will help students to complete their portfolio (especially where learning outcomes seem quite similar in nature) as many questions address more than one learning outcome in their answer. The revised learning outcomes can, of course, be covered within your own coursework, case studies and diploma questions if you prefer.

Assessment guidance for learning outcomes

Types of evidence are:

- Written or audio question paper
- Case studies
- Professional discussions
- Reflective journals (optional/supplementary)
- Practice logs (optional/supplementary)
- Audio or video client sessions (optional/supplementary)

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 manage it?	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 answer as you can.	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, do you intend to? If so, how?	2.03
21	Why is it important to reflect upon your own practice and develop any developmental needs? How might you achieve this?	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	Is it OK to keep client records on your computer? If so, are there any procedures that you should adhere to?	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.	2.02 2.05
31	If you were working with a child or vulnerable adult who you believed was 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	Do you guarantee any type of therapy? If so, how?	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	Could you 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?	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	Is the relationship between the therapist and the client important? Why or why not?	3.18 3.27

57	Describe the characteristics of the therapeutic alliance.	3.18 3.27 3.31 4.02
58	When is self-disclosure appropriate?	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	<p>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):</p> <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.