



**Awaken School of
Outcome Oriented
Psychotherapies Ltd**

The Pathway to Accreditation

As a Psychotherapist in the Hypnotherapy Section



Awaken School of Outcome Oriented Psychotherapies Ltd

Awaken School is a Training and Accrediting member of the United Kingdom Council for Psychotherapy (UKCP). Founded in 1983, the School was reformed in 2006 by Lisa and Mark Wake as Awaken School bringing together their Outcome Focussed Hypnotherapy and NLP training programmes to form the current Pathway to Accreditation. Lisa Wake has a long association with UKCP, firstly as Vice Chair from 2003 to 2005 and then as Chair till 2007 and has long campaigned for high standards of training and practice.

Awaken School has the status of a Training and Accrediting member of UKCP.

UKCP (UK Council for Psychotherapy)

The UK Council for Psychotherapy (UKCP) exists to promote and maintain the art and science of psychotherapy and high standards in the practice of psychotherapy for the benefit of the public, throughout the United Kingdom. The National Register of Psychotherapists is published annually and only psychotherapists who meet the training requirements of UKCP and abide by its ethical guidelines are included.

The Council has as its members the great majority of reputable psychotherapy organisations in the United Kingdom and welcomes applications from new organisations which are rigorously scrutinised. The Royal College of Psychiatrists and The British Psychological Society are Special Members of the Council.

There are at present over 80 member organisations, Awaken School being one of them, and over 6,000 registrants. They are grouped together in autonomous Sections representing all the main traditions in the practice of psychotherapy. In a few short years UKCP has evolved into being the indispensable national umbrella organisation for all the psychotherapeutic modalities.

UKCP regards the regulation of psychotherapists and the public accountability of their practice as of paramount importance. This is in order to safeguard the interests of patients and clients and the reputation of registered practitioners. The present Register is voluntary, in other words it is not required by any Act of Parliament. UKCP actively develops contacts with Government departments in order to achieve statutory registration in the future.

The Council is run by a Governing Board which is elected annually, and there is also a Registration Board responsible for all matters of registration. There are also all the necessary committees, including an Ethics Committee.

Registration is also important in the wider setting of the European Community. UKCP represents the United Kingdom in the European Association of Psychotherapy based in Vienna, which sets standards for equivalence of training and practice throughout Europe, and is the national umbrella organisation overseeing the award of the European Certificate of Psychotherapy (ECP) in the UK.

Hypnopsychotherapy Section

Hypno-Psychotherapy originates in procedures and practices discovered and recorded over the last three hundred years. The first formal exploration and beneficial application of hypnotic phenomena began in the 1750s. Increasing awareness, over the last 100 years, of the pervasiveness and importance in human experience of what are now more appropriately described as 'altered state phenomena' has led to huge shifts in theoretical understanding, convergence with discoveries emerging from modern neuro-science and much increased consistency in application. This has been accompanied by the creation of a substantial scientific literature.

Hypnosis describes a range of naturally occurring states of altered awareness which may vary from momentary distractions and 'absences' through much enhanced states of relaxation to very deep states of inward focus and awareness.. The mental processes which can occur in any of these states, appropriately utilised, are generally far more flexible and potentially far more powerful in effecting change than those we can achieve in most everyday states of active conscious awareness. These states may be induced quite formally or quite naturalistically, in an almost unnoticeable way, depending on the requirement of the problem, the capability of the practitioner and the needs of the client.

As well as alleviating a range of disadvantageous habits and many physical ailments, Hypno-Psychotherapy also deals in deep-seated problems involving themes and procedures in many ways similar to those addressed by many other branches of Psychotherapy. Hypno-Psychotherapists take a wide-ranging and eclectic view in helping clients to understand and to alleviate psychological difficulties.

A variety of approaches are represented within the Section. At one end of the spectrum Hypno-Psychotherapists base their diagnostic work and therapeutic strategies in modern information processing models whilst others have emphases in other orientations (e.g. Cognitive, Cognitive Analytic, Psychodynamic or Counselling modes). In all cases, practice differs from other forms of psychotherapy in the deliberate (direct and indirect) use of altered mental states and supporting therapeutic structures as the principal medium for effecting change.

It should be emphasized that the methods and strategies used in Hypno-Psychotherapy, though powerful and often speedy in effect, also respect and are attuned to the qualities and characteristics of the individual client involved. They seek to utilize and enhance the resources and capabilities that reside in all people, and do not by any means require the client to respond to any standardized technique or to fit into any standardized pattern.

While flexibility is paramount, the working relationship in Hypno-Psychotherapy strives for equality between client and therapist, in providing a safe and supportive environment, where the client can explore and clarify relevant personal matters. In encouraging agreed modification of the client's beliefs, emotional responses and behaviour, the problem may require the therapist to assume a more active or directive role. In shorter term engagements, it can be used to inculcate skills and overcome limiting habits or personal and social inhibitions. During longer-term therapy, the working relationship may present a dynamic context for the client to examine and work through important self-protection issues, including the reframing and resolution of challenging early experiences and liberation from previous blocks to personal development.

