



EICH (Australia) 21 Smith Avenue, Williamstown, VIC 3016, Australia.

Professional Practitioner Course

PROSPECTUS

WELCOME to EICH (Australia).

"Our Mission is to provide students with a solid foundation in the study and application of clinical hypnosis to enable them to become competent and confident professional practitioners within the field of clinical hypnotherapy."

Established as a sister school to The Essex Institute in the UK, EICH (Australia) offers a Diploma qualification in Clinical Hypnotherapy via its Professional Practitioner Course, developed and authored by Terence Watts and Belinda Hulstrom and accredited by The Association for Professional Hypnosis and Psychotherapy (APHP) and The Australian Association of Clinical Hypnotherapy & Psychotherapy Inc. (AACHP).

Virtually all training courses in clinical hypnotherapy are in the private sector and the practice of clinical hypnotherapy is currently "self-regulated". This self-regulation is carried out by professional associations which maintain registers of suitably qualified therapists that have been accepted for membership and ensure that their members meet the criteria they have set for safe and ethical professional practice. The training courses approved by these professional associations are obliged to meet strict requirements regarding the course content, the minimum training hours, supervision during and after training and opportunities for students to experience and practise the type(s) of therapy taught on the course.

One of the criteria for inclusion on the Australian National Hypnotherapy Register is current membership of an approved Clinical Hypnotherapy Association and EICH (Australia) graduates are eligible to apply for practising membership of The Association for Professional Hypnosis and Psychotherapy and The Australian Association of Clinical Hypnotherapy & Psychotherapy Inc.



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The Professional Practitioner Course adheres to (and exceeds) the UK National Occupational Standards for Hypnotherapy and requires standards similar to those set by the Australian Quality Training Framework (AQTF) incorporating Characteristics of required Learning Outcomes and Distinguishing Features identified at Certificate IV and Diploma levels. The course has been designed to give you a thorough and sound knowledge of the application of ethical professional clinical hypnotherapy, no matter what your background or experience may be.

Study materials for the course include 150,000 word course notes and a number of set textbooks as well as several hours of supplementary audio and video instruction and a recommended supplementary reading list. The tuition programme is conducted in a modular fashion. There are 10 modules, each of which requires extensive reading, case studies, practical assignments and written assessment tasks as well as a minimum of 50 hours of intensive practical work via one-on-one personal tutorials to be completed throughout the course.

There will be a requirement for a number of assessment tasks to be completed, along with a half-way interim test during the course period to further assess your progress. At the end of your studies there will be a final examination, which includes practical tests. If the required standard is not met in the final exam, you will be able to retake it after a suitable period of further study.

As a general guide you would probably aim to complete each module within a 4-6 week period and it is expected that you would spend approximately 40-60 hours to complete each module: this includes the time spent reading (and often re-reading) the books and materials; the planning, execution and review of practical tasks; completion of case studies, assignments and assessment tasks and maintaining your course journal. You may find that the time spent on each module varies; however, by the time you have completed the course you would expect to have spent a total of around 400-600 hours on your hypnotherapy education in addition to your tutorials.

With a reasonable level of commitment, you should expect to complete the course within a 12-18 month period; however, should circumstances dictate that your studies take a little longer, that is also quite acceptable though if the time taken exceeds a two-year period, some momentum can be lost in what is a cumulative and sequential professional training course.



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Upon completion of your studies with us, you will be competent enough to work effectively with most issues with which you are likely to be presented, including:-

Quitting Smoking; Dealing with Habits; Anxiety and Stress; Personal Problems; Phobias and Fears; Weight Control; Pain Management; Most Depressions; Test/exam Fears; Unresolved Grief; Work Related Stress; Confidence Problems; Sleeping Difficulties; Poor Self Image; Career Enhancement; Goal Achievement; Relationship Issues; Public Speaking; Concentration and Motivation Issues.

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The EICH Professional Practitioner Course is sequential and cumulative with strands from the three key learning areas of **Communication and Counselling Skills**, **Clinical Methods** and **Professional and Ethical Practice** interwoven throughout. Details of the competencies to be achieved in each of the key learning areas are provided at the end of the curriculum outline.

The heavy emphasis placed on Ethics is deliberately apparent at each stage of your training and should and must underpin the knowledge and understanding gained in each module. In this course, you will find specific references to the Code of Ethics of the APHP, which was the first accrediting body for this professional training course. Whichever professional association(s) you may eventually belong to, you will find a similar set of 'rules' and standards of practice which provide an important framework for your professional practice. Please read the APHP Code of Ethics included at the end of this prospectus before you begin your training with us and if, for whatever reason, you do not agree with or do not understand any aspect of these rules and standards, please contact EICH (Australia) to discuss your concerns prior to applying to become trained with us.

