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Accredited Member of the Hypnotherapy Association
Accredited Member of the National Council for Hypnotherapy
Accredited Member of the Association for Professional Hypnosis and Hypnotherapy
Accredited Member of the Hypnotherapy Society**

First and foremost, trainees enter the College's courses because they are particularly interested in acquiring a high level of practising skills in Ericksonian and Eclectic hypnotherapy and being welcomed to other national (and international) registers, if so desired.

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Associated training, examination and clinical supervision facilitators are profiled pp10-11

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Training Venues: See application form.

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Cambridge College of Hypnotherapy (CCH)

CCH was established in 2002 in order to create an eclectic course in hypnotherapy and to carry forward the ideas and work of the late **Dr. Milton Erickson (ref.p5)**, American psychiatrist and psychotherapist. This course was merged with the **National School of Hypnosis & Psychotherapy (est 1980)** in 2005. The effectiveness of Ericksonian hypno-psychotherapeutic approaches and neurolinguistic methods for clinical work has become widely recognised.

It is understood now that the need for the teaching of hypnosis skills and hypnotherapy to progress beyond the standardised 'Command and Relaxation' induction - the "You are feeling sleepy" routine – which is still popularly portrayed in the media and elsewhere. The standardised induction is not designed to take into account the individuality and difficulties of each client, and misses the important point that trance is a subjective internal experience which varies greatly, according to the client. Not surprisingly, many people fail to respond productively to the standardised induction routines which frequently evoke the comment "I didn't feel hypnotised". Nevertheless, an explanation and examples of these conventional approaches are included on Part I.

The Ericksonian Approach recognises and utilises the resources and capabilities of the individual and assumes that unconscious processes can operate in an intelligent and creative way. It is an approach that enables the client's identification with limiting processes to be set aside, thus enabling trance to facilitate utilisation of unconscious processes for therapeutic gain. The College also believes that students should have a knowledge of other perspectives, so analytical and other schools of thought/methods are introduced and explored in varying degrees.

Students are taught:

- to develop their own skills in the clinical art of observation, hypnotic inductions and the formulation of indirect suggestion, to enable them to become practising hypno-psychotherapists;

- an understanding of the dynamics of unconscious processes in behaviour;

- to have a high regard for the unique life experiences of each individual and to treat the whole person - not merely the symptoms;

- an awareness of the theoretical positions of other schools of psychological theory;

- to attain personal development through enhanced awareness of their own psychological and emotional functioning.

The College offers professional training and personal development to suitable candidates from many walks of life. What is required is an open and enquiring mind, the ability to comprehend and apply the principles being taught allied with a sense of humour.

WHAT IS HYPNOSIS?

Contrary to popular belief hypnosis does not have to be a state of relaxation. Neither is it a magical force or power, as was thought for thousands of years. Nor is it physiological sleep, even though it may seem to resemble it. In simple terms, it is nothing more than a special state of altered awareness in which selected behaviour of everyday life is influenced in a direct manner, usually with the aid of another person, although, of course, it can be self induced.

WHAT IS HYPNOTHERAPY?

It is the utilisation of the altered state of awareness to channel the untapped resources of the unconscious mind to achieve therapeutic change. The induction and maintenance of the altered state serve to provide a special psychological state in which a person can re-associate and reorganise inner psychological complexities and utilise own capabilities. Therapeutic hypnosis has little relation to the popular presentation of stage hypnosis and serious therapists have respect and care for their clients. The College trains therapists to be highly skilled in observation so that they are able to recognise even minor variations in behaviour that provide important clues to a person's interests and abilities. These signs are utilised to help guide the client into the state of altered awareness that is usually called trance. Hypnotherapy can then channel hitherto untapped resources of the unconscious mind to achieve needed changes.

WHAT IS PSYCHOTHERAPY?

It is the treatment of psychological disorders by psychological methods. This may be by suggestion, persuasion, hypnosis, behaviour modification, non-directive encounter, or psychoanalysis.

WHAT IS PSYCHOLOGY?

Psychology is the study of the mind and its activities. Each individual has his/her own particular way of responding to situations and stimuli and psychology is a study of this behaviour.

HYPNOSIS AND HYPNOTHERAPY

Although hypnosis can be defined as a special state of altered awareness it is, in fact, a complex phenomenon. It is not simply a power with which a dominant personality can "order away" a problem. Even now, a widespread misconception about hypnosis is that it is a crude tool of suggestion used to suppress symptoms, and that it is the only means of change available to hypnotherapy. However, far from viewing hypnosis as a state, the Ericksonian psychotherapeutic approach assumes that hypnosis is an interpersonal process in which the client's (and perforce the therapist's) conscious and unconscious messages are modified in the direction of the desired solution. A close study of hypnosis reveals that it is a highly complex phenomenon in which directed attention, the co-operation of the client, rapport, neurophysiological states, expectations, association and dissociation, unconscious processes and suggestion all have their part to play. Ericksonian therapy assumes that hypnosis is not a unitary phenomenon but is a largely unmapped terrain of psychological exploration which is, moreover, highly variable from one individual to another. It teaches that skilled practitioners should study the individual before them in great detail and tailor a therapeutic programme to first match and then go beyond the client's presented map of the world. The use of hypnosis, in the broad definition as presented by the College, refers to the directing of the client's attention to unconscious and previously unrealised possibilities.

When the latest findings of research on the Brain/Mind, the interactions of the Left/Right Hemispheres, the Conscious/Unconscious and the observation and understanding of the ways in which human beings communicate are taken into account, in conjunction with the individuality of a client, it is possible for the therapist to map an individual-orientated approach rather than

trying to fit him/her into an inflexibly defined system.

The Ericksonian Indirect-Interspersal approach enables the trained practitioner to reach and understand the deep filters of the mind so that wanted and needed beneficial change can be achieved. It increases the choices of the client to avoid undesirable automatic repetitive responses to stressful situations. Through its use, his/her life can be made freer of debilitating anxiety, depression and other negative reactions, and positive responses can be initiated. Psychotherapists using modern methods of hypnosis have found that it is possible to enable the client to make many deep and lasting changes - often comparatively quickly. This does not, however, mean dealing with symptoms only - as it is recognised that one aspect of the person cannot be treated without affecting the whole personality

The Ericksonian model, on which the Course is still largely based, was - and still is - in advance of the times.