Hypno-Psychotherapy may be valuable to anyone seeking to resolve specific problems, or for personal development.

UKCP Generic Training Standards

UKCP has agreed principles on which to base its Training Standards and policies to regulate them across all psychotherapy modalities. These principles and policies concern the Council's Training Standards Committee, the Sections' Training Standards Committees and Accreditation Committees and the individual Training Organisations which devise and run psychotherapy training courses leading to registration with the Council.

Basic Training Standards were established in 1993 and published as 'Training Requirements of UKCP'. A Regulatory Framework to integrate the Training Standards with Training Outcomes was agreed in 2001 and published as UKCP Training Standards: Policy and Principles.

This short reworking of the main points of both documents sets out:

- The Guiding Principles on which all psychotherapy training should be based;
- The Regulatory Framework which will ensure that standards and outcomes of training are enforced;
- The responsibilities of the various bodies involved;
- The basic Training Requirements

NB There is a further document detailing the specific UKCP Training Requirements for working with children entitled: 'Psychotherapy with Children: principles, aims and guidelines for training'.

Guiding Principles

The following Guiding Principles have been agreed:

- Trainings should recognise the existence of different psychotherapies, based on different theories, and should promote respectful understanding of differences between theories.
- Training should be theoretically informed and practice based.
- Training should be related to clinical work in occupational settings.
- Trainings should provide transparency and accountability in their assessment processes.
- Trainings should operate within an equal opportunities framework.

The Regulatory Framework

The Council's **Training Standards Committee**, which has an elected **Training Standards Officer** and representatives from all the Sections, is responsible for ensuring that the Council's basic Training Requirements, including Training Outcomes, are implemented. In order to ensure quality of outcome across the range of modalities and courses the **TSC** monitors and approves the Criteria for Training or Training Requirement established by each Section, ensuring that these conform to the agreed generic standards.

The Training Standards Committee will advise Sections and Training Organisations on any changes in requirements and assist them in the implementation of their approval and review procedures.

The **Sections' Training Standards Committees** are responsible for the production of agreed Section Specific Training Requirements and Training Outcomes.

These must conform to the Central Requirements but must also develop specific requirements, particularly as regards Training Outcomes, that concern the specific modality of psychotherapy that will be practised.

The Section's Training Standards Committees or Accreditation Committees are responsible for the approval of all new courses that are set up by Member Organisations and any that are provided by organisations applying to join the Section. They must monitor and review all courses that have

been approved and which lead to individuals' registration as psychotherapists with Council via their Section.

In approving and reviewing courses Section Training Standards and Accreditation committees must ensure that they adhere to both the Basic and the Section specific Training Standards.

Sections must have agreed Procedures for visiting and reviewing organisations' Training Courses.

Training Organisations are responsible for the delivery of Training Courses which comply with Basic and Section Specific Training Requirements.

They are responsible for the production of clear and detailed descriptions of their courses in terms of modes of deliver, course structure, modes of assessment and training outcomes. They must prepare adequate documentation for the Training Standards or Accreditation Committees' assessors and reviewers and co-operate with the Section procedures.

Basic Training Requirements: these apply to all psychotherapy modalities.

1. Entry Requirements

- 1.1 Entry is at a postgraduate level of competence.
- 1.2 Candidates must have personal qualities that make them suitable for the profession of psychotherapy
- 1.3 Candidates should have relevant experience of working with people in a responsible role.

2. The Minimum Curriculum.

- 2.1 The study of the theory and practice of psychotherapy from assessment to termination. This should include:
 - A model of the person and mind.
 - A model of gendered and culturally influenced human development
 - A model of human change and ways in which change can be facilitated.
 - A set of clinical concepts to relate theory to practice.
 - An extensive literature which includes a critique of the model.
- 2.2 Acquisition of a critical understanding of the relevance of studies and research findings in human development, psychopathology, sexuality, ethics and social science.
- 2.3 Supervised practice of psychotherapy.
- 2.4 Arrangements to ensure that the trainees can identify and manage appropriately their personal involvement in and contribution to the processes of the psychotherapies that they practice.
- 2.5 An introduction to the range of psychotherapies and counselling so that trainees may have an awareness of alternative treatments.
- 2.6 An opportunity for trainees to develop the capacity to recognise severely disturbed clients.
- 2.7 The development of ability to recognise when the practitioner should seek other professional advice.
- 2.8 Understanding of basic research techniques and their application to the investigation and evaluation of psychotherapeutic interventions from assessment to termination of treatment.