Training to become a professional clinical hypnotherapist is not unlike learning to drive a motor vehicle: upon successful completion of your training you will have gained a lot of knowledge and sufficient practice to go out on the road alone, however, the real learning will then take place over many weeks, months and years of practising and continually refining and expanding your skills.

Your EICH (Australia) tutor will provide ongoing support during and beyond your training and will be available to act as your supervisor upon your graduation from EICH.



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Outline of curriculum

The module outlines below are but a brief overview of the topic areas covered in this course and are expressed mainly in “plain English”. Conversely, the key learning areas and the related competencies provided at the end of this curriculum outline include the use of terminology which is specific to clinical hypnotherapy – like many other professions there is a fair amount of “jargon” which you will soon understand and easily get used to as you work through the modules.

MODULE ONE

INTRODUCTION – all about the course, what it will teach you, plus the required reading list.

LESSON ONE – Some basic facts about hypnosis, what it can and cannot do, and how effective it may be. Some myths dispelled. The hypnotherapy business and the professional practitioner. Ethics and professional and ethical behaviour. Marketing. The consulting room. Rapport building. The initial consultation. Client confidentiality.

LESSON TWO – What hypnotherapy actually is and how it can help. The belief system. Susceptibility. The hypnotic state. Stage hypnosis. Hypnotic amnesia. Historical perspectives. Some more facts about hypnosis and the importance of the therapy part of the equation. Common misconceptions. Subconscious processes and conditioned responses and symptoms. Conscious mind processes. Learning how to create, enter, use and leave a ‘pre-hypnotic’ state. The AHP Code of Ethics.

AUDIO SUPPORT – What it means to be a clinical hypnotherapist and why people consult a hypnotherapist. Life experience and how long it takes to become proficient. ‘Miracles’, myths and the stage show. Anyone can learn it, but it will not give you unlimited power over others. Inducing the ‘pre-hypnotic’ state.



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MODULE TWO

LESSON THREE – What it can do and who it can do it to; treatable people and ailments. The ‘strong mind’, depth of trance, who can and cannot be hypnotised, and **contra-indications** i.e. who *should not* be hypnotised. Responsiveness to suggestion. Duration of hypnotic suggestion. Sensory awareness. Psychosis and neurosis. Ethical practice and **the importance of keeping within your level of expertise.**

LESSON FOUR – Ancestral memory and archetypal personality profiling. Personality types; learning how to understand underlying personality aspects and issues. Rapid recognition of type. Handling each type well, the use of verbal and non-verbal communication skills.

AUDIO SUPPORT – The ‘automatic’ resistance of some to attempts to hypnotise them; recognising it and avoiding the trap. Learning properly from the start in order to avoid the ‘hypnosis is unreliable’ belief pattern by study and understanding. Spontaneous hypnosis and how and when it occurs. Waking hypnosis.

MODULE THREE

LESSON FIVE – Anxiety; an overview of neurosis, fear, stress and its effect upon the psyche, and the manner in which symptoms may form. What conflict is and where it comes from. Fight or flight... an ancient response pattern for survival. Anxiety and sexuality. Sensitising events.

LESSON SIX – How to handle the client and get it right from the beginning of therapy to a successful conclusion. The initial consultation and the importance of the pre-talk and rapport. Some complications and how to handle them. Client resistance and the ‘will to power’.

AUDIO SUPPORT – The common idea of neurosis v. the therapist’s view of neurosis. Fear and the fight or flight response. Avoidance patterns in therapy (getting better to get away). How symptoms are sometimes put to good use. Imagination, belief, and the ‘nervous breakdown’. Saying ‘hello’ to the client for the first time. Being TRULY non-critical, empathy, and pacing.



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MODULE FOUR

LESSON SEVEN – Practical hypnosis (1); fundamental concepts. The difference between hypnosis and suggestion. Suggestibility and the Conscious Critical Faculty. The importance of selective thinking. Practical examples. The power of visualisation, types of visualisation and related NLP principles. The law of reverse effort.

LESSON EIGHT – Practical hypnosis (2); basic skills. How to induce hypnosis and how to recognise it when you have. Suggestibility tests – how and when to use them. Ideo-motor responses. Depth of trance and trance ratification. Self hypnosis and how to induce it.

