

CORE CURRICULUM

FOR HYPNOTHERAPY

Published July 2017 by
The Complementary and Natural Healthcare Council (CNHC)

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Introduction

1.	<p>Hypnotherapy involves skilled communication aimed at directing a person's thoughts and imagination in a way that helps elicit psychological and physiological changes in some perceptions, sensations, feelings, thoughts and behaviours.</p> <p>In a typical hypnotherapy session, the hypnotherapist and client will discuss the intended changes or therapeutic goals desired. The hypnotherapist will ask questions about previous medical history, general health and lifestyle to decide on the best approach for the individual.</p> <p>Hypnotherapy may be found to be helpful for those seeking relief from a range of problems and is used alongside a person's own willpower and motivation to identify and work towards a desired goal. It is often used to help relieve stress and anxiety, aid sleeping, help to address bedwetting, address attitudes to weight, and help clients achieve behavioural change to stop smoking. It may also help with fears and phobias, minor skin conditions that are exacerbated by stress and confidence issues, and may also be used to enhance performance in areas such as sport and public speaking. Hypnotherapy may help people to cope with and manage the relief of perceived pain.</p> <p>Hypnotherapy has also been used with both adults and children to help manage the pain associated with irritable bowel. There is evidence to support its use in this condition for both adults and children and the National Institute for Health and Clinical Guidance (NICE) recommends the NHS should consider referring patients for hypnotherapy if their irritable bowel is persistent and has failed to respond to simple prescribed medicine.</p>
2.	<p>The content of this core curriculum provides a minimum standard for safe and competent practice. It incorporates the National Occupational Standards (NOS) for Hypnotherapy – CNH1, CNH2 and CNH23. There are some overlaps. Copies of CNH1 and CNH2 are attached as Appendix 1 to this document, with the wording of the overviews only included in section 2A and 2B below. The full details of CNH23 are set out in section 2C below. In the interests of public protection, some additions have been made to CNH23, as indicated in red text.</p>
3.	<p>Achievement of the educational and professional outcomes in this Core Curriculum act as the measure for eligibility to apply for registration with the Complementary and Natural Healthcare Council (CNHC). The agreed version of this Core Curriculum will replace the version published in 2011.</p>
4.	<p>It will be the responsibility of those Professional Associations who verify applications for CNHC registration to:</p>
	<p>a) ensure that the Core Curriculum is circulated to all training providers with whom they have a working relationship, so that it can be used as the basis for the design and delivery of their courses</p> <p>b) accept that accountability for accrediting courses and verifying applications for CNHC registration lies with the Professional Association.</p>
<p>1 OVERALL AIMS OF THE COURSE</p>	
<p>To ensure that at the point of successful course completion, individuals are safe and competent to practise hypnotherapy.</p>	

2 LEARNING OUTCOMES AND COMPETENCIES TO BE ACHIEVED

2A CNH1 Explore and establish the client's needs for complementary and natural healthcare

Overview

All forms of complementary and natural healthcare rely on exploring and establishing the client's needs and expectations. This may take place at the outset, but also during the on-going delivery of complementary and natural healthcare.

This allows the practitioner to consider whether it is appropriate to offer the service to the client, the type of service that should be offered and any required modifications to that service.

Users of this standard will need to ensure that practice reflects up to date information and policies.

2B CNH2 Develop and agree plans for complementary and natural healthcare with clients

Overview

It is important that the planning of complementary and natural healthcare takes place through discussion and agreement with the client and relevant others (e.g. carers).

This standard is about developing and agreeing plans that meet the client's needs. Such plans may be subject to change as the service proceeds.

Users of this standard will need to ensure that practice reflects up to date information and policies.

2C CNH23 Provide Hypnotherapy to clients

Overview

This standard covers the provision of hypnotherapy for individuals. It includes supporting the client throughout the intervention and evaluating the effectiveness of hypnotherapy with the client.

Knowledge and understanding

Students will need to know and understand:

1	the principles of different approaches and their application including on-line therapy
2	the links between case evaluation and selected approaches
3	the hypnotherapist/client relationship
4	the relationship with all other healthcare professionals
5	the importance of building and maintaining a rapport with the client
6	the importance of building review, reflection and evaluation into the therapy planning
7	current methodologies, underpinning theories and codes of ethics
8	methodologies employed in interventions may include (but are not limited to):
	a) the use of formal and informal trance
	b) the use of different levels of consciousness
	c) the use of direct and indirect approaches
	d) the use of direct and indirect suggestions
	e) matching different approaches to different clients eg permissive or authoritarian
	f) relationships between different methodologies
9	possible contra-indications for particular presenting issues. If in doubt, hypnotherapist to contact client's GP (always with client permission) or other relevant healthcare professional (such as psychiatrist if patient has been referred or is working 'in conjunction with').

10	the importance of observation of clients throughout the therapeutic process
11	the variety of content, structure and approach of different methodologies and the benefits and limitations of each
12	the processes for evaluating information as the selected interventions proceed and using this to inform future practice
13	the principles of selecting techniques – i.e. matching the intervention to client needs
14	the importance of taking a critical approach in relation to methodologies selection
15	the factors to consider when selecting methodology tailored to individual needs
16	the importance of being aware of actions, reactions, transference, abreactions and interactions of the client
17	the possible barriers to successful therapy
18	how to safely re-alert the client at the end of the session
19	how to negotiate the termination of therapy with the client
20	the importance of working within therapist's competence, understand their limitations and refer on to another hypnotherapist or healthcare professional if appropriate
21	the need to maintain awareness of safeguarding with children and vulnerable adults
22	the importance of confidentiality and where a breach may be required (e.g. for imminent risk)
23	Understand the risks and limitations of online therapy
Performance criteria	
Students must be able to do the following:	
1	explain and clarify the use of hypnosis to the client, including on-line therapy
2	identify and select methodologies that are appropriate for the client which are consistent with the overall planned intervention/s
3	explain to the client the reasons for your choices of methodology at each stage of the therapy if requested by the client
4	explain to the client the choice and possible, most relevant , responses in an appropriate manner, level and pace to suit client's understanding
5	explain to the individual their role in cooperating and participating in the therapy
6	obtain the appropriate consent for hypnotherapy
7	explain the role which the client (and companion if relevant) must take for the hypnotherapy to be successful
8	encourage the client and explain how to:
	a) monitor their response to therapy and any self-care exercises
	b) note any changes in their health and wellbeing
	c) contact the practitioner at an appropriate time if they have any concerns or queries in relation to their intervention therapy
9	provide clear and accurate advice with regard to any relevant aftercare within the scope of the therapist's expertise
10	support the client to make informed choices
11	apply the appropriate interventions that are suited to the client's needs
12	evaluate, with the client, the outcomes and effectiveness of the hypnotherapy provided to date, to inform future plans and actions
13	accurately record information and reflect upon the rationale for the programme of hypnotherapy
3 OVERALL RATIO OF THEORY AND PRACTICE	
3.1	Hypnotherapy has a very diverse range of theories and modalities, some of which are more theoretical in orientation (eg Hypno-psychoanalytical), as compared with others that

	are more practical (eg Hypno-behavioural). The overall ratio of theory and practice, therefore, varies between 65-80% theory: 20-35% practice
4 ASSESSOR AND INTERNAL QUALITY ASSURANCE REQUIREMENTS FOR THE REGULATED QUALIFICATIONS FRAMEWORK (RQF) COMPETENCE QUALIFICATIONS	
4.1	Not applicable because there are no regulated qualifications for hypnotherapy that meet the requirements of this core curriculum.
5 THE MINIMUM (EQUIVALENT) LEVEL AT WHICH QUALIFICATIONS LEADING TO CNHC REGISTRATION MUST BE ACHIEVED AGAINST THE REGULATED QUALIFICATIONS FRAMEWORKS ACROSS THE UK	
5.1	The minimum level of qualification required is equivalent to 4 (England and Wales); 6 (Northern Ireland); 7 (Scotland) on the UK Qualification Comparison Chart.
6 HOURS OF STUDY	
6.1	<u>Total Qualification Time</u> . A minimum of 450 hours is required, including 165 hours of directed learning. This is the number of notional hours that represents an estimate of the total amount of time that could reasonably be expected to be required in order for a Learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification. Total qualification time is comprised of the following two elements:
	(i) the number of hours of Guided Learning (ii) an estimate of the number of hours a Learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but unlike Guided Learning, not under the Immediate Guidance or Supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.
6.2	<u>Guided Learning</u> . 120 hours, as a minimum. This is the activity of a Learner in being taught or instructed by – or otherwise participating in education or training under the <u>Immediate Guidance or Supervision</u> of – a lecturer, supervisor, tutor or other appropriate provider of education or training.
6.3	<u>Immediate Guidance or Learning</u> . The guidance or supervision provided by lecturer, supervisor, tutor or other appropriate provider of education or training -
	(i) with the simultaneous physical presence of the Learner and the lecturer, supervisor or tutor, or (ii) remotely by means of simultaneous electronic communication
	For these purposes, the activity of invigilation is to be regarded as a form of guidance or supervision.
	The minimum 120 Guided Learning Hours, for the development and supervision of clinical skills, must be with the simultaneous physical presence of the Learner and the lecturer, supervisor or tutor. Any Guided Learning Hours in excess of the minimum 120 hours may be delivered remotely by means of simultaneous electronic communication.
7. CREDIT VALUE	
The number of credits that will be achieved on successful completion of the learning outcomes is 45 . One credit must be equal to one tenth of the Total Qualification Time, rounded to the nearest whole number.	

8 CASE STUDY REQUIREMENTS

To include the minimum requirements for practice observed by an 'occupationally competent' assessor ie a hypnotherapist. NB Case study requirements are included in the Total Qualification Time and should reflect hours and credits (which may be spread across units).

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| 8.1 | <p>A minimum of 3 case studies must be completed: one as a single session and the other two to have at least two sessions each. With regards to presentation –</p> <ol style="list-style-type: none"> 1. Summary of intake 2. Initial treatment plan and rationale for selection 3. Summary of treatment, outcomes, observations 4. Rationale for any adjustments to treatment plan 5. Learnings (for student) from undertaking work 6. Any identified areas for development |
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9 DETAILS OF THE ASSESSMENT PROCESS

This must include independent assessment ie the person undertaking the summative assessment should not have taught or assessed the learner, but must be occupationally competent as a hypnotherapist.

9.1 Case studies as above **plus**

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| | a) | Coursework (which may include research, essays etc.,) |
| | b) | Examination (practical and theoretical) |

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| 9.2 | The above should all evidence clear understanding of learning outcomes outlined in this document. Assessment should be by the tutor with a sample of the overall submissions having been additionally assessed by an independent assessor. Organisations must be able to provide evidence of this if required. |
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9.3 **In addition – Practical assessment of skills**

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| | a) | An ongoing (i.e. during teaching sessions) observation as to practice, application and suitability. |
| | b) | Final Practical Assessment should be by a minimum of one independent assessor who is occupationally competent as a hypnotherapist (two are recommended) |

9.4. **Summative Assessment**

The summative assessment must include the written work, in addition to practical work.

9.5 **Assessors**

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| | a) | <p><u>For written work</u>
The Course Tutor assesses all written work. In addition, a sample of completed written work must be assessed and agreed as adequate by</p> |
| | (i) | another Tutor who has not been involved in the training and who is occupationally competent as a hypnotherapist and can evidence that this is the case or |
| | (ii) | an experienced, qualified Hypnotherapist, who has not been involved with the training or mentoring of the student being assessed and who is occupationally competent and can evidence that this is the case. |
| | b) | <p><u>For Practical Skills</u>
Skills assessment must be by at least one independent assessor who is occupationally competent as a hypnotherapist and can evidence that this is the case.</p> |

10 DETAILS OF AN ACCREDITATION OF PRIOR AND EXPERIENTIAL LEARNING (APEL) PROCESS FOR APPLICANTS FOR CNHC REGISTRATION WHO HAVE NOT COMPLETED A COURSE THAT OF ITSELF MEETS CNHC REQUIREMENTS, AND WHO WOULD BE RESPONSIBLE FOR THE PROCESS

10.1	<p>The APEL process would be the responsibility of organisations who verify applications for CNHC registration from hypnotherapists who have not completed a training course that of itself meets the requirements of this core curriculum. Such applicants would be required to present evidence to enable mapping to the Core Curriculum. Clear evidence will demonstrate:</p> <ul style="list-style-type: none">- Relevant training (e.g. training certificates, CPD log)- Three years experience in practice (e.g. references from fellow hypnotherapists/colleagues/trainers/clients/practice company or financial records)
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CNH1 Explore and establish the client's needs for complementary and natural healthcare

OVERVIEW

All forms of complementary and natural healthcare rely on exploring and establishing the client's needs and expectations. This may take place at the outset, but also during the on-going delivery of complementary and natural healthcare. This allows the practitioner to consider whether it is appropriate to offer the service to the client, the type of service that should be offered and any required modifications to that service.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. The concept of health and well-being that is consistent with the practice, principles and theory underlying your discipline
2. The nature of the service provided and fee structures
3. How the client's previous and present care may affect their health and well-being in relation to your discipline
4. How the psychological and emotional balance, as well as diet and lifestyle of the individual, can affect their health and well being
5. How the context in which people live affects their health and well-being
6. The importance of a suitable environment and making clients feel welcome
7. How to select and use different methods for exploring clients' needs
8. How to establish valid and reliable information about the client, and determine the priority of need, in order to plan the service
9. The potential risks (relevant to your discipline) of various courses of action for the client
10. How to work with clients to determine the appropriate actions
11. The appropriate actions to take to suit identified needs
12. The conditions for which the discipline is appropriate and those where it must be used with caution
13. How to recognise conditions for which your discipline is unsuitable and for which the client should seek advice from other sources

14. How to judge whether self-care procedure(s) relevant to your discipline are appropriate for the client
15. The anatomy, physiology and pathology relevant to your discipline
16. The procedures for record keeping in accordance with legal and professional requirements

PERFORMANCE CRITERIA

You must be able to do the following:

1. evaluate requests for complementary and natural healthcare and take the appropriate action
2. explain the nature of the service and fee structures to the client
3. provide an appropriate and safe environment for the service
4. make clients feel welcome and ensure they are as comfortable as possible
5. discuss the client's needs and expectations, and ask relevant questions
6. encourage the client to ask questions, seek advice and express any concerns
7. establish the client's needs in a manner which encourages the effective participation of the client and meets their particular requirements
8. determine any contra-indications or restrictions that may be present and take the appropriate action
9. evaluate the information obtained and determine the appropriate action with the client
10. complete and maintain records in accordance with professional and legal requirements

CNH2 Develop and agree plans for complementary and natural healthcare with clients

OVERVIEW

It is important that the planning of complementary and natural healthcare takes place through discussion and agreement with the client and relevant others (e.g. carers). This standard is about developing and agreeing plans that meet the client's needs. Such plans may be subject to change as the service proceeds.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. The range, purpose and limitations of different methods or approaches which may be used for clients' individual needs
2. How to determine the most appropriate method(s) for different clients and their particular needs
3. How to recognise those occasions when your discipline may complement other healthcare which the client is receiving
4. The alternative options available to clients for whom your discipline is inappropriate
5. The role which the client (and others) may take, and may need to take, if the approach is to be successful
6. How to support and advise the client to make informed choices
7. How to work with the client and relevant others to plan the approach
8. Why evaluation methods should be determined at the planning stage and what the client's role will be in the evaluation
9. The importance of encouraging and empowering the client to be as actively involved as possible
10. The relationship of the client's involvement to the promotion of their health and well-being
11. The procedures for record keeping in accordance with legal and professional requirements

PERFORMANCE CRITERIA

You must be able to do the following:

- 1. explain the available option(s) which meet the client's identified needs and circumstances**
- 2. explain any restrictions, possible responses and advise on realistic expectations**
- 3. advise the client when your discipline is inappropriate and help them to consider other options**
- 4. discuss the approach to be taken, the level of commitment required and the potential outcomes and evaluation with the client**
- 5. check the client understands and support them to make informed choices**
- 6. obtain the client's consent and complete records in accordance with professional and legal requirements**

Activities that count towards Guided Learning Hours (GLH) and Directed Learning Hours within the Total Qualification Time (TQT)

The following table provides examples of what activities count towards hours of Guided Learning and Directed Learning:

Type of Activity	Guided Learning	Directed Learning
Classroom based learning supervised by the lecturer, supervisor or tutor whether on a 1 to 1 or group basis	✓	×
Invigilated or supervised examinations or final assessments	✓	×
Research project where the learner carries out independent research and produces a report without supervision	×	✓
Classroom based induction to a qualification	✓	×
Skills practice carried out in simulated conditions where the learner is observed and assessed at the same time as the simulation is taking place	✓	×
Simultaneous electronic meetings with the lecturer, supervisor or tutor, eg. Skype or live webinars	✓	×
Watching a pre-recorded podcast or webinar, or listening to a recorded tutorial	×	✓
Work based practice observed by employer, tutor, or other witness more qualified than the learner	✓	×
Portfolio assessment where the learner collates evidence of competence and understanding unsupervised by the lecturer, supervisor or tutor eg Case Studies	×	✓
E-assessment where the learner has their knowledge and understanding assessed unsupervised where they can access online e-assessment at any time	×	✓
E-assessment where the learner is supervised by the lecturer, supervisor or tutor in real time	✓	×