THE RANGE OF PROBLEMS

which may respond to hypnotherapy is wide: anxiety, depression, many skin diseases, substance abuse, panic attacks, asthma, migraine, bedwetting, phobias, studying problems, unwanted habits of smoking and over-eating are just a few of the many that can be listed. These and other problems are identified, and the range and variety of therapeutic approaches is demonstrated. Clients may also request the help of hypnotherapy to aid personal growth or to improve already adequate levels of performance in the areas of creativity, sport or decision making.

THE PHILOSOPHY OF THE COLLEGE

The therapist as outsider is capable of supplying what the system itself cannot generate - a change of its own rules" Watzlawick, Bavelas & Jackson. ("Pragmatics of Human Communication").

The College's principles of Ericksonian hypnotherapy are founded on the following premises:

1. That it is the client who initiates change, not the therapist;
2. That the therapist assists change by evoking unused schemas or strategies;
3. Schemas are learned patterns of thought, emotion and behaviour which are mainly unconscious;
4. Psychotherapeutic problems arise in part from the use of inappropriate schemas within the problem context;
5. Hypnotherapy is a form of meta-communication; a set of varied responses which have the effect of altering the client's schemas;
6. Hypnosis is the key which serves to secure the client's attention to new possibilities, alternative patterns of thought, emotion and behaviour.

The presuppositions outlined above give rise to a philosophy of psychotherapeutic change which can be summarised in the following way: In freely opting for hypnotherapy the client has, by that very fact, demonstrated a capacity for change since dysfunction has already been identified as such by the client. This identification presupposes that the desired state of affairs is possible. Clients are in the position of continually repeating some undesired pattern of thought, emotion and behaviour. In seeking therapy they employ the therapist to assist them in initiating this process of change. Since these original patterns were themselves learned then it follows that they can be relearned, unlearned or replaced.

Clients are, as a rule, highly conscious of the unsatisfactory state of affairs they bring with them to

hypnotherapy but much less so of the underlying logic of the problem. This logic is based on the fact that the problem was once a 'solution'; a schematic application of some learned strategy to one situation which has now changed in a way such that the old solution is no longer useful. While this solution was once considered appropriate, changed perceptions, values, contexts, have made it less so in a way that limits the client's life. The therapist's task is thus to assist the client to gain insight and uncover some new and satisfactory schema which is more appropriate to these changed perceptions and values. In this sense it can be said that each client already has the resources necessary to make any change; the resources will be invoked within the new schema evoked by the therapist once this is recognised by the client. No more, nor less than this is required to excite change within the client. Schemas are organisations of embodied knowledge formulated linguistically, iconically, and neurologically. Hypnotherapists utilise their verbal, imaginative and physical (gestural and other) skills in order to create responses which are qualitatively preferable to those organised by the existing schemas.

Finally, hypnotherapy (defined as a style of communication by which the client's attention can be narrowed to a perceptual set suggested by the therapist) can be employed as a pre-eminent means of modifying and replacing existing schemas. Its pre-eminence here, however, arises firstly from the rapport which results from the therapist's valued communications with the client, and secondly, from the client's expectation that trustworthy assistance is being provided in new and more desirable patterns of thought, feeling and behaviour. The therapist never, at any time, provides assistance which is not consonant with these purposes. The College offers a unique approach to hypnotherapy through Ericksonian Hypnosis and Neuro-Linguistic reframing amongst other interventions.

The Course is largely based in social learning theory with its emphasis on "modelling" together with Cognitive Behavioural Theory which emphasises "schemata", "evaluation" of kinaesthetic sensation, "internalisation", "reinforcement", and the importance of attitudes, beliefs and values.

The College recognises that the aim of hypnotherapy is :

- a) to reduce suffering and distress;
- b) to facilitate the client's search to find ways to cope more effectively with the demands of everyday living;
- c) to develop the client's insight and strengthen a sense of self-mastery in order to live more constructively. Ericksonian hypnotherapy and NLP can in the main be classified in terms of their goals of treatment, as combining solution oriented hypnotherapy and crisis intervention, and when applicable it can be insight oriented hypnotherapy categorised as reconstructive. Behaviour in Ericksonian terms is defined as the utilisation of those body learnings, including issue learnings and physiological learnings, which make up the conditionings and understandings that have taken place through the years. This assumes a developmental process which aligns with a life stress model where limited coping strategies will be available at any one time. The College recognises that coping strategies may be habitually utilised long after their effectiveness has ceased to be appropriate and that these individual differences in the preferences shown can influence the relative effectiveness of psychotherapeutic interventions.

One of the underpinning tenets of the College is that every person has a unique "map of the world" and the teaching on the course reflects this belief. An approach which explores the unique frame of reference of clients is an effective way of evoking relevant mental processes to facilitate the capacity to change. The therapeutic alliance between client and practitioner is regarded as the fundamental facilitator of therapy and the College devotes a major part of the course to the establishment and maintenance of this specific relationship. The individual may have all the resources for change, but may be unable to effect change without the intervention of a therapist. Students are made aware of the significance of transference in the form of Projection and Counter-Projection. Own therapy enables students to experience on a one to one basis those interventions to which they are being introduced on the course.

They will also learn to manage their own personal development in the best possible way, whilst becoming more aware of the concept of transference. It is, however, recognised by the College that the individual cannot be treated as an isolated entity; also that the psyche cannot be divorced from human activity. Rather, the underlying assumption is that language, as it reflects the cultural system, becomes the organising principle of social life together with the illusion of individuality. The College assumes that narrative discourse is created out of the interaction of cultural conventions, rather than being solely the idiosyncratic linguistic style of the author. The Course incorporates the notion of "feedback" based upon participant observation as a way of looking at interpersonal as well as intrapersonal models of communication. The style of communication, both verbal and behavioural which the client presents, reflects not only individual intentions, but also the social context of family and significant others in his/her educational and cultural background. Ericksonian hypnotherapy as the forerunner of NLP and Client Generated Metaphor therapy is an approach which is responsive to the diversity of the current issues in hypnotherapy, such as gender, ethnicity, and sexual orientation.

Dr. Milton H. Erickson (1901 - 1980)

Milton Erickson - American M.D. - Psychiatrist and Psychotherapist- has been acclaimed internationally as the leading practitioner of hypnosis. He was born in Nevada, in a farming family, and even as a young boy showed he had a different way of perceiving the world, and had an ability to notice things that were not obvious to adults. At the age of 17 he contracted polio - lapsed into a profound coma - eventually awoke, totally paralysed. Over subsequent months/years, he learned how the muscles of his body worked - how people communicated with words, and also communicated without words. Being paralysed he had ample opportunity to just watch and listen. He regained the use of his body. He was colour blind and tone deaf and, strange as it may seem to more fortunate individuals, he claimed those two impediments enabled him to learn a great deal about people and their responses.

He became a physician and a psychiatrist and taught and practised from the 1920's, and more than any other person in this field he explored and demonstrated the vast potentials that hypnosis has to offer.

He was an authority on hypnosis and brief strategic therapy and was an outstandingly creative psychotherapist. He was described as 'the most creative, perceptive, and ingenious psychotherapeutic master of all time'.

In his 50's he contracted another strain of polio and was again paralysed. He regained the use of most of his body but was left somewhat crippled. He authored over 150 articles on hypnosis and co-authored several books.

Two items of great importance in the teaching of Erickson are

1. that "Each person is a unique individual. Hence, hypnotherapy/ hypnotherapy should be formulated to meet the individual's need, rather than expecting the person to fit the system".
2. that "Every person has within himself/herself all the resources necessary to get over any problem, and the duty of the therapist is to enable the person to access and utilise those resources".

NEURO-LINGUISTIC PROGRAMMING

Two Americans - Richard Bandler and John Grinder - collaborated in the late 1970's to create a model of the way Dr. Milton Erickson, Fritz Perls, and Virginia Satir achieved change. This model was called NEURO-LINGUISTIC PROGRAMMING.

It is used as a communication and learning model, and for change work in therapy. The directive method of NLP has been blended with the Indirect/Interspersal approach of Ericksonian hypnosis to form the unique and effective CCH model of therapy.

ASSOCIATED FACILITATORS

teachers/tutors; examiners/assessors; main supervisors.

JOSEPHINE TEAGUE, MSc. BSc(Hons). DipPsych(Open). PGCE UKCP ECP. WCP. ECCH PGCE BCH CI DHP. HPD. PGDHP. DipTHP. PNL. PDipNLP. AccHypSup. CertHypEd. CertHypSup. AdvDHP. CertAdvHyp. Practitioner of Forensic Hypnosis. Hypnotic Coach. APHP(Sup) FHCB FCRAH FNCHP FRSM MHA. MNCH. MNGH. MNRAH.

Has been a practising therapist for over 19 years and has been involved in training for a considerable time. Initially trained in psycho-analytical therapy and has expanded her interests into Guided Affective Imagery amongst others. She has been drawn to the Ericksonian method of working with clients and agrees with the Humanistic perspective that people have the ability to change, if they have the will to change and have the assistance of a 'skilled helper' Further to gaining her BSc(Hons) in Psychology, she gained Graduate Membership of the British Psychological Society. She is also an accredited therapist and trainer with the National Guild of Hypnotists in the USA. As Director of the College, she is responsible for the structure of the courses and personally supervises the training programme.

ELEANOR BRATERMAN MA. PGCE. Dip.Couns. CCH Diploma. FCRAH., is a BACP accredited depth counsellor and hypno-psychotherapist. Her background includes lecturing in further education and teaching in Colleges. She is a clinical supervisor and examiner for CCH & CRAH, a qualified NVQ Assessor of Hypnotherapy and runs a full-time practice in North London combining counselling and hypno- psychootherapy.

CHRISTOPHER O'NEILL, MA. PhD. Cert.Ed. ALAM. LGSM. Cert.Couns. Dip.APM. CCH Diploma. DipC.H. FCRAH. MBSCH. Dip.HG. Examiner for Diploma & Advanced Diploma. After graduating from Oxford he undertook research in Social Psychology at Oxford; as well as research in the philosophical underpinnings of psychology at both Oxford and the Gregorian University in Rome. He holds a Certificate of Counselling from the University of Surrey and continues to be involved in group work. Currently continues to both teach and lecture in Developmental Psychology and Philosophy; and also works as a Counsellor and Psychotherapist. After seven years of intensive Psychoanalytical work he retains a keen interest in psychodynamic (particularly Object Relations) approaches to hypnotherapy. He has a training in Jungian Personality Theory, and is a qualified user of the Myers-Briggs Personality Inventory. He has a training in the Erickson-based "Human Givens" approach, and has been active in continuing research projects investigating identity-formation, adolescence and the Ericksonian perspective; his doctorate combines all three areas. He is currently Head of Counselling Services at a residential College in Surrey, and is also an Anglican priest.

MARK McGUINNESS, BA(Hons). Dip.AdvHyp(CCH) MCRAH. Trained in Rational-Emotive Behaviour Therapy and Solution-Focused Brief Therapy as well as Ericksonian therapy. In addition to

his private practice, based in Notting Hill, he has worked as a psychotherapist in the NHS, working with substance users and their families. Specialises in the use of hypnosis to enhance creativity. Clinical Supervisor and Examiner for CRAH. Also works as a Coach and trainer in business.

DAVID SMOLIRA SJ. BSc. BD. PGCE. ADSS. CQSW. MSW(USA) Cert.Couns. CCH Diploma. MCRAH. Diploma Examiner. Honours degrees in Zoology and Theology; Post Graduate Certificate in Education; qualified in Counselling at Manchester University and in Social Work at Liverpool University, specialising in family therapy; has also undertaken graduate studies in the United States in philosophy and in family therapy. He has worked in Social Work and has had a private practice in Counselling and Hypnotherapy for over 10 years. Additionally, he provides training and consultancy to a range of individuals, groups and organisations.

GRAHAM THOMAS MA. BEd(Hons). BSc(Hons). DipPsych. DipAdvHyp(N-SHAP) MCRAH. MNCH(Acc). AccHypSupCouns. MBACP. UKCP(Reg). MHS(Acc). Has been in private practice in London as a hypnotherapist psychotherapist and counsellor for twenty-one years. He took a course in counselling at the Lincoln Clinic and Institute for Hypnotherapy in 1987. After many years as a teacher in London he underwent retraining with CCH and gained his Advanced Hypnotherapy Practitioner Diploma in 1998. At the same time he gained his BSc in psychology from the Open University and this gave him Graduate Membership of the British Psychological Society. He is a member of the BPS Hypnotherapy Section and attends regular scientific meetings. He also represents hypnotherapy on the Service Development Committee of the UKCP. Since 2002 he has marked CCH post-diploma psychology essays. He is an accredited hypnotherapy supervisor and has held master classes on smoking cessation for hypnotherapists in London and Birmingham.

HELEN FOGG BA MHA DHP has been a practising hypnotherapist for 15 years having gained her Diploma with the Association of Stress Management. She has attended many additional courses over the years, and runs a Peer supervision group at her Holistic Centre near Basingstoke in Hampshire. She is a Director on the management board of the Hypnotherapy Association, and is currently the Associations representative on the UK Confederation of Hypnotherapy Organisations Ltd. She has a background in teaching, having been a Further Education lecturer for 18 years.

KEN HUGGINS MHA DHP was introduced to hypnosis whilst studying on a Practitioner course in Neuro Linguistic Programming. Having experienced for himself the tremendous power of the subconscious mind for healing, he realised that becoming a Hypnotherapist would give him the opportunity to help others to achieve significant positive personal changes in their lives. He went on to train in Hypnotherapy, and 10 years ago was awarded a Diploma with Distinction by the British Medical Hypnotherapy Examinations Board. Ken is a Director on the management board of the Hypnotherapy Association, and has served as Chair of the UK Confederation of Hypnotherapy Organisations Ltd. He also is a member of the British Society of Clinical Hypnosis, and the European Therapy Studies Institute. As well as teaching hypnosis he runs a private hypnotherapy practice in Poole, Dorset.

The College facilitators are associated with various parts of the courses and on-going training and supervision or examinations. You will not necessarily meet all the facilitators during your particular course and, of course, others who may be introduced who are not listed here..

TRAINING

The Course follows a progressively deepening study and practical application of the subjects which are necessary for a skilled, caring and innovative hypnotherapist - and also for self-understanding.

Many subjects covered are carried through and expanded during ensuing weekends with reference to deepening understanding of the client (or self) in each individual transaction.

An example of this is the 'secret' communication given by the body and also by the language used by a client. Students are taken from the stage of recognition of the easily observable to the understanding and practical application arising from more complex indications; each increase in knowledge is 'married' to that taught earlier. In this way, the student can move almost effortlessly to mastery of what is a very complex subject. When observing any person, it is essential to get awareness of the totality, in addition to his/her many facets. Students are trained to become competent in inducing the hypnotic state, and to be skilled in observation, both visual and auditory, thus learning to know more about themselves and those with whom they come into contact. Through this approach students acquire the skills of matching the therapeutic approach to the unique psychophysical make-up of the individual patient/client. Effectiveness lies in being able to fully evaluate in these terms in order to make appropriate choices and use of approaches in therapy.

Another example of subjects being carried through and expanded upon is that of Story Telling - Metaphor. Story telling as a means of imparting news, educating, creating change, has been in use for a long time. It was integral to the therapeutic work of Milton Erickson and in his seminars. The use of stories in therapy forms part of the College's courses, beginning in Part One with the utilisation of a person's experience of trance. This is also the first step in preparing for Left and Right Hemisphere differentiation.

As the course progresses, students learn how to enter a person's experience, to use Analogy, forms of Embedded Suggestions, Embedded Questions, and Interspersal Methods, incorporating what has been seen and heard, and the effective use of voice. Demonstrations and exercises are carried out to consolidate learning.

The course goes progressively further into story telling. This is by learning the construction of applicable story-lines, indirect/interspersal communication, stacking/nesting metaphors, inclusion of relevant characters and incidents, addressing specific goals, evocation of resources, methods of delivery, verification, demonstrations and exercises.

Throughout the Course the Ericksonian approach is stressed, i.e. that the individual is unique and that treatment must be adjusted to the whole person rather than trying to apply a set, invariable treatment to a given problem. Similarly, Neuro Linguistic Programming techniques (which were developed following Dr. Erickson's work in the field of medical hypnosis) are taught in a caring and therapy-orientated context.

The College recognises the importance of both practical and theoretical aspects of training. Teaching patterns generally followed are; theory lecture; demonstration; practical session; (either one-to-one basis or small groups); discussion.

HANDS-ON APPROACH. Substantial proportion of class time is allotted to supervised practical work. There is close supervision, with constructive criticism where appropriate.

PRACTICAL WORK is amply demonstrated between teachers and students, or on a mutually beneficial basis of equality between student and student and student and teacher.

BACKGROUND READING & COURSE NOTES are provided.

ON-GOING PERSONAL EXPERIENCE AND DEVELOPMENT

The substantial practical and experiential content of the Course is one of the means by which it is ensured that trainees can identify and manage appropriately their personal involvement in and contributions to the processes of hypnotherapy as practised and gain personal therapeutic experience.

DEVELOPMENT WORKSHOPS

Students are given advice on the formation of small extra-mural workshops, in order to gain further experience of the work they have learned in class.

N.B. Students and graduates must understand that hypnotherapy is a developing profession, both as regards training and requirements of professional membership. Therefore, in order to maximise the benefits of the training offered, the right is reserved to make additions, deletions, or changes of emphasis to any part of these courses before notification of such amendments is subsequently published in the Guide. Any part of any future programme may be subject to modification in accordance with any future requirements of professional accrediting bodies, governments, University etc. Arrangements and conditions for all examination procedures and markings, pertaining to any part of the Course, may be modified in accordance with changes/additions to syllabus/timescales/ examination requirements. As far as possible such changes are kept to a minimum.

ENTRY REQUIREMENTS

Candidates should have personal qualities which make them suitable for training and practice in hypnotherapy.

All applicants may be called for individual interview after the initial application form has been received. Weekend Four of the course allows a further opportunity for suitability assessment.

The College's diploma is well recognised in its own right and graduates of the College may proceed to membership of other national bodies if desired. Suitably qualified graduates (min MA MSc) may move on to the UKCP Pathway via a sister organisation.

Except in special circumstances, there is a lower age limit of 25 years for entry to the course by applicants other than those already working in a helping profession, such as nursing.

FUNDING

Some students are able to secure fees funding (or partial funding) from their employers, e.g. Health Authorities/ Local Education Authorities/ Social Services Departments/ employers in the private sector. Some students are able to arrange a Career Development Loan. This is the responsibility of the student.

SUMMARY OF THE COURSES AND TIME SCALES

(See separate sheet headed CURRENT INFORMATION accompanying application form for details of venue, dates and fees.)

SECTION I - 4 weekends (with competence tests & overall assessment) - **INTERMEDIATE CERTIFICATE..**

Students proceeding to Section II may be invited to apply to the CRAH for certificate affiliate membership and take up insurance cover on condition that they enter clinical supervision (see p21); they may then commence practice within the limits defined by the letter of Practitioner Certification & Recommendation which is provided to successful students successfully achieving their Intermediate Certificate.

SECTION II - (for students who have completed Section I and have been assessed as suitable to proceed to Section II). 5 weekends - **DIPLOMA in HYPNOTHERAPY.**

Requirements for Diploma

Examination

Practical and written assessments including a portfolio of work.

Part III Further Requirements (p21)

Advanced Hypnotherapy Practitioner Diploma Psychology Essays and Final Paper. Established therapists who have completed Sections I & II and have been practising for not less than 2 years (with satisfactory clinical supervision reports) present four essays of 2500 words each and an 5000 word Final paper which includes analysis of a case study (guidelines available on request) showing the process of the therapeutic intervention of the Ericksonian approach; leads to award of the Advanced Diploma. They will also be required to attend at least four full days of CPD with Cambridge College of Hypnotherapy and / or CRAH within this period of time to gain their Advanced Diploma.

OVERVIEW OF MAIN CONTENTS OF SECTION ONE

SECTION I is based on the foundational therapeutic philosophy of the College. It includes tuition on observation, rapport building, 2-level communication, hypnotic inductions, detection and utilisation of preferred sensory modalities, the artful use of language, and basic modelling. It is concerned also with basic methods for behavioural level change and the structure of suggestions.

Process research into the 'talking cure' shows increasingly that effective psychotherapists are skilled at evoking therapeutic change via their use of active listening, matched vocabulary, carefully placed questions, linguistic formulations, speech acts, implication, pauses, metaphor and the use of narrative structures.

The College, via the Ericksonian and other models, provides extensive training in the use of these vital modes of communication. Non specific factors in therapeutic care, such as Rapport building, Suggestion, and the creation of a working alliance are instrumental in effective treatment of problems, and in this approach hypnotherapy is concerned with the (hypnotic) direction of attention to unconscious resources and to potential solutions inherent in alternative maps of the world. This approach is also importantly concerned with the detection of behavioural schemas (described as 'Strategies') and their alteration in terms of the associated pattern of Modalities and Sub-Modalities.

The Course is designed to enable students to effortlessly absorb a naturalistic way of conducting therapy - without introducing anything that is not part of an individual's repertoire of experience. This is achieved by themes which run through the whole of the College's Courses - observation and utilization, demonstrations, one-to-one exercises, close monitoring with constructive suggestions. These are enhanced by carefully prepared theory delivered by trainers with many years of teaching experience and involvement. Brief periods of Theory that elaborate the contents of the Manuals are interspersed with demonstrations and exercises. This method is designed to take advantage of Primacy and Recency effects.

A number of subjects are not treated as a 'one-off' items- Storytelling, Observation, and Language use are 3 examples - they are themes that run through the Courses.. Initially, scripts are provided but these are slowly dispensed with and the student is taught to create an Induction and deepening based on observed body language and speech patterns.

SECTION ONE - Main Contents

Milton Erickson and Hypnotherapy; Metaphor

Introduction to Hypnosis Brief history - Authoritarian/Standardised/Indirect - What is hypnosis - Hypnotic session - Trance states.

Brain waves & mental programming;

From client to therapist. Reading the unconsciously given communication.

Rapport elicitation. Essential for effective therapy, it can be achieved by using methods that by-pass conscious awareness..

Trance State Phenomena. The phenomena of hypnosis that can be used in trance states..

From therapist to client. (Throughout course) The secret communication - the Interspersal and other approaches.

Construction of Inductions (Throughout Course) From first stage, to utilizing unconsciously given communication of an Indirect Induction Incorporating what has been 'seen' and 'heard' into individualized Inductions - effortless trance Inductions - use of silence, the hypnotherapists ally.

Initial Stages of a Working Alliance. Preparing the way for therapy.

Breathing; Although rarely noticed by the individual it reveals much information that is able to be used by a therapist.

Suggestions Throughout Course Seemingly casual talk can hold a wealth of instruction that is not

recognized as such by the listener

Association/Dissociation Increase or decrease the emotional impact of experiences.

What the Eyes Reveal. Learn to read the unconsciously given story told by the client to the informed observer.

Increasing Sensory Perception. Learning to increase the abilities of the senses.

Linking. Attaching Past emotions to Sight, Sound, and Touch - change the Future by using the Past.

Ideo-Dynamic Approach. Communicating with deeper levels of awareness - obtaining information not available to consciousness.

Ego-Strengthening. Accessing resources - enhancing Behavioural change - use of Modeling - enable the client (and self) to have control of 'State'.

Matching Experiences. Learning to be in step with the experiences of the client - facilitating the acceptance of suggestion.

Story Making and Telling. Constructing stories that unconsciously waken optimism, hope, and therapeutic change.

Trance States (Throughout Course) Successful Induction and deepening of trance, with the inclusion of therapeutic suggestion, Trance deepening; standard methods - use of past experiences. by a) using the ongoing experience of a client b) using a client's Past experience.

Representational systems. The language used by the client reveals a wealth of information to the therapist - learn how to 'talk the same language'.

Embedded Suggestion. Involvement of the Limbic System. Emotion and suggestion.

Use of Learned Trance State to aid relief from Tension, Examination nerves, Nail biting,, Insomnia, and to assist Learning.

A.B.C's of the Mind. the make-up of the Sensory Systems - change perceptions by use of sub-Modalities.

The Client and the Trance State. - from first moments of approach to Termination.

Stress. Utilisation of existing resources to lessen, or avoid, an overly stressed existence.

Therapeutic Framework. Working to a plan but still maintaining flexibility dependent on feedback.

Smoking. Utilising obtained information to aid in replacing smoking with other acceptable and beneficial habits.

Sports Problems. Correction of faults that have arisen, and improving performance.

Personal Development.. Using multiple methods to increase abilities, performance, knowledge.

Self hypnosis. To relax - help combat stress states - assist learning etc.

NOTE There may be amendments, deletions or additions to the programme

OVERVIEW OF MAIN CONTENTS OF SECTION TWO

1. Ericksonian model: language patterns, indirect/interspersional method, narrative, therapeutic metaphor. time-distortion;
2. Brief Therapy: resource evocation, utilisation, symptom substitution, advanced linking;
3. Ideodynamics : associative methods, questioning techniques, symptomatic modelling, parts integration, hypnotic anaesthesia;
4. Cognitive and behavioural modelling, metaprogrammes, state control, belief change, time-line therapy, desensitisation;
5. Clinical and diagnostic management : anxiety, eating disorders, pain control.
6. Gestalt principles and interventions.

Section Two offers a broader based perspective on approaches to hypnotherapy with a focus on discovering solutions at multiple levels, behaviour, ability, belief, and identity.

The College's Ericksonian training is a composite model of the work of Milton Erickson, covering the

many simple and complex forms of hypnotic suggestion. Mastery of the model opens the way to expertise in the use of hypnotic methods and in facilitating change. Ericksonian hypnotherapy is based upon the assumption that all people have their individual maps of the world which can be utilised in therapy in ways which are profoundly acceptable to the client. The basic philosophy of the College is that hypno-psychotherapists should equip themselves with a wide variety of therapeutic interventions so that therapy can be offered which best matches a client's personality and life circumstances.

Brief therapy is now rapidly becoming one of the most widely-used approaches within the field of hypnotherapy. The College relates this approach to the work of Erickson, from whom they originated, and integrates them within a wide-ranging model of therapy.

Basics for behavioural level change are contained in Part One and are carried on to an advanced integrative approach with the twin-concepts of ideodynamic resolution in which change takes place at the unconscious level, and Modelling, in which change takes place on the conscious level.

Cognitive and behavioural modelling encompasses change at a number of neurological levels from very high-level filters such as metaprogrammes and core beliefs, to those of personal state, habit, and internal strategies. Students are given training in assessing the appropriate level on which to work and in a variety of methods designed for treatment at that level. Time-line therapy is a valuable aid to the resolution of long-standing personal blocks.

The College not only provides training in the use of Ericksonian indirect metaphor, but also includes material from transpersonal psychology for the facilitation of change at identity level and beyond.

The basics of language in therapeutic communication are introduced on Part One and now taken to a more comprehensive level. As an example, the use of Modal Operators by clients gives insight into both limitations and possibilities of behaviour. The College ensures that the student is equipped for professional practice with introduction to various aspects of assessment and clinical management. Deep hypnosis and selective amnesia are also taught on Part Two as well as the use of hypnotic anaesthesia in pain control.

Investigation and Change methods include:

Time Line work

Time Distortion

Strategies

Beliefs

Ideo-dynamic Signalling

Meta-programmes and Type

Gestalt

Other Schools of Psychological Theory.

Note. There may be limited amendments, deletions or additions to the programme without prior notice.

LEGISLATION & REGULATION

The background

HYPNOSIS may be an ancient art, but hypnotherapy practice is a comparative latecomer in terms of the regulation of professional structures. The practice of alternative forms of therapy is a right in the U.K. and is enshrined in Common Law. There are, so far, no restrictions under the law on the practice of any kind of treatment, although there are restrictions on advertising and misrepresentation. The freedom under Common Law is an enviable freedom not shared by therapists in other European countries that, generally, follow the Napoleonic Code. Common Law can control the practice of a therapy once it accepts that therapy and, as yet, neither 'Hypnotherapy' nor 'Hypnoterapy' has been statutorily accepted and registered.

Present Positions

UK COUNCIL FOR HYPNOTHERAPY has been in formal existence since the early 'nineties since when it has been working towards statutory regulation of the profession which means that only those registered could rightly term themselves Psychotherapists. Importantly UKCP is currently engaged in a wide-ranging strategic review and restructuring of the Organisation which will facilitate its onward march towards statutory regulation - now anticipated for 2010.

UK Confederation of Hypnotherapy Organisations

(UKCHO) has been invited to play an active part in the process of professional self regulation of complementary medicine organisations. The Government has accepted all of the recommendations contained in the report of the House of Lords Select Committee on Science and Technology on Complementary and Alternative Medicine. In its response the Government states that complementary and alternative medicine has a role to play within the NHS but, to do this, it must meet the same standards as other NHS treatments and must be clear and realistic about the contributions it can make. The University of Exeter produced two major reports for the Department of Health. Organisations such as CCH/CRAH co-operated in the work leading up to these reports. At the request of the Department of Health, the database was handed to The Foundation for Integrated Medicine, which was formed October 1997 at the personal initiative of the Prince of Wales.

FIM has a 5-year programme established by a 1.000.000 grant from the King's Fund, to support professional medicine organisations through the regulation process. This process of regulation is currently underway, and UKCHO has been invited to play an active part.

N.B. The foregoing information represents the observations and opinions of the directors of the College, in consultation with colleagues, and should not be regarded as other than a limited overview which, given the current circumstances, is likely to change and evolve.

Further (Optional) Opportunities.

Successful graduates may apply to join the Hypnotherapy Association and/or National Council for Hypnotherapy without further examination if they wish. (Student membership of these two organisations will be conferred at no charge to the student during their training). There is no financial or business link with either of these bodies.

There will be the optional opportunity to take the Hypnotherapy Practitioner Diploma. There will also be the opportunity to take a USA accredited examination. These are extra options which students may choose to take advantage of in addition to the Diploma awarded by the College and will be at an extra cost to the student.

CLINICAL SUPERVISION

Clinical supervision is carried out by means of monthly meetings with an approved supervisor (either one-to-one or in very small groups) at which cases are analysed and the development of the supervisee is kept in mind

Comprehensive Code of Ethics and Practice and Complaints & Disciplinary Procedures are provided to all new students. These may be downloaded from the website.

Clinical supervision greatly assists in building the competence and confidence of new practitioners, and helps to structure a firm basis for on-going peer practitioner consultation. Written protocols ensure that the development of the supervisee at all levels receives due attention.

Referrals are made - on request to CCH - to approved clinical supervisors; session fees and terms and conditions are arranged by agreement between supervisor and supervisee. Clinical supervision arrangements and insurance may be invalidated should an arranged period of training be abandoned for any reason.

SETTING UP IN PRACTICE AND PRACTICE MANAGEMENT

Preparation and advice on establishment in private practice is covered.

PRACTICE MANAGEMENT.

In the course of practice management, the College emphasises the importance of an initial assessment based upon a systematic case history to be taken by the therapist to ascertain whether or not the problem of the client is within his/her sphere of competence or whether referral might be the preferred course.

INITIAL CLINICAL ASSESSMENT

1. Medical history;
2. Factors relating to the presenting problem, severity and onset of symptoms;
3. Personal factors - age, sex, partnership status, emotional state, social adjustment, personal motivation and therapeutic expectations.
4. Recent life events and stress patterns.
- 5 Therapeutic contract as negotiated between client and therapist.

SOME COMMON QUESTIONS ANSWERED

WHAT HAPPENS IF MY STUDIES ARE INTERRUPTED?

In the event of any *unavoidable* absence from class, not lasting more than a day, it is usually possible for the student to be helped to catch up on work missed. If the interruption is likely to be lengthy, *and the reasons acceptable*, arrangements may be made at the discretion of the College for the student to recommence at a future date, although some repetition of training may be necessary. In such case full medical certificates may be requested. *Any absence from class should be explained by the student, in writing, direct to the CCH Director, without delay*

SUPPOSING I MIGHT WISH TO WITHDRAW FROM THE COURSE?

Any student who so wishes has the opportunity to withdraw from Section I Course at the end of the first weekend, provided that notification is received by the College, in writing, no later than 5 days thereafter, and provided that all written material given to the student is returned to the College at the same time and in pristine condition. An Administration fee of 75 will be withheld. Similar conditions apply to any student wishing to withdraw after the second training weekend, except that only 50 per cent. of the course fees will be refunded (ref Codes of Practice & Conduct 2.1 - 2.2).

CAN I BE REASONABLY CONFIDENT OF BEING ACCEPTED TO PROCEED TO SECTION II OF THE COURSE?

Invitation to Section II depends on the recommendations and decisions of the course facilitators, taking into account evidence of satisfactory participation in the Part I course and success in the final weekend's Competence Test, in conjunction with end of term reports which cover all aspects of each student's performance. Most students can be invited to proceed without provisos, and are expected to complete the year without a break. Students who are not invited to continue will receive a pro rata refund of the course fees..

WHAT ARE THE LIKELY COSTS OF MEMBERSHIP, INSURANCE AND CLINICAL SUPERVISION?

Membership of CRAH is currently £30per annum. Insurance is currently around £100p.a.

Clinical supervision is individually priced by the supervisor and is paid direct to supervisor.

If, after a **thorough** perusal of the Guide you have any further questions, please do not hesitate to telephone the Director of Training - 01223 235127

SOME EXPLANATION OF THE SYLLABUS

HYPNOSIS - theory and practice. Training begins with the traditional concept of hypnosis and affords the student ample practise in these methods. Traditionalists tend to view hypnosis as primarily a state of relaxation during which therapy can be carried out. While this approach may be effective, the College is of the opinion that to use only this method is limiting for the therapist. The Course, therefore, concentrates on the indirect, interspersal methods of the late Milton Erickson, which stress the importance of the resources and capabilities contained within. Students are taught how to mobilise these resources in order to relieve presenting problems, whilst treating the whole person. Although the Command type of hypnosis is demonstrated and used under certain conditions, the student is shown how the indirect approach is more effective in inducing deep hypnosis and beneficial change. Extensive training is given in recognising and utilising the client's natural abilities.

REPRESENTATIONAL SYSTEMS . Externally we have five senses each with a corresponding internal representation. Each of us has a leading, life-long Representational system. It may be VISUAL, AUDITORY. OR KINAESTHETIC, AND IT IS REVEALED BY THE PREDICATES OF OUR SPEECH. For instance, a person might say "The way I see the situation is that it is gloomy and things will start to look worse". With the knowledge of predicates a therapist knows the speaker is thinking in a visual mode and, unless a synaesthesia pattern is revealed by further observation, successful hypnosis can be induced by using a Visual induction. If, however, the therapist had relied on a Visual induction with a client whose Main Representational System was Auditory, a satisfactory trance state might not have developed simply because he was not talking the same language. Recognition of Representational systems and their use means that the therapist achieves the induction of deep trance more easily, and the complaint of "I didn't feel hypnotised" is rarely heard. Rapport can be more easily obtained by using the same predicates of speech as the client.

BODY LANGUAGE - observation and use. In any encounter between two people there are FOUR communications: two Verbal, which are conscious, and two body communications, which are unconsciously given. Body language is an important factor of the therapist/client encounter. It is a complex language, revealed by eye-blinks, eye-scan patterns, facial expressions, facial colours, lip size, breathing, pulse rate, gesture, movement, and posture amongst others. The student is taught to recognise the unconscious language of the body and how to respond to it so as to achieve rapport and help to promote beneficial change.

MATCHING AND LEADING Matching/Mirroring the client's presentation enables the therapist to Lead the client into an altered state of awareness. Facets of body language can be matched in a covert way with a resulting unconscious response.

EYE-SCAN PATTERNS. Although humans have been looking at each other for a very long time, it was only fairly recently understood that eye movements have a special significance. The knowledge enables a therapist to distinguish between Visual, Verbal, or Feeling types of thinking. Eye-scan patterns also reveal the sequence of mental processes. Students are taught to recognise these patterns and strategies, and how they lead people into many of their problems. Using this knowledge enables therapy that elicits beneficial response.

OVERT AND COVERT LINKING. We have all experienced a certain smell that immediately transports to another time and place. Or a certain sound that achieves the same effect. Examples: new-mown grass evoking memories of childhood - or a tune that reminds of a time of long ago. The smell, and the sound, were powerful links to the past. That power can be working for benefit so that on going into any situation that normally would create anxiety or nervousness, the Link automatically activates to produce much more acceptable and positive feelings- unease replaced by confidence - tension replaced by a relaxed and calm mind and body. These changes, and more, can be achieved by Linking.

VISUALISATION Those who visualise well tend to have the opinion that all people have this ability which is not true. Many people think they are going to fail at anything that demands the ability to see pictures in the mind's eye. They do visualise but it is not on a conscious level of awareness. The Course teaches methods of learning to Visualise, and to use it for self-development.

SELF-HYPNOSIS. This is easily learned and students are encouraged to practise regularly. For those few who have difficulty, hetero-

hypnosis & hypnotic suggestion is used to enable its practise.

IDEO-MOTOR RESPONSES. Finger and arm levitation is taught - how they can be obtained and how they can be used. As an example of uses, therapists can communicate with the unconscious mind via Ideo-Motor Responses.

USE OF SUGGESTION. What to say during the hypnotic state, and how to say it - and when to say it. For many people the hypnotic state means losing conscious awareness for a brief time, and then becoming completely aware on a conscious level even though they might not open their eyes. It can be said they go 'In and Out' of trance. If a typically formulated traditional induction is used, the client may be hearing "...and you are going deeper and deeper" when he/she is at the 'Out' stage of the 'In/Out' pattern. This could convince the client he was not hypnotisable. Indirect suggestion and Post-hypnotic suggestions are well covered in the Course.

LANGUAGE is an important section. Hypnotherapists must be able to use language effectively if they are to succeed in helping create change. Language use should not be haphazard and the therapist should know what effect can be achieved with every sentence used. Truisms - Open ended suggestion - Double Binds are a few of the many items under this heading.

VOICE LOCATION. It is possible to talk with the conscious mind or the unconscious mind of a client with a change of voice location and voice tone. One application of this concerns arousal from hypnosis when the client has no conscious awareness of what was said during therapy. This obviates conscious interference with post-hypnotic suggestion.

TIME DISTORTION. This is a common phenomenon in hypnosis but it can be structured to occur during therapy so that a great deal of beneficial mental work can be done on an unconscious level in the shortest possible time. As an example, it is interesting to observe a person experiencing a metronome as beating at say, 6 beats per minute when it is actually beating at 60 beats per minute.

NEURO-LINGUISTIC PROGRAMMING has been described by its co-founder, Richard Bandler, as being an educational process. It is a study of how language, both verbal and non-verbal, affects our nervous system, and offers specific methods which can be applied effectively in any human interaction and is concerned with the structure of subjective experience. It is used by an increasing number of therapists to rapidly create lasting changes in clients/patients. It is also used in education, and by the individual to alter life-style, lose unwanted undesirable habits, etc.

META-PROGRAMMES. These are the internal filters unconsciously used to determine interests and attention. They are used to make generalisations, to organise certain information, and they are one of the basic building blocks that make up our personality. The knowledge of a person's Meta-programmes can assist in predicting that individual's actions and motivations, and also assist the therapist to gain insight into the behaviour of clients.

TIME LINES. This is the memory coding of the brain - how memories are encoded and stored. It is the way of being aware of Past and Future. Behaviour is guided by decisions made in the Past and, whether conscious or unconscious, those decisions affect behaviour in the present. Those decisions are stored in the personal Time Line and they can be accessed and, with Time Line therapy, perceptions of the Past can be altered.

SUBMODALITIES. All experiences stored in the mind are represented through the 5 senses of sight, sound, touch, taste and smell. These are known as the Modalities and are broad groupings of the way internal representations are formed. Submodalities can be said to be the way these Modalities are built up - they are the small, precise building blocks that make up the structure of all human experience. As an example, some of the Submodalities of the visual sense are brightness, colour or black and white, size, contrast, self in or out of picture, focus, etc., Some Submodalities of the auditory (sound) sense are volume, inflection, rhythm, tonality, location etc. Some connected with the kinaesthetic (touch) sense are movement, weight, duration, pressure, location, warmth, etc. The automatic use of Submodalities triggers the brain to respond in a certain way, but by knowing how to use them it is possible to specifically change the way the experiences are represented internally. The therapeutic use of Submodalities can create a more positive, beneficial response to all experiences.

MODELLING. A particular result is created by specific actions, both mental and physical. If those specific actions are duplicated by another person, then it is possible the same result can be achieved. The use of the same posture, Submodalities, position and other factors can produce the same results.

The use of Modeling is 2-fold:

1. To discover the sequence of internal representations and behaviours of a person's skill and then proceed to duplicate it in others.
2. To know this sequence in others to assist in achieving successful therapy.

DEMONSTRATIONS - EXERCISES It is known that where the use of 'seeing and doing' can be attached to learning, students are able to assimilate material much more easily. Demonstrations and Exercises are an important part of the Course - and the class quickly become welded together as one friendly unit. It has been found that it is at these times that correction of any unfortunate habits or mannerisms can be achieved - often without the individual being consciously aware it is happening. After each short essential lecture comes an exercise where theory is put into practice. Throughout the Course the exercises are designed to ensure the student is fully prepared for future work as a therapist. Exercises in Story Telling construction enable students to use them in an easy way.