AUDIO SUPPORT – Suggestion must be desired wholeheartedly; ‘failure triumph’. The Conscious Critical Faculty, selective thinking and positivity. Why visualisation is more effective than words on their own. Dave Elman and his techniques. Using your voice effectively in inductions and suggestibility tests. Do gadgets work?

MODULE FOUR (a) – Key theories and approaches in psychology

MODULE FIVE

LESSON NINE – Hypnotic inductions. Detailed methods for several different styles of induction, including approaches suitable for different and maybe resistant personality types. Rapid self hypnosis. Involuntary hypnosis and how to achieve it in a client. Trance ratification and how to finish the session.

LESSON TEN – Deepening techniques. Several tried and tested routines for deepening the hypnotic state. A deepener that can be used for therapy in itself. Semantics. “Clean” language. How to construct professional and effective metaphors, inductions and deepeners using your own ideas and thoughts.

AUDIO SUPPORT – The hypno well-being relaxation tape. Examples of suitable inductions for Warrior and Nomad personalities. Some more examples of deepening techniques. How NOT to do it.

MODULE FIVE (a) – A brief introduction to NLP



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MODULE SIX

LESSON ELEVEN – Hypnotherapy and suggestion – the healing part of the work. A fully detailed exploration of a simple ‘uncovering’ technique. The hidden agenda and secondary gain. Hypnotic suggestion and post-hypnotic suggestion. Tuition on working with the listed ailments. Dealing with FAQs and **ROY HUNTER’S FAQ** – the ‘Official Hypnosis FAQ of the alt.hypnosis Newsgroup’.

AUDIO SUPPORT – Have respect for the power of suggestion. Autosuggestion and how to use it – Ericksonian approaches. Good suggestions and bad suggestions. Client clues to the truth. The importance of getting to the root of it all. Evasions. Deletions. Protection of integrity. ‘Orthodox’ medicine and hypnotherapy.

MODULE SIX (a) – Anatomy and Physiology – an introduction to neuroscience

MODULE SEVEN

LESSON TWELVE – All in a day’s work; frequently presented issues. A detailed look at some of the commonly presented psychological difficulties that the client will bring into the consulting room, including depression and stress-related issues. Verbal and written communication skills – responding to emails and telephone enquiries, client intake forms, client files and notes.

LESSON THIRTEEN – Advanced topics – an overview (1). A look at some advanced aspects of hypnotherapy, including: anaesthesia; False Memory Syndrome; repression, regression and hypnoanalysis; abreaction and catharsis; the importance of the Initial Sensitising Event (ISE).

AUDIO SUPPORT – How to spot the obsessive personality from the things they tell you. OCD. Why you should limit therapy with the obsessive. Depression and its disguises. Grief in various forms. The panic attack. Anaesthesia examples. Analysis and analytical techniques. False memory. Phobias and fears.

MODULE SEVEN (a) – An introduction to psychopharmacology for the non-medical therapist.



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MODULE EIGHT

LESSON FOURTEEN – Advanced topics – an overview (2) Some more details of advanced concepts of the profession, including a look at probably the most powerful motivating force known to man... Transference. A look at Past Life Regression (PLR). Therapist burnout and how to avoid it.

LESSON FIFTEEN – Some notes and ideas to help you further your career. Therapy for self and ‘further education’ in the form of seminars and workshops. The phenomena of sublimation and substitution. More on professionalism and ethical practice. The future of hypnotherapy.

AUDIO SUPPORT – The power of transference during analytical therapy with examples. How transference can sometimes be towards the therapy itself or to ‘the man across the road’. Counter transference in analytical therapy. First signs of counter transference. Supervision. Therapy for self. Meters, gadgets, and ‘further education’.

MODULE EIGHT (a) – Psychotherapy and “Stress”: a model for stress management which presents the treatment of stress as the focus of psychotherapy.

MODULE EIGHT (b) – The Hypnotherapist as Counsellor

MODULE NINE

LESSON SIXTEEN & SEVENTEEN Hypnoanalysis - getting to the roots. Probably one of the most profound of therapeutic techniques used by the professional clinical hypnotherapist.

MODULE NINE (a) – Professional CDs and other technological issues and tools for hypnotherapists

MODULE NINE (b) – Ethical and Professional Practice

MODULE TEN

LESSON EIGHTEEN & NINETEEN Techniques for regression and analysis – the how, when and why, an exploration of different methods, meanings, and functions.

