Assessment Guidance

# General Notes

## Format

Responses should be 400-600 words. Detailed references are not required because the emphasis is on the student's own reflection and common sense solutions to everyday problems in clinical practice, etc. However, where texts are cited references should be given in Harvard style at the end of the question.

Generally, students should be showing evidence of evaluation at this level and some analysis. They should therefore be encouraged to go beyond simply "listing" information, and instead to evaluate the pros and cons of different ideas or techniques, and think through their more subtle implications in different contexts. They should try to spot exceptions to rules and ways of dealing with potential problems associated with certain situations or techniques, etc. Quotations are the words of another person and cannot contribute much to the students' mark so given the word-limit, they should be encouraged to paraphrase ("put things in your own words") to show comprehension rather than including direct quotations.

The notes below give examples of typical points to be looked for and some "musts" that are required for a minimum pass mark (6/10). This is not a prescriptive process and markers should use their discretion when marking, taking into account the students paper overall. If a student clearly understands a point as evidenced in one or more of their answers but fails to mention a specific point in one particular question the marker should reference this to explain why they have passed a question, even in the absence of that specific point in the question they’re marking, referring them to other questions and feedback. The grading table is below, the mark and narrative should be included on the marked paper i.e. 7 / 10 Sound Answer. Half marks can be awarded, if a submission seems to fall between two points on the scale.

|  |  |
| --- | --- |
| Fail Outcome | Pass Outcome |
| 0 – 1Extremely Poor | 2 – 3Very poor | 4 – 5Poor | 6Pass | 7Sound Answer | 8Good | 9Very good | 10Excellent |
| 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 |

Individual Questions

## National Occupational Standards Unit 1: Assess Client’s Needs

* 1. **a) Evaluate the factors that determine whether a client is suitable for hypnotherapy in terms of their goals, personal circumstances, etc.**

**b) Provide *three* examples of unsuitable clients or requests (*other* *than* common contra-indications).**

NB: This question is distinguished from psychiatric contra-indications to treatment, which falls under another NOS heading.

**1.2 a) What did you learn about interviewing and assessing clients from the initial consultation classroom exercise?**

**b) Reviewing your documentation, identify and evaluate *five* key aspects of the initial consultation.**

**1.3 a) Evaluate the role of rapport *and* the working alliance in therapy,**

**b) factors that contribute to its development and**

**c) factors that might undermine or interfere with the working alliance.**

**d) Evaluate your own ability to cultivate a therapeutic alliance.**

**e) Outline your understanding of a rupture and**

**f) 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. Specifically:**

**a) identify one scale;**

**b) Would you use a scale to assess hypnotic responsiveness in a therapy session? Why/not? c) Identify and evaluate the use of three different suggestion tests to assess hypnotic responsiveness in a therapy session.**

**1.5 Hypnotic Skills Training, to teach clients about hypnosis and to teach them self-hypnosis is an important aspect of CBH.**

**a) Summarise your understanding of Hypnotic Skills Training approaches and methods and**

**b) discuss how you intend to use these to facilitate your client's responsiveness to hypnotic suggestion.**

**1.6 a) Evaluate the respective roles and responsibilities of therapist and client in successful hypnotherapy.**

**b) Provide an example of how you would describe these roles to the client and**

**c) explain the rationale for hypnosis *and* suggestion to them.**

## National Occupational Standards Unit 2: Conduct Hypnotherapy Treatment

**2.1 a) Reviewing your feedback forms from classroom practical sessions, evaluate the role of hypnotic induction, deepening and emerging techniques and**

**b) describe *three* different induction techniques and *three* deepening techniques used in hypnotherapy.**

**2.2 a) 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.**

**b) Give examples of three distinctly different client presenting problems and**

**c) 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.**

**a) How would you approach this and**

**b) evaluate which techniques you could use?**

**c) What might be some common challenges the client has with learning self-hypnosis?**

**d) How would you address these?**

**3.2 a) What did you learn about assigning behavioural tasks to clients?**

**b) Provide at least *three* examples of situations where you would assign different types of behavioural homework to clients between sessions?**

**3.3 a) What did you learn about assigning cognitive ("thinking") tasks to clients?**

**b) Provide at least *three* examples of situations where you would assign different types of cognitive homework to clients between sessions.**

## National Occupational Standards Unit 4: Professional and Ethical Issues

**4.1 Read the GHR code of ethics.**

**a) What relevance does this document have for your practice of hypnotherapy?**

**b) Evaluate clause 2 and reflect on any issues you may experience, and critically evaluate**

**c) *two* further clauses which you think are most interesting or significant.**

**4.2 a) Describe those issues which fall within the basic sphere of competence of a hypnotherapist and**

**b) evaluate at least *three* exceptions or borderline (problematic) cases (commonly recognised contra-indications should not be used as examples)**

**4.3 a) Evaluate the role of reflective practice in hypnotherapy.**

**b) How would you evaluate the effectiveness of your approach with individual clients?**

**c) Describe a “critical incident” (an event in your practice which requires careful evaluation) d) and the specific steps you would take in reflecting on the incident.**

**4.4 a) What is clinical supervision?**

**b) What are the pros and cons of the different forms it can take?**

**c) Explain exactly what obligations you have to a professional body, such as GHR, in terms of supervision.**

**4.5 a) Evaluate the role of client confidentiality in hypnotherapy.**

**b) What limitations or exceptions apply to confidentiality?**

**c) What problems might maintaining confidentiality present?**

**4.6 a) Evaluate the implications of the main laws which affect the practice of hypnotherapy. b) Explain and evaluate your duty of care and**

**c) the role of informed consent in treatment.**

**4.7 a) Evaluate the risks associated with false memory syndrome and spontaneous or deliberate “abreaction” in hypnotherapy.**

**b) How would you reduce those risks or manage their consequences.**

**c) outline the college’s position on the use of regression in therapy,**

**d) What further risks and contra-indications are associated with hypnotherapy in general?**

## National Occupational Standards Unit 5: Apply Theory to Hypnotherapy

**5.1 a) Evaluate the similarities and differences between these *four* approaches to hypnotherapy; cognitive, behavioural, Ericksonian and hypno-analytic.**

**b) Describe *three* specific therapeutic techniques used in cognitive-behavioural hypnotherapy,**

**c) evaluate the pros and cons of each.**

**5.2 a) Explain the difference between neurosis and psychosis and**

**b) why this is relevant to hypnotherapy.**

**c) Describe the major categories of anxiety disorder. For each major category,**

**d) evaluate whether hypnotherapy is advisable and, if so**

**e) how the disorder may be treated with hypnotherapy.**

**5.3 a) Explain the difference between state and nonstate theories of hypnosis and**

**b) evaluate the practical implications for effective hypnotherapy.**

**c) Provide an account of the factors emphasised in nonstate models.**

**5.4 a) Evaluate the role of evidence-based practice in hypnotherapy.**

**b) How do you propose to stay up to date with this evidence?**

**c) What sources of evidence do you plan to draw upon in your practice and why?**

**5.5 a) Summarise and evaluate the typical “rules of suggestion” *and***

**b) other factors contributing to effective use of suggestion.**

**c) Explain the different forms which suggestion can take.**

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

**5.7 a) Discuss and evaluate the historical relationship between hypnotism and mesmerism.**

**b) How does this relate to modern hypnotherapy?**

**5.8 a) Critically evaluate the relationship between stage hypnosis and modern hypnotherapy. b) What strategies and techniques are used in stage hypnosis to create the stage show for the audience?**

**c) What can hypnotherapists usefully learn from stage hypnosis?**