3. Basic requirements of Training Courses

- 3.1 The training shall be at postgraduate level.
- 3.2 The length of training shall be appropriate to permit the consolidation and integration of theoretical knowledge and clinical experience and shall not normally be shorter than four years.
- 3.3 Each training course shall be validated by the Section to which the organisation belongs through the Training Standards or Accreditation committee.
- 3.4 The validation of every training course shall be reviewed by the appropriate Section at intervals of not more than five years.

- 3.5 All Training courses shall have published criteria and procedures for selection of trainees.
- 3.6 Training courses shall publish the Code of Ethics and Practice to which they adhere.
- 3.7 Training courses shall have mechanisms for safeguarding the rights of students including consultation procedures and complaints and grievance procedures.
- 3.8 Training course shall publish a Trainee's Handbook that has clear information on the length and time frame of courses, a definition of supervised practice with clients, details of course requirements, curriculum and modes of assessment.
- 3.9 All courses shall have methods and regulations for the processing of APEL, Assessment of Prior Experiential Learning, and CATS, Credit Accumulation Transfer System, claims where relevant.

4. Assessment

- 4.1 Each training course shall have a properly constituted body for the assessment of students.
- 4.2 The modes of assessment, such as supervisors' reports, portfolios, written examinations, essays and writing in papers, and the criteria of assessment, must be clearly set out and made available to trainees.
- 4.3 Assessment must be linked to clearly set out Training Outcomes, both generic and section specific, relating to the knowledge base, clinical skills and the context of practice.
- 4.4 The objectives of assessment are to ensure clinical competency within the context of a chosen theoretical model and sound ethical practice. The modes of assessment and the criteria for assessment must relate to these objectives.
- 4.5 Assessment design must be fair to candidates and consistent across different orientations and training routes.
- 4.6 There must be provision for the external assessment of both theory and practice by practitioners qualified and experienced in the theoretical model being taught.
- 4.7 Trainees must be provided with sufficient regular feedback to allow them to assess their own strengths and developmental needs.
- 4.8 Training courses shall have published appeal procedures in the event of disagreement over assessment.

5. Qualification and Registration

- 5.1 Training organisations shall specify whether qualification coincides with recognition of candidates as eligible for Registration by UKCP.
- 5.2 Where qualification and registration do not coincide, organisations are to specify what further professional development is required for registration.
- 5.3 The definition of such further professional development might include considerations relating to the nature of supervision and the range, quantity and intensity of practice and/or study.
- 5.4 Where qualification and Registration do not coincide, the process of assessment of readiness for Registration shall correspond in general to the requirements of Section 3 above.

6. Continued Professional Development

- 6.1 Training organisations shall bear in mind a commitment to life long learning and the need for monitoring practice for the best protection of the public.
- 6.2 Each training organisation should make provision for an ongoing graduate body either as an integral part of the organisation or clearly linked to it.
- 6.3 Training organisations should encourage their graduates actively to consider their continuing professional development needs.
- 6.4 Training organisations must make provision for the continued professional development of their graduates.

Finalised by the Training Standards Committee, November 2003

Training Pathway to Accreditation

All applicants are expected to satisfy one of the criteria for entry at Diploma level (details available in the course prospectus).

Students have the option of continuing their studies towards possible entry to the National Register of Psychotherapists, which is administered by the United Kingdom Council of Psychotherapy (UKCP). The diagram below shows the flow chart of pathways, and the Postgraduate Diploma in Outcome Oriented Psychotherapies is awarded when a student has completed all the requirements to be placed on the National Register.

All students are required to complete a 15,000 word Research Project/Dissertation prior to being placed on the register. Further details of this project are provided to students on completion of the research module or on entry into year 4 if the research methods has been approved for APL/APEL.

UKCP validated courses were made into four-year courses in January 1998 to put UKCP requirements in line with those for Europe. When students have completed all the above, then they are awarded the Postgraduate Diploma in Outcome Oriented Psychotherapies and Awaken puts the student forward for UKCP Registration.

Postgraduate Diploma in Outcome Oriented Psychotherapies

The following pathways (A, B or C) lead to the awarding of a Postgraduate Diploma in Outcome Oriented Psychotherapies which signifies a student has completed all the steps necessary to be accredited by the Hypnotherapy section of UKCP.

	A	B	C	
Year 1	Practitioner in NLP Hours: 144 + 150 SDL	Foundation in Clinical Hypnotherapy Hours: 150 + 150 SDL	Foundation in Clinical Hypnotherapy Hours: 150 + 150 SDL	NB: Self Directed Learning (SDL) includes student practice between modules, assignment reading, development journals and distance learning.
Year 2	Master Practitioner In NLP Hours: 162 + 150 SDL	Intermediate in Clinical Hypnotherapy Hours: 150 + 150 SDL	Practitioner in NLP Hours: 144 + 150 SDL	Group Supervision 22 Hours Individual Supervision 12 Hours minimum
Year 3	Research Methods Hours: 21 Mental Health Placement Hours: 50	Study Skills Module Hours: 15	Group Tutorial Hours: 24 Total: 110 + 150 SDL	Group Supervision 22 Hours Individual Supervision 12 Hours minimum
Year 4	Advanced Patterns in Psychotherapy Hours: 120 + 150 SDL			Group Supervision 42 Hours Individual Supervision 12 Hours minimum

- Students may 'step off' at the end of each year with certification at the level attained.
- Each student will be assisted to find their most appropriate pathway.
- Each student seeking UKCP accreditation is required to attend the final year of the Advanced Patterns in Psychotherapy, leading to the Postgraduate Diploma in Outcome Oriented Psychotherapies.

+ 450 client contact hours minimum

+ Clinical Supervision

+ 250 minimum hours Personal Therapy/Development – of which, a minimum of 48 hours must be contracted psychotherapy.

Formal APEL Processes are available for students who wish to accredit prior learning and training and may be no more than 50% of the minimum total of 450 clinical hours, and no more than 2 years of the training.

Total Hours = 2200+ including Self Directed Learning (SDL)

Supervision

Supervised practice starts as soon as graduates are seeing clients. A ratio of 1 supervision hour per 6 client contact hours is required during your training to enable UKCP registration.

Own Therapy Module

This is a UKCP requirement. It is inevitable during the course that by merely taking part, one's own "material" will surface. Whilst it is necessary to be working with issues during the course it is not suitable that the course is seen as "therapy". Although students often comment upon the amount of personal growth they achieve, the course is clearly not suitable as a vehicle for personal therapy. It is therefore a requirement that during the four years to becoming UKCP Registered, students must have 250 hours of personal development of which, a minimum of 48 hours must be contracted psychotherapy. The therapist must not be your course tutor or supervisor and a record of attendance signed by the therapist(s) should be kept. This period of therapy needs to be budgeted for by the student.

In addition, evidence of a journal, showing one's introspection, personal development and integration of the training process throughout training should be kept. Just pre award of Postgraduate Diploma in Outcome Oriented Psychotherapie, an account of this, rather than the personal journal, needs to be presented for evidence to the trainer/supervisor that this process is completed.

APL (Accreditation for prior learning)

Some students have already completed training that may be relevant to their studies as a psychotherapist. As such, we provide an APL/APEL process and students who wish to be considered for APL should download the APL/APEL document from the website and contact the office. You may wish to consider the Learning Outcomes below to ensure you can demonstrate achievement of core requirements.

Unit 1 – Make use of an internally consistent theoretical base

Performance Criteria	Evidence
Make use of an internally consistent theoretical base	
1.1 Identify appropriate knowledge bases for use in the therapeutic process a) Clinical knowledge base is sufficient to permit accurate identification of major psychological disturbance b) Awareness and appropriate use of a range of theoretical models and their proper applications to a variety of clients and problems c) The nature and role and limitations of specific assumptions, observations and inferences within chosen model are clearly understood and applied in own practice d) Sources of information about alternative theoretical models and their relevance to individual client situations are accurately identified and called upon as required	
1.2 Use theoretical concepts to understand clients and their situation	
1.3 Use theoretical base to develop own practice a) Progress is assessed against indicators of change within the chosen theoretical model b) Theoretical model is used as a tool to reflect upon own competence	

<ul style="list-style-type: none"> c) Rationale for interventions can be tested with other professionals d) Theoretical concepts are used to assist therapist to progress work with clients and inform decision making e) Gaps in theoretical knowledge and awareness arising from work with clients is used to plan continued professional development f) Theoretical concepts are used as a primary framework within which to judge own performance and effectiveness and demonstrating accountability to others g) An appropriate level of professional naivety is maintained 	
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Unit 2 Make initial assessments

Performance Criteria	Evidence
Make (and update) initial client assessments <ul style="list-style-type: none"> a) Major psychopathologies are identified and timely actions taken within limits of own competence b) Indications and contra-indications for psychotherapy are accurately identified and assessed in relation to particular clients c) Sufficiently comprehensive and cogent client personal history is taken and updated where necessary to permit accurate initial and continuing assessment d) An assessment is made of the client's capacity for and commitment to therapeutic work e) Clients' capabilities and personal resources are systematically assessed 	
2.1 Identify and assess the context of initial assessment	
2.2 Establish an effective assessment relationship with client	
2.3 Make an initial assessment of client's general psychological state	
2.4 Formulate the therapeutic task <ul style="list-style-type: none"> a) Emerging relevant patterns and themes in the client's life are identified and related to the client's presenting situation b) Possible source and probable underlying structure and processes of presenting problem are framed within an appropriate theoretical framework c) At appropriate stages client is offered an account of the possible source, structure and processes of client's problems which conveys sufficient information to make sense to the client and to offer informed choice about potential ways forward d) Client is directly or indirectly familiarised with the notion of tuning into unconscious process and learning the means by which unconscious process can be invoked and allowed to overcome the problem e) Mode of operation and specific intervention techniques are adapted which are compatible with or positively complementary to the client's natural modes. 	
2.5 Assess capacity to work with client	
2.6 Devise a provisional approach to therapy	

Unit 3 Establish a working relationship

Performance Criteria	Evidence
<p>Establish a working relationship</p> <ul style="list-style-type: none"> a) The necessary working relationship is established as a collaborative interactive process and is modelled effectively in the early stages of contact with the client b) The appropriateness of styles and methods of intervention are assessed in relation to client and experience of working together c) Proper sense of boundaries and nature of the relationship are explored established and maintained d) The extent of the therapist's role and capacity to experience, acknowledge and think about the working relationship and the thoughts and feelings it invokes is conveyed to the client e) Therapist demonstrates clarity of intent and flexibility of linguistic expression in all communication explicitly concerned with the conduct of the therapeutic process 	
<p>3.1 Agree the nature of the working relationship with the client Establish a reciprocal process including opportunities for the client to ask questions, express doubts and assess the therapist in such a way that ownership of and choice in the process is left with the client</p> <ul style="list-style-type: none"> a) Develop a realistic mutual understanding of possible therapeutic strategies, timescales and outcomes and adaptability in modifying these as therapy progresses b) Frame all exchanges positively and realistically 	
<p>3.2 Establish the conditions necessary for an effective working relationship</p>	
<p>3.3 Maintain the working relationship</p> <ul style="list-style-type: none"> a) The boundaries in the therapeutic relationship are maintained and reviewed when situations require their re-consideration b) Consistent commitment to the client which transcends negative and positive comments or changes of attitude on the part of the client c) Client levels of energy, readiness, regression, dependence, anxiety and comfort are monitored and used appropriately in the working relationship d) Readiness and ability to stay with and tolerate impasses and strong feelings in a way which remains in the service of the client e) Readiness and ability to stay with and explore feelings including those which are difficult to recognise, attribute and make sense of f) Readiness and ability to respectfully elicit and explore feelings that the client is observed to repress or avoid in the client's interest and in furtherance of the therapeutic task g) Therapist ability to pace client process appropriately, utilising opportunities to pause, consolidate, defer or leave issues alone as required h) Therapist awareness any propensity for collusion and over-compliance and takes steps to monitor and rectify such tendencies within the therapeutic setting. i) Appropriate pacing and prioritising of issues j) Client's perceptions of the relationship are checked against own and differences of perception are used appropriately k) Indications of possible suspensions of therapy, separations and endings are identified and reviewed with clients. 	

<p>3.4 Use the therapeutic relationship, in collaboration with client, to develop active client self awareness and understanding</p> <ul style="list-style-type: none"> a) Exploratory interventions are judged both in their nature and timing to establish trust and to assist the client to uncover, demonstrate or depict, relevant (and increasingly personal or intimate) aspects of his inner world b) Acuity in connecting conscious behaviour, observed unconscious behaviour and less accessible psychological processes and testing such connections c) Ability to offer appropriately framed observations and interpretations as an aid to increased client awareness and understanding of own process – the client is allowed to experience and helped to understand the emotional stresses which may arise in the comprehension of past and present limitations and their consequences and in the approach to new (and possibly still uncomprehended) realities d) Capacity to allow and structure use of elements of the relationship between client and practitioner to facilitate understanding of conscious and unconscious aspects of relevant past or present life experience and relationships and the possibilities for re-experiencing these in different ways e) Capacity for client modelling and using self, to permit client explicitly or implicitly, to perceive own present processes as externally represented and to relate these to own internal experience f) Capacity to formulate hypotheses about the nature of observed process and reported experience, which may be tested directly or indirectly, or where appropriate, may be made explicit in a useful form g) Connections are commented, hypothesised and/or facilitated between conscious and known behaviour and less accessible psychological processes h) Active interventions are formulated and delivered which assist the client to suspend adherence to, question, more accurately perceive, re-interpret and modify, limiting aspects of his inner world and behaviour, in therapeutically useful or personally productive ways. i) Active interventions are formulated and delivered which assist the client to recognise, value positively, reinforce and effectively deploy personal resources implicit or evident in various aspects of his experience and behaviour in therapeutically useful or personally productive ways j) Client's ability to make use of interventions is continuously monitored and used to guide their selection and deployment k) The therapeutic relationship is used to facilitate experimentation and to simulate alternative modes of experience and behaviour l) The capacity to enter into, stay alongside, reflect upon and use the therapeutic relationship in a professional way in the service of the therapeutic process. m) Developments in the therapeutic relationship are queried and mapped in relation to the therapist own model of the therapeutic process. 	
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Unit 4 – Use the hypno-psychotherapeutic process with clients

Performance Criteria	Evidence
Develop a structured therapeutic approach and use the hypno-psychotherapeutic process with clients	
<p>4.1 Arrive at an understanding of the limiting problem (and patterns)</p> <ul style="list-style-type: none"> a) Accurate observation of significant physiological state indicators, linguistic structures and conscious and unconscious modes of expression consistently associated with elements of the problem process. Theoretical model is used to assist in the construction of an internally consistent representation of the nature, structure and organisation of the limiting problem b) Client problem related experience is mapped into a model relating conscious and unconscious process which is demonstrated and/or described in some appropriate and acceptable form to indicate the possibility of working with unconscious process as a basis for therapy. c) A set of positively framed interim goals and desired end states are devised, negotiated with the client and revised as the work progresses. Therapeutic tasks and therapeutic strategies are framed, structured and bounded to render it feasible to address and resolve agreed significant components of the limiting problem within existing constraints of (client and therapist) capacity, resource and opportunity. 	
4.2 Develop a structured therapeutic approach with the client	
<p>4.3 Utilise the unconscious process of the client and the therapeutic relationship</p> <ul style="list-style-type: none"> a) Affective states aroused in the therapist are considered for their indicative relevance for the process b) Constructive and respectful use is made of the attachment and detachment of client affect and emotion towards persons, objects and processes c) Manifestations of resistance, secondary gain and client internal conflict and incongruity are recognised and directly or indirectly addressed and circumvented. d) Where appropriate, significant process and defensive mechanisms which are unobserved by the client but reliably observed by the therapist are brought into conscious awareness and engaged in a constructive way in support of the therapeutic process. e) The possible internal significance of particular observed unconscious mechanisms and the resulting hypotheses and constructions used in arriving at any interpretation are judiciously explored and confirmed with the client in a collaborative way f) Levels of conscious and unconscious rapport or lack of rapport are managed g) Where appropriate, spontaneous within and between session internal process is initiated, reinforced and monitored in conjunction with appropriately structured and supported tasking h) Direct and indirect evidence is gathered of satisfactory conscious and unconscious process replacing problem states i) Checks are carried out to ensure interim solution processes are deployed effectively and in ways compatible with client behaviour repertoire and context 	

<p>4.4 Monitor and evaluate the therapeutic process Implement, monitor and adjust the therapeutic process</p> <ul style="list-style-type: none"> a) Existing or induced tension states are managed within and between sessions in order to maintain continued well being and the constructive progression of therapeutic strategies b) The client's frames of reference and reality orientation are managed in order to maintain continued well being and the constructive progression of therapeutic strategies c) Spontaneous and intended intervention outcomes and significant external influences are identified and appropriate rectifying action taken appropriate to the client's personal repertoire and context d) The structure, pace and sequence of therapeutic strategies are adapted to encourage integration appropriate to the client's personal repertoire and context e) Effective and appropriate use is made of self and therapeutic relationship within the ongoing context of the therapeutic process 	
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Unit 5 – Create and utilise altered states within the therapeutic process

Performance Criteria	Evidence
Create and utilise altered states within the therapeutic process	
5.1 Orient to trance	
5.2 Create access to intensified internal process through conscious and unconscious dissociation	
Element in preparation	
5.2a Maintain and manage appropriate levels of altered awareness	
<p>5.3 Utilise trance states and hypnotherapeutic phenomena for therapeutic goals</p> <p>Utilise trance states and hypnotherapeutic strategies to install and activate therapeutic solutions</p> <ul style="list-style-type: none"> a) An appropriate range of clients previously experienced learning sets and relevant resource states are explicitly or implicitly activated b) Where the client has little coherent resource, resource states are constructed from separate but compatible elements c) Client's pre-existing limiting sets are circumvented, suspended or depotentiated using appropriate disruptive strategies d) The required client repertoire is identified and analysed into its necessary constituent resource components and capabilities are connected and synthesised into appropriate learning sets to enable client to achieve therapeutic goals e) Practitioner ensures compatibility of proposed solution process with existing states and behaviours and tests for coherence and compatibility at the conscious and unconscious level a generalised capability to be activated in all future similar contexts f) Client is enabled, through appropriately structured cueing and post hypnotic suggestion to have the ability to spontaneously connect with relevant constructed resource states and deploy behaviours which elicit an appropriate variant of the therapeutic solution in all relevant contexts 	
<p>5.4 Manage emotional transactions involved in the therapeutic process</p> <ul style="list-style-type: none"> a) The significance of intense emotional states and emotional releases are identified in terms of their origins and connections with client process 	

<ul style="list-style-type: none"> b) Emotional releases are managed and framed with reference to their positive and negative effect in the therapeutic process c) A range of transferences are recognised and utilised within the therapeutic process d) Affective connections with internal persons or objects are identified, paced, managed and utilised appropriately e) The dynamics of the trance are managed in order to maintain an appropriate and therapeutically functional level of affective equilibrium f) Distancing and containment techniques are employed to assist the management and controlled deployment of dysfunctional or overpowering emotional material g) The practitioner recognises where a client is illegitimately attributing responsibility to a third party (either directly or implicitly) and is able to relocate and keep responsibility with the client h) The therapist carries responsibility temporarily on behalf of the client where therapeutically necessary and where particular conditions, circumstances or threats to their well-being or functionality render them incapable 	
<p>5.5 Re-orientate to normal state – special element</p> <ul style="list-style-type: none"> a) Where some continued element of altered state or of fuller trance effect is required outside the therapeutic setting for particular therapeutic purposes – checks to ensure that the conditions under which this will continue have been properly specified and bounded and all contingent safeguards have been installed for unconscious protective processes to maintain the safety and functional and psychological well-being of the client 	

Unit 6 – Make use of supervision

Performance Criteria	Evidence
Make use of supervision	
6.1 Seek appropriate supervision	
6.2 Make a supervision contract	
6.3 Bring work to supervision	
6.4 Review and conclude the current phase of supervision	

Unit 7 – Maintain and enhance professional competence

Performance Criteria	Evidence
Maintain and enhance professional competence	
7.1 Operate within a formal code of ethics	
7.2 Evaluate own practice	
7.3 Engage in continuous professional development	

Unit 8 – Contract with clients

Performance Criteria	Evidence
Contract with clients	
8.1 Agree a business contract with clients	
8.2 Agree a therapeutic contract with the clients	

Unit 9 – Manage Professional Relationships – Optional unit

Performance Criteria	Evidence
Operate referral procedures	
9.1 Identify options for referral (AGC+PLB A.7.)	
9.2 Establish the appropriateness with clients of referral to other organisations	
9.3 Enable clients to take up referral opportunities	
9.4 Receive referral from other sources	

Unit 10 – Manage professional practice

Performance Criteria	Evidence
Manage professional practice	
10.1 Provide appropriate client facilities	
10.2 Maintain client records	
10.3 Manage caseload and professional commitments	
10.4 Work with other professionals and organisations	
10.5 Operate effective business management systems	

Unit 11 – Provide feedback to others – Optional unit

Performance Criteria	Evidence
Provide feedback to others	
11.1 Devise a strategy for feeding back to other parties (AGC+PLB B.9.)	
11.2 Identify types of information to be fed back to other parties	
11.3 Ensure mechanisms for feeding back information to other parties are in place	
11.4 Feedback information to other parties	

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Hypno-Psychotherapy Section Modality Specific Standards of Education and Training

Final Draft
13/11/08

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1. Introduction

This document is to be seen in conjunction with the UKCP Standards of Education and Training (2008): The Minimum Core Criteria. Psychotherapy with Adults. It provides modality specific criteria which are in addition to all the criteria within the central document. Within this document we refer to the central document as SETS.

2. Section values

SETS paragraph 2.9 states that "courses must be congruent with the values, principles, knowledge base and underpinning philosophical approach / approaches laid out by the relevant UKCP section". These are as defined in the Hypno-Psychotherapy Governance document.

3. Staff

SETS paragraph 3.12 states that "courses should be led by appropriately qualified and experienced individuals, as defined by the relevant section". Normally core training staff would be expected to be UKCP registered hypno-psychotherapists who maintain a private practice and/or employment as a hypno-psychotherapist. Psychotherapists from other modalities may be utilised for specialised elements of the training. Training staff would normally be expected to have additional training and/or experience in Training in addition to psychotherapy qualifications and to be subject to regular monitoring, including trainee feedback.

4. Training requirements

Training hours should be a minimum of **1800** hours over four years. This should include:

- a. a minimum of **625** hours of theoretical / methodological / practical training of which there should be a minimum of **500** classroom hours

b. **250** hours personal development of which a minimum of **48** hours must be contracted psychotherapy, on an individual basis with a UKCP registered psychotherapist or equivalent. The purpose of all developmental processes, in this context, is as a support to the student as they progress towards the goal of being a psychotherapist. It may be equally concerned with development of resilience and awareness than with the resolution of personal issues, when this best supports the practitioner's development towards effective and ethical practice. The contracted hours may be in any form or forms of psychotherapy recognised by UKCP or BACP or BPS. Recognised modality specific practices in personal development include:

- therapeutic tasking journalled by the individual and/or monitored by the contracted psychotherapist
- personal developmental quests journalled by the individual and monitored by the Training Organisation
- journalled utilisation of self-hypnosis within a structured personal development course eg. Mindfulness Training
- attendance of group therapy with a registered Psychotherapist

More hours may, of course, be conducted but only 250 hours count towards the 1800 total. All personal development hours are to be collated in a journal, counter-signed where appropriate (eg by therapists). NB training hours must be clearly delineated from personal development hours and no hour can be used twice.

c. **450** hours of clinical practice. More hours may, of course, be conducted but only **450** hours count towards the 1800 total. Clinical practice is defined as "time specifically contracted for the professional delivery of psychotherapeutic treatment, administered within the relevant codes of confidentiality, accountability and informed consent". Trainees must ensure clients are aware of their trainee status. Use of therapeutic skills within practices other than psychotherapy do not count towards the total. Training organisations should have a system of APL for practice hours up to a maximum of 25%. APLed hours should be commensurate with hypno-psychotherapy hours, eg hours conducted in another psychotherapy modality.

d. **1 hour of supervision per 6 hours of client work**. For the **450** hours this would mean **75** hours would be expected. More hours may, of course, be conducted but only **75** hours count towards the **1800** total. The maximum number in a Supervision group should not normally exceed four.

5. Accreditation of Prior / Experiential Learning

Training organisations may, at their discretion, offer APL /APEL for suitably qualified candidates up to a maximum of 50% of the course content and 1 year of the 4 year process. This would normally be for either the hypnosis/hypnotherapy elements of the course OR a proportion of the psychotherapeutic elements. Procedures should be in line with QAA guidelines.

6. Theory and practice

SETS paragraph 2.1 requires there to be

- a. a model of the person and the mind. This is as defined in the section governance document.
- b. a model of gendered and culturally influenced human development. This is as defined in the section governance document.

- a. a model of human change and ways in which change can be facilitated. Our modality's key difference to others is the method of facilitating change and therefore this must be a primary component of all trainings.
- b. a set of clinical concepts to relate theory to practice. As with c, hypno-psychotherapy is rich in such clinical concepts and it would normally be expected that trainings include a wide range rather than relying heavily on one or two techniques.
- c. an extensive literature which includes a critique of the model. Clearly, given the integrative nature of the modality, there is a plethora of literature to support the psychotherapeutic base, but also there is much to support the integration of hypnosis within the process.

7. Core curriculum

Training MOs are required to teach the minimum core curriculum as defined by section.

8. Supervised practice

Supervision is required at a ratio of 1:6 throughout the period of training. Section requires training organisations to approve the training supervisor for each student. At least one third of a student's supervision should normally be from a UKCP registered hypno-psychotherapist or equivalent. Other approved supervision may be through work placements or from within other modalities. Section recognises the use of cross-modality supervision for those post-registration, but feels it necessary that in during training the student has access to someone within the modality. It would not normally be acceptable for the supervision to be undertaken by the primary tutor.

Section recognises the range of practice settings within which a trainee may complete their practice hours, from private practice, to employment and voluntary placements. It is the responsibility of the Training Organisation, in communication with Supervisors, to insure that the Trainee is practicing within a suitable practice environment, within their limits of knowledge and competence and for which their training has prepared them.

9. Mental health placement

In line with central UKCP policy, a mental health placement is a requirement for all students, with the exception of those who already have experience of working in this field. Training organisations are required to produce a policy, and ensure its adherence, which enables students to learn about the wider mental health field including obtaining an opportunity to develop the capacity to recognise severely disturbed clients (as per SETS paragraph 2.13). The placement does not necessarily have to be one in which the student practises as a psychotherapist within a mental health context.

10. Assessment

Assessment will be designed to insure that the Trainee can demonstrate the appropriate levels in all three categories of Theoretical Understanding, Practical Ability and Psychological Maturity.

Assessment processes will be a combination of formative, staged and summative events, using multi-modal procedures supportive of best opportunity for the Trainee to demonstrate their learning and achievement. Combinations of assessment modes will normally include written pieces based on home study, practical examinations, written examinations (seen or unseen papers may be preferred) and individual and group tasks.

Each TO will make overt to Trainees the assessment processes and requirements of the course, with feedback processes to inform how performance can be improved to overcome shortfall as part of a meaningful learning journey. A Trainee who seems unable to reach requirements will be informed at the earliest reasonable stage of training to insure their investment is not wasted.

Supervisor's reports will form a part of any final assessment for Accreditation, and a monitoring process between Training Organisation and Supervisor will be practiced over the course of the Trainee's Clinical Practice.

A requirement of Accreditation shall be an original written dissertation of not less than 10,000 words, relevant to the practice of Hypno-Psychotherapy. This piece will be Internally and Externally assessed and will normally be submitted as a final stage of theoretical assessment.

SETS paragraph 4.11 states that "all assessment measures should be consistent with an effective and rigorous process through which it is possible to demonstrate compliance with external reference frameworks". Until there are National Occupational Standards for psychotherapy, section invokes the use of definitions provided by the European Association for Hypno-Psychotherapy and UKCP.

11. Qualification and registration

Within our modality students are considered qualified to practice in advance of their ability to register with UKCP. TOs must make it explicit in all materials as to what elements are contained in the pre-qualification section, and which in the post-qualification, and where and when these are covered.

Continued support should be offered to students as they work towards registration. Throughout the process it is necessary for the training organisation to ensure the clarity of the process for the student, and for the student to be clear with their clients as to where they are on the pathway.