MODULE TEN (a) – Archetypal Parts Therapy



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Key Learning Areas and Competencies

Clinical Methods

| COMPETENCIES | |
|---|--|
| Understanding & Use of Suggestibility tests | |
| Understanding & Use of Guided interview techniques | |
| Use of a variety of Induction methods | |
| <i>Progressive Relaxation</i> | |
| <i>Eye Fixation</i> | |
| <i>Association</i> | |
| <i>Counting methods</i> | |
| <i>Confusion</i> | |
| <i>Misdirection</i> | |
| <i>Fractionation</i> | |
| Use of Suggestion types and styles | |
| <i>Direct</i> | |
| <i>Indirect</i> | |
| <i>Permissive</i> | |
| <i>Authoritarian</i> | |
| The construction of "clean" suggestions | |
| Use of the present tense and positive structure | |
| Content and process suggestions | |
| The construction and use of positive and negative suggestions | |
| The use of Dissociation | |
| The use of apposition, presuppositions, paradoxes and truisms | |
| Creation and use of anchors and hypnotic triggers | |
| Identification and use of primary representation system(s) | |
| Use of the client's language | |
| Use of pre-hypnotic, hypnotic and post-hypnotic suggestions | |
| Uncovering and linking techniques | |
| Use of embedded commands | |
| Compounding techniques | |
| Uses of the double-bind and double-entendre | |
| Regression & Forward Pacing Techniques | |
| Development & Use of Sensory Acuity | |



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|---|--|
| <i>Breathing</i> | |
| <i>Skin tone</i> | |
| <i>Muscle tone</i> | |
| <i>Pupil dilation</i> | |
| <i>Time distortion</i> | |
| <i>Speech</i> | |
| The use of anticipation signals | |
| Building response sets | |
| When and how to use Deepening techniques | |
| Trance ratification and depth Testing | |
| Awakening techniques | |
| Appropriate use of voice modulation – tone, pitch, pace, pause tailored to the individual and context | |
| Identification and management of “resistance” | |
| Management of abreactions | |
| Use of informal trance states | |
| Use of Ideodynamic Responses (ideoaffective, ideomotor, ideosensory) | |
| Induction and uses of catalepsy | |
| Age regression and age progression strategies | |
| When and how to use the affect bridge | |
| Informed Child & Informed Adult | |
| Time Line Therapy | |
| Archetypal Parts Therapy | |
| Therapeutic Applications including: | |
| <i>Smoking Cessation</i> | |
| <i>Stress Management</i> | |
| <i>Weight Control</i> | |
| <i>Habits (nail biting etc..)</i> | |
| <i>Exam nerves</i> | |
| <i>Driving test fears</i> | |
| <i>Anxiety about driving</i> | |
| <i>Self confidence</i> | |
| <i>Blushing</i> | |
| <i>Social phobias</i> | |
| <i>Dentist fear</i> | |
| <i>Goal achievement</i> | |
| <i>Panic “attacks”</i> | |
| <i>Bereavement</i> | |
| <i>Pain management: analgesia & anaesthesia</i> | |
| <i>Reactive depression</i> | |
| <i>Sports performance</i> | |
| <i>Enuresis</i> | |



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Clinical Methods

| KNOWLEDGE & UNDERSTANDING | |
|--|--|
| Definitions of Hypnosis and states of consciousness | |
| Concepts of perception and reality | |
| Imagination and analytical and creative thought processes | |
| The difference between Hypnosis and Hypnotherapy | |
| Definitions of conscious and subconscious processes | |
| Theories of psychology and related therapeutic approaches | |
| <i>Behavioural Therapy</i> | |
| <i>Cognitive Behavioural Therapy</i> | |
| <i>Rational Emotive Behaviour Therapy</i> | |
| <i>Humanistic Psychotherapy</i> | |
| <i>Psychoanalysis</i> | |
| The conscious critical faculty and "selective thinking" | |
| Aspects of NLP – the meta model and representational systems | |
| Concepts of health, effective functioning and well-being | |
| <i>Contraindications</i> | |
| <i>Identification of psychosis</i> | |
| <i>Medical concerns and risk assessment</i> | |
| <i>Identification of relevant client information</i> | |
| Therapist self awareness | |
| <i>Personal beliefs and preferences</i> | |
| <i>Recognition of parameters of expertise, experience and experimentation</i> | |
| <i>Transference and counter-transference</i> | |
| <i>The nature and purpose of journaling</i> | |
| <i>Research skills: identification and use of resources</i> | |
| Ericksonian Hypnosis and the concept of "Utilisation" | |
| Subconscious processing of semantics | |
| Semantic prerequisites for the creation and use of different types of suggestion | |
| The role of Emotion in the hypnotherapeutic context | |
| The nature and purpose of Secondary Gain | |
| Ego States | |
| Identification and use of Archetypes in Parts Therapy | |
| Gestalt Therapy | |
| Understanding obsession, compulsion and OCD and the limitations of hypnotherapy | |
| Dealing with grief and loss | |
| The panic syndrome | |
| Ethical and cautionary use of pain management and anaesthesia | |
| Hypermnesia | |



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|--|--|
| Depression | |
| The formation of symptoms and neurosis | |
| Definitions of and treatment approaches to stress | |
| False memory syndrome | |
| Cryptamnesia | |
| Repression | |
| Free association | |
| Regression to cause – initial and secondary sensitizing events | |
| Definitions of “fear” and “phobia” | |
| Anatomy and physiology | |
| <i>The Autonomic Nervous System</i> | |
| <i>The Hypothalamus</i> | |
| <i>The Limbic System</i> | |
| <i>The Thalamus and Cerebral Cortex</i> | |
| <i>Neurotransmitters</i> | |
| <i>Behavioural and Psychiatric Disorders</i> | |
| Basic psychopharmacology for the non-medical therapist | |
| The SWISH technique | |
| Resistance | |
| Narcissism | |
| Sublimation vs Symptom Substitution | |
| Past Life Regression | |
| Biofeedback | |
| Therapy for self | |
| Hypno-analysis | |
| <i>Freudian perspectives</i> | |
| <i>Sex and neurosis</i> | |
| <i>Cumulative trauma</i> | |
| <i>Avoidance and coping mechanisms</i> | |
| <i>Externalisation and Identification</i> | |
| <i>Disavowal</i> | |
| <i>Personality and symptoms</i> | |
| <i>Rationalisation</i> | |
| <i>Symbolism</i> | |
| <i>Memory levels</i> | |



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Communication & Counselling Skills

| COMPETENCIES | |
|--|--|
| Communicate verbally or in writing in a manner appropriate to the individual | |
| Establish the client's particular requirements through sensitive questioning | |
| Communicate effectively, in a manner which maintains client goodwill, trust, confidentiality and rapport | |
| Encourage the client to ask questions, seek advice and express any concerns | |
| Support the client to identify significant aspects of their lives relevant to the presenting issue(s) | |
| Check the client's well-being throughout treatment and give reassurance where needed | |
| Offer clear and accurate aftercare advice and support to the client where needed | |
| Encourage the client to evaluate their treatment and suggest possible modifications | |
| Explain processes clearly and in a manner, level and pace appropriate to the client | |
| Achieve effective communication through observation, sensitive questioning and listening | |
| Adapt vocabulary, pace and tone of speaking to meet the needs of the client | |
| Use verbal and non-verbal communication positively | |
| Check understanding with the client by reading and using a variety of signals | |
| Position self and client to encourage communication | |
| Recognise and overcome barriers to communication | |
| Use open questioning and closed questioning, direct and non-direct | |
| Use reflective listening, summarizing and redirecting techniques | |
| Use supportive confrontation appropriately | |
| Use process comments appropriately | |
| Ensure information about the client is sufficient to plan the treatment | |
| Explain the treatment options available and methods which meet the client's circumstances, identified needs and their personal beliefs and preferences | |
| Discuss the treatment and potential outcomes with the client, check their understanding and support them to make informed choices | |

| KNOWLEDGE & UNDERSTANDING | |
|---|--|
| The nature of a professional therapeutic relationship and how to develop it with clients | |
| The nature and impact of verbal and non-verbal communication | |
| The importance of agreeing aims and staged goals to meet those aims with the client | |
| How to respond to conflicting advice which clients may receive from different practitioners | |
| How to support the client to make informed choices | |
| Understanding transference and counter transference | |



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Professional Conduct & Ethical Practice

| COMPETENCIES | |
|--|--|
| Evaluate requests for services for their appropriateness | |
| Suggest alternative service providers to clients, where appropriate | |
| Ensure that any fee structures, charges and different methods of payment are clearly understood | |
| Explain possible outcomes, charges and duration of services to the client | |
| Explain the nature, scope and duration of the assessment/treatment and any related interventions | |
| Select, prepare and use a range of equipment and materials that are needed to treat the client | |
| Prepare and present yourself correctly to carry out assessment/treatment | |
| Establish valid and reliable information about the client, determine its importance and formulate an initial hypothesis | |
| Respect the client's privