

# **Diploma in Cognitive Behavioural Hypnotherapy**

**Level 4**

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## Scheme Overview

The Diploma in Cognitive Behavioural Hypnotherapy has been developed by the UK College of Hypnosis & Hypnotherapy Ltd., to provide candidates with a progression route toward full professional status as either a cognitive behavioural hypnotherapist or hypno-psychotherapist.

The diploma can be taken as a level 4 and / or a level 5 qualification. The mandatory units are the same for both diplomas. The assessment and level of knowledge required to complete the assessments and demonstrate knowledge differ.

The diploma consists of the following mandatory units:

Unit 1: Assessment. Assess client's needs.

Unit 2: Treatment. Conduct the hypnotherapy treatment.

Unit 3: Self-care. Teach clients self-help.

Unit 4: Professionalism. Professional & Ethical Issues.

Unit 5: Knowledge. Apply theory in hypnotherapy.

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.

### **Aims of the Award**

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

1. To provide a safe and challenging environment for the study of cognitive behavioural hypnotherapy theory and practice.
2. To teach a core model of cognitive behavioural hypnotherapy theory and practice.
3. To teach a basic understanding of comparative models of hypnotherapy and psychotherapy.

4. To teach an appropriate understanding of research methods and evidence-based practice in relation to cognitive behavioural hypnotherapy.
5. To encourage and prepare students for the use of clinical supervision and reflective practice in cognitive behavioural hypnotherapy.
6. To prepare students for registration with the Register for Evidence-Based Hypnotherapy & Psychotherapy (REBHP) and relevant psychotherapy accreditation bodies

## 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. Since then the College has been regularly teaching the Diploma in Cognitive Behavioural Hypnotherapy twice a year to students in China.

## College Staff

**Mark Davis**

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

**Fabienne Davis**

*Director & Training Administrator*

**David Ince**

*Online Learning Manager & Trainer*

**Shelley Cushway** *Non-Executive Director*

**Daniel Mirea**

*Associate Trainer and Workshop Instructor*

**Dr Jana Martiskova, Phd**

*Assistant Trainer*

**Mimi Fakhri**

*Assistant Trainer*

**Dr William Sheate, Phd**

*Assistant Trainer*

**Sue Sawyer**

*Assistant Trainer*

**Tim Grimwade**

*Assistant Trainer*

**Theresa Brockway**

*Assistant Trainer*

**Emma Coffey**

*Assistant Trainer*

**Hui Bee Teh**

*Asia Operations Director and Trainer*

**Simon Clarke**

*Internal Verifier / UKCP Registered Hypno-Psychotherapist*

**UK College Contact Details**

**The UK College of Hypnosis & Hypnotherapy, a Division of Mindease Limited**

**Registered Office**

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**Website:** [www.UKhypnosis.com](http://www.UKhypnosis.com)

## Hypno-CBT® & Cognitive Behavioural Hypnotherapy

The House of Lords Science & Technology Select Committee report (1999) defines hypnotherapy as follows,

Hypnotherapy - The use of hypnosis in treating behavioural disease and dysfunction, principally mental disorders.

We believe that hypnotherapy was the original modality of modern psychotherapy. Nowadays, however, a distinction is made between,

1. Hypnotherapy. Classed as a branch of Complementary & Alternative Medicine (CAM) following a House of Lords report. Within this sector there are several organisations which voluntarily self-regulate the practice of hypnotherapy.

2. Hypno-psychotherapy. Which is recognised by umbrella bodies like the UK Council for Psychotherapy (UKCP), European Association for Psychotherapy (EAP), and World Council for Psychotherapy (WCP) as designating a core modality of psychotherapy

### **Hypno-Psychotherapy**

Almost all modern hypnotherapy inevitably draws upon concepts and techniques from the wider culture of psychotherapy. However, some forms of hypnotherapy do this to a minimal degree, while others do so to a greater extent and in a more sophisticated manner. As one contemporary authority on the subject writes,

A century ago, hypnotherapy often consisted of a hypnotic induction, followed by suggestions of symptom removal. Consequently, hypnotherapy has been viewed by some writers as a mode of therapy that might be compared with psychodynamic, cognitive-behavioural, or other therapeutic approaches. However, suggestions for symptom relief play a relatively minor role in contemporary hypnotherapy. Instead, hypnotherapy generally consists of the addition of hypnosis to some recognised form of psychotherapy. (Kirsch et al., 1995: 214)

Modern hypnosis is not just about —hypnotising people and telling them they will feel better. Our training programme places hypnotherapy squarely within the context of modern psychotherapy. We place special emphasis upon the cognitive-behavioural theory and practice of hypnosis. We select techniques for integration within a hypnotic psychotherapy framework based upon a philosophy of evidence-based (technical) eclecticism, which endorses therapeutic techniques mainly on the basis of their support from the best independent research evidence available.

### **Hypno-CBT®**

Our own proprietary system of cognitive-behavioural hypnotherapy is called Hypno-CBT® and we consider it to represent the future of evidence-based practice in the field of hypnotic psychotherapy. Cognitive-behavioural hypnotherapy (CBH) is a popular topic of research in current scientific journals in the field of hypnotherapy. Students will be progressively introduced to the core concepts and techniques of Hypno-CBT® through the later stages of their training as a natural development of the basic hypnotherapy covered in stage one



## Awarding Centre Policies

### Admissions Policy

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

1. Students should have no history of criminal convictions or sanctions by professional organisations which might reflect upon their suitability to practice as a therapist.
2. Students should be sufficiently fluent in spoken English to work effectively with English-speaking clients.
3. Students wishing to pursue professional registration as hypno-psychotherapists rather than hypnotherapists should possess a university degree or otherwise be able to demonstrate a post-graduate level of competence at commencement of training.
4. Students must be in suitable mental health for training, e.g., without a history of psychotic symptoms or current mental health problems.
5. 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.
6. Students should have, or obtain, suitable experience of working with other people in a responsible role, e.g., in a management or supervisory role, caring profession, psychotherapy, counselling, or relevant charity work.

### Equal Opportunities

1. 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.
2. 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.
3. 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 hypno-psychotherapy.

### 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.

## **Appeals Policy & Enquiries about Results**

1. 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.

2. 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.

3. 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](http://www.ncfe.org.uk)

## **Student Satisfaction Policy & Complaints Procedure**

1. 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.

2. The Awarding Centre will respond in writing to complaints within 28 days of receipt, where possible.

3. If you are unhappy with the Awarding Centre's response you may appeal in writing to the Public Protection Officer of the Register within 28 days. Contact the Register for details; see the front of this handbook for details.

4. 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

## **Assessment Policy & Student Misconduct**

1. Students must be able to provide evidence of attending at least 90% of the designated classroom hours to be eligible for this award.

2. The normal number of classroom contact hours is 136.5, which can be divided across a series of modules; the total anticipated number of study hours, including homework, is 500 hours.

3. Training for the diploma is normally divided across modules delivered over a period of 12 months, though this may vary depending upon students' circumstances and needs.

4. 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.

5. Students who enrol for the award must submit their portfolio within 12 months of completing the final stage of training.
6. Reminders for unfinished work will be sent to your designated postal address by the Awarding Centre's administrator.
7. 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](http://www.ncfe.org.uk).

### **Quality Assurance Policy**

1. Student work is marked by a qualified Assessor in accord with NCFE requirements.
2. 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.
3. The portfolios are also checked periodically by NCFE's appointed External Verifier.
4. 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**

1. 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.
2. 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**

- 1.1. 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.
- 1.2. 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**

1.1. 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.

1.2. Where appropriate, records will be maintained by the health and safety officer in accord with the relevant legislation.

1.3. 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

## Units

### Unit 1: Assessment. Assess 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 can:

Respond appropriately to initial requests for cognitive behavioural hypnotherapy. (CH-H1.1)

##### The Learner can:

1.1. Explain own sphere of professional competence.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

1.2. Use examples to describe the suitability of requests for cognitive behavioural hypnotherapy making use of evidence based practice.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

1.3. Outline the basic terms of the treatment contract.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Peer / volunteer feedback

Case Study

**Range (Explanation):**

**Sphere of professional competence.** The range of presenting problems, etc., which the therapist is, or will be, competent to treat.

**Requests.** The initial contact made by a client or a third party acting on their behalf in order to enquire about treatment. This may be by telephone, email, etc.

**Treatment Contract.** Should contain details of fees, cancellation policy, contact details, confidentiality, etc

**The Learner will:**

Prepare to formally assess the client during the initial consultation. (CH-H1.2)

**The Learner can:**

1.4. Describe the suitability of the environment, i.e., consulting room, for the initial consultation.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Peer / volunteer feedback

Case Study

1.5. Outline the session agenda and with the client.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Peer / volunteer feedback

Case Study

1.6. Use examples from practice to compare the role of the client in therapy and the role of the therapist in therapy.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

1.7. Outline the nature of cognitive behavioural hypnotherapy in a manner appropriate to the client.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

## Case Study

1.8. Describe confidentiality and the therapeutic contract to the client.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

1.9. Explore the core qualities of a positive therapeutic relationship, i.e., rapport with the client.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

1.10. Explain client information recorded in the consultation form.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Peer / volunteer feedback

Case Study

1.11. Use examples to describe the therapist's duty of care and any requirement for informed consent.



Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

**Range (Explanation):**

**Prepare.** This outcome refers, e.g., to preparation during the opening phase of the initial consultation, during which the therapist may obtain basic client information, build rapport, and explain the session agenda.

**Session Agenda.** The therapist provides an overview of the whole initial consultation and confirms this with the client, answering any questions before commencing.

**Role.** The therapist explains the therapeutic relationship and the attitudes and qualities which contribute to effective therapy on the part of both therapist and client.

**Therapeutic contract.** A written or verbal contract which specifies, e.g., the scope of confidentiality, session fees, payment policy, cancellation policy, complaints procedure, therapist contact details and procedures, etc

**The Learner Will:**

Formally assess the client. (CH-H1.3)

**The Learner Can:**

1.12. Identify the client's presenting problem(s) in relation to standard diagnostic categories.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

1.13. Summarise the client's presenting problem(s) in relation to multiple dimensions of their life.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

1.14. Describe the client's previous experience of hypnotherapy and other relevant treatments.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Peer / volunteer feedback

Case Study

1.15. Outline client contra-indications, or risk factors, for treatment or specific interventions.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

1.16. Describe the client's current physical and mental health in a manner relevant to treatment.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Peer / volunteer feedback

Case Study

1.17. Explain the client's ability to comply with homework and employ self-care, e.g., self-hypnosis techniques.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

1.18. Use an example to assess the client's ability to respond to cognitive behavioural hypnotherapy interventions and employ subjective strategies in treatment.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

1.19. Record information in a suitable, format making reference to policy and procedure.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Peer / volunteer feedback

Case Study

**Range (Explanation):**

**Assess.** This refers primarily to the assessment of a client during the initial consultation process before commencing treatment.

**Multiple dimensions.** For example, behaviour, affect, cognition, somatic, interpersonal, and cognitive dimensions (multi-modal assessment).

**Subjective Strategies.** The client’s ability to respond may be evaluated by teaching self-hypnosis, using suggestion tests or scales, and similar techniques

**Internal Assessment Guidance – Unit 01**

**Learning Outcome**

Number	Type of Evidence	Additional Information (if applicable)
1.1 – 1.4	Written response to several sample initial enquiry transcripts	Class / coach based discussion as evidence
1.5	Written analysis of treatment environment.	
1.6 – 1.13	Written evaluation by student following –“initial consultation” role-play exercise.	
1.12	Completed copies of initial consultation form from role-play exercise	
1.14 – 1.21	Written evaluation by student following –“initial consultation” role-play exercise.	
1.14 – 1.17	Completed copies of initial consultation form from role-play exercise.	
1.15	Completed multi-modal assessment form from role-play exercise.	
1.17 – 1.18	Completed health questionnaire form from role-play.	
1.19 – 1.20	Evaluation form: hypnotic skills training exercise	
1.20	Completed sample contract from role-play exercise.	Class / coach based discussion as evidence

**Unit 2 : Conduct the cognitive behavioural hypnotherapy 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.

**The Learner Will:**

Plan the cognitive behavioural hypnotherapy treatment with the client. (CH-H2.1)

**The Learner Can:**

2.1. Summarise the suitability of different cognitive behavioural hypnotherapy interventions for the client's needs.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

2.2. Collaboratively design and develop and agree a suitable treatment plan with the client, including staged goals.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

2.3. Explain the treatment plan in terms appropriate to the client, including any risks or practical implications such as estimated number of sessions.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Peer / volunteer feedback

Case Study

2.4. Discuss the client's understanding of the treatment plan.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Peer / volunteer feedback

Case Study

2.5. Formulate and explain the evaluation of outcomes in a manner suited to the client's needs.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Peer / volunteer feedback

Case Study

2.6. Record the treatment plan and other information in a suitable format

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Peer / volunteer feedback

Case Study

**Range (Explanation):**

Cognitive behavioural hypnotherapy interventions. These include techniques and strategies typically incorporated within a hypno-psychotherapy framework, e.g., cognitive, behavioural, or psychodynamic interventions, such as thought-stopping, habit reversal, desensitisation, graded exposure, cognitive restructuring, etc. Understanding of the treatment plan. The client's understanding and agreement constitute the basis of — "informed consent"

**The Learner Will:**

Provide cognitive behavioural hypnotherapeutic treatment. (CH-H2.2)

**The Learner Can:**

2.7. Maintain the suitability of the clinical environment for treatment.

Assessment:

Observation

Participation in classroom / coach discussions

Peer / volunteer feedback

Case Study

2.8. Explain safe hypnotic treatment interventions.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

2.9. Describe how to respond appropriately to unintended reactions to treatment.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

2.10. Reflect on how client well-being and safety throughout treatment.

Assessment:

Observation

Participation in classroom / coach discussions  
Completion of practical exercise documentation  
Peer / volunteer feedback  
Case Study

**Range (Explanation):**

**Suitability (of environment).** Including the consulting room, furniture, seating of therapist in relation to client, etc.

**Treatment interventions.** Including hypnotic skills training, self-hypnosis, hypnotic induction, and therapeutic techniques.

**Unintended reactions.** Includes clients reacting with distress to interventions, emerging spontaneously from hypnosis, become panicked, failing to respond to interventions, etc

**The Learner Will:**

Evaluate the effectiveness of the hypno-psychotherapeutic treatment. (CH-H2.3)

**The Learner Can:**

2.11. Explain the outcome of the treatment systematically and appropriately.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Peer / volunteer feedback

Case Study

2.12. Review treatment with client.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Peer / volunteer feedback

Case Study



2.13. Record the outcomes of treatment appropriately.

Assessment:

Observation

Completion of practical exercise documentation

Peer / volunteer feedback

Case Study

2.14. Reflect on the lessons to be learned from the treatment process.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

**Range (Explanation):**

**Evaluate the outcome.** Evaluation of techniques during sessions, at subsequent sessions, immediately post-treatment, and at follow-up after treatment has finished.

**Record the outcomes.** In the form of session notes or evaluation forms, etc.

**Lessons to be learned.** Reflective practice involves the therapist continually monitoring and reviewing their own skills and the effectiveness of their interventions

**Internal Assessment Guidance – Unit 02**

**Learning Outcome**

Number	Type of Evidence	Additional Information (if applicable)
2.1-2.6	Written evaluation of treatment planning exercises with two different clients' presenting problems.	Must include evaluation of treatment plan discussion, proposed graded behavioural assignments and initial treatment.
2.6	Written session notes for initial treatment session and discussion of treatment plan.	

2.7-2.11	Written evaluation of risk factors in treatment and issues relating to treatment environment and client safety.	
2.8	Written analysis of peer-evaluation of three hypnotic interventions from classroom exercises.	This should include reflection on feedback and the students proposed response, i.e., action plan.
2.9	Written analysis of peer-evaluation of three non-hypnotic interventions from classroom exercises.	This should include reflection on feedback and the students proposed response, i.e., action plan.
2.12-2.15	Written evaluation of role-play exercise on second treatment session, following-up client outcomes and reviewing treatment plan	
2.14	Record of outcome forms and session notes for role-play exercise on second session.	

### Unit 3: Self-care. Teach clients 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).

#### The Learner Will:

Prepare to advise and educate the client about self-care. (CH-H3.1)

#### The Learner Can:

3.1. Explain the suitability of different self-care techniques for the client.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

3.2. Design a self-care treatment plan for the client.

Assessment:

Observation

Participation in classroom / coach discussions  
Completion of practical exercise documentation  
Completion of essay style assessment questions  
Peer / volunteer feedback  
Case Study

3.3. Outline the self-care treatment plan to the client and discuss it with them collaboratively.

Assessment:

Observation

Participation in classroom / coach discussions  
Completion of practical exercise documentation  
Completion of essay style assessment questions  
Peer / volunteer feedback  
Case Study

3.4. Propose a system for the evaluation and plan review of self-care.

Assessment:

Observation

Participation in classroom / coach discussions  
Completion of practical exercise documentation  
Completion of essay style assessment questions  
Peer / volunteer feedback  
Case Study

**Range (Explanation):**

**Self-care.** This is a generic term covering client-administered techniques and strategies used between sessions or following treatment. This typically includes the use of self-hypnosis, other coping skills, and behavioural assignments such as real world (in vivo) exposure to feared situations

**The Learner Will:**

Enable the client to implement the self-care treatment plan. (CH-H3.2)

**The Learner Can:**

3.5. Explain the role of the client and the factors contributing to success in the use of self-care techniques.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

3.6. Outline the rationale behind self-hypnosis in a manner appropriate to the client.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

3.7. Reflect on examples that train the client in the use of self-hypnosis.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

3.8. Describe the rationale behind other self-care techniques in a manner appropriate to the client.

Assessment:

Observation

Participation in classroom / coach discussions  
Completion of practical exercise documentation  
Peer / volunteer feedback  
Case Study

3.9. Identify ways to train the client in the use of other self-care techniques.

Assessment:  
Observation  
Participation in classroom / coach discussions  
Completion of practical exercise documentation  
Peer / volunteer feedback  
Case Study

3.10. Identify with the client possible risks in relation to safe use of self-care techniques.

Assessment:  
Observation  
Participation in classroom / coach discussions  
Completion of practical exercise documentation  
Peer / volunteer feedback  
Case Study

3.11. Describe ways to support the client to use self-monitoring and recording techniques to evaluate the outcome of self-care techniques effectively.

Assessment:  
Observation  
Participation in classroom / coach discussions  
Completion of practical exercise documentation  
Completion of essay style assessment questions  
Peer / volunteer feedback  
Case Study

**Range (Explanation):**

**Self-care.** This is a generic term covering client-administered techniques and strategies used between sessions or following treatment. This typically includes the use of self-hypnosis, other coping skills, and behavioural assignments such as real world (in vivo) exposure to feared situations

**The Learner Will:**

Review and evaluate the effectiveness of the self-care treatment plan. (CH-H3.3)

**The Learner Can:**

3.12. Explain the outcome of self-care.

Assessment:

Observation

Participation in classroom / coach discussions

Peer / volunteer feedback

Case Study

3.13. Explain the self-care plan collaboratively with the client.

Assessment:

Observation

Participation in classroom / coach discussions

Peer / volunteer feedback

Case Study

3.14. Make recommendations to the self-care plan giving rationale.

Assessment:

Observation

Participation in classroom / coach discussions

Peer / volunteer feedback

Case Study

3.15. Describe the details of the review appropriately.

Assessment:

Observation

Participation in classroom / coach discussions

Peer / volunteer feedback

Case Study

**Range (Explanation):**

**Evaluate the outcome.** Using qualitative feedback from clients and suitable quantitative measures, e.g., SUD scales, thought forms, etc.

**Internal Assessment Guidance – Unit 03**

**Learning Outcome**

Number	Type of Evidence	Additional Information (if applicable)
3.1-3.4	Written evaluation of classroom practical session on teaching self-hypnosis and hypnotic skills training.	Must include planning of self-care and schedule for real world (in vivo) application and outcome measurement.
3.5-3.11	Written evaluation of classroom practical session on teaching self-hypnosis and hypnotic skills training	
3.12-3.15	Written evaluation of classroom exercise on follow-up self-care session, reviewing outcomes and adapting treatment plan	

**Unit 4: Professionalism. Professional & Ethical Issues.**

**Summary of Corresponding NOS Unit** [This unit corresponds to the more generic elements in the NOS —knowledge and understanding|| section.]

**The Learner Will:**

Understand their legal and professional role.

**The Learner Can:**

4.1. Explain their obligations in relation to relevant professional codes.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of essay style assessment questions

4.2. Outline the value of clinical supervision in relation to cognitive behavioural hypnotherapy.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

4.3. Explain the implications of relevant legislation for their practice.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of essay style assessment questions

4.4. Explain their relationship with relevant organisations.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

4.5. Summarise the role of confidentiality in relation to treatment.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation



Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

4.6. Describe the role of informed consent in relation to treatment.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

4.7. Summarise their professional duty of care in relation to running a clinical practice.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

4.8. Describe appropriate issues in applied ethics in relation to cognitive behavioural hypnotherapy.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

**Range (Explanation):**

**Relevant Legislation.** Including the Data Protection Act, Children’s Acts, Health & Safety Acts, civil duty of care, etc. **Relevant Organisations.** Including the therapist’s professional register, but also other regulatory or umbrella bodies in their field

**Internal Assessment Guidance – Unit 04**

**Learning Outcome**

Number	Type of Evidence	Additional Information (if applicable)
4.1-4.8	Essay on legal and professional issues, or answers to structured home-study question paper.	
4.9-4.13	Answer set home-study test questions on client health and communication in therapy.	

**Unit 5: Knowledge. Apply theory in hypnotherapy.**

**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.)

**The Learner Will:**

Understand issues relating to client health and communication.

**The Learner Can:**

5.1. Describe the implications for treatment of the client’s current health.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

5.2. Explain relevant theories in developmental psychology in relation to cognitive behavioural hypnotherapy.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

5.3. Explain the role of communication skills in the therapeutic setting.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

5.4. Explain the role of reflective practice and research evidence in relation to hypno-psychotherapy.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

**Range (Explanation):**

**Current Health.** Including physical and mental health.

**Relevant Concepts (in psychopathology).** Including diagnostic classifications and criteria relevant to the therapist's sphere of competence.

**The Learner Will:**

Understand issues relating to cognitive behavioural hypnotherapy theory

**The Learner Can:**

5.5. Understand and be able to utilise an appropriate cognitive behavioural technique employed in CBH

5.6. Describe the differences between comparative psychotherapeutic models employed in hypno-psychotherapy.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of essay style assessment questions

5.7. Explain the principles of evidence-based practice in relation to cognitive behavioural hypnotherapy.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

5.8. Explain the historical development of the practice of hypno-psychotherapy.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

5.9. Explain the “state versus nonstate” debate in the theory of hypnosis.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

5.10. Outline the range of factors contributing to hypnotic responsiveness.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

5.11. Describe the role of suggestion in hypno-psychotherapy.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

5.12. Explain an appropriate range of theoretical concepts employed in cognitive behavioural hypnotherapy.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

5.13. Evaluate the relationship between comedy or stage hypnosis and clinical hypnotherapy.

Assessment:

Observation

Participation in classroom / coach discussions

Completion of essay style assessment questions

5.14. Explain the key factors in cognitive behavioural hypnotherapy

Assessment:

Observation

Participation in classroom / coach discussions

Completion of practical exercise documentation

Completion of essay style assessment questions

Peer / volunteer feedback

Case Study

**Range (Explanation):**

**Comparative psychotherapeutic models.** Including psychodynamic, humanistic, cognitive, and behavioural models of therapy, and Ericksonian hypnosis.

**Relevant concepts in contemporary research methods.** Including good research design, confirmation bias, measurement effects, placebo and no-treatment controlled studies, non-specific factors in treatment, and statistical significance

**Internal Assessment Guidance – Unit 05**

**Learning Outcome**

Number	Type of Evidence	Additional Information (if applicable)
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5.1-5.17	Answer set home-study test questions on hypno-psychotherapy theory	
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## Assessment at Level 4

**Students complete the written assessment questions.**

Course activities	Assessment methods	Types of evidence
Professional discussions within the training or with their personal coach	Tutor / Coach observation	Learning attendance record
Review of knowledge, skills and understanding	Documents	Written assessment questions
Assessed skills practice	Tutor / Coach observation	Practice during the course with fellow students Feedback forms from peers
Assessed skills practice	Tutor observation	Attendance at practise sessions – minimum of 4 hrs per stage
Assessed skills practice	Tutor supervision	Completion of 3 case studies Written feedback from case study volunteer Professional discussion for each case study Client record (8 hours therapy 1-1 with three different clients)

## Individual Questions

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

1.1 a) Describe 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 describe *five* key aspects of the initial consultation.

1.3 a) Outline 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) Reflect on 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 Outline the pros and cons of using different tests or convincers to assess your client's hypnotic responsiveness in a therapy session.

b) Identify and describe 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) Outline 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 what you have learned about the range of techniques and strategies used to address different client presenting problems in hypnotherapy.

b) Give one example of a client presenting problem 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) Describe which techniques you could use?

c) How would you support your client to learn and practice

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

b) Provide at least *two* 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 *two* 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) Outline the requirements of clause 2 and reflect on any issues you may experience.

c) Outline *two* further clauses and your understanding of what they mean to your practice.

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

b) outline an exception, a case that you would consider outside your sphere of competence (commonly recognised contra-indications should not be used as examples)

- 4.3 a) Explain the role of reflective practice in hypnotherapy.  
b) How would you reflect on the effectiveness of your approach with individual clients?

- 4.4 a) What is clinical supervision?  
b) What are 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) Summarise the role of client confidentiality in hypnotherapy.  
b) What limitations or exceptions apply to confidentiality?

- 4.6 a) Summarise the main laws which affect the practice of hypnotherapy. b) Explain and 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) Describe these *four* approaches to hypnotherapy; cognitive, behavioural, Ericksonian and hypno-analytic.

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

- 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.

- 5.3 a) Explain the difference between state and nonstate theories of hypnosis and  
b) explain what this means for effective hypnotherapy.  
c) Provide an account of the factors emphasised in nonstate models.

- 5.4 a) Outline 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 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 outline the historical relationship between hypnotism and mesmerism.

b) How does this relate to modern hypnotherapy?

5.8 Describe and discuss some of the common misconceptions clients may have about hypnosis.

b) provide 2 examples and how you would respond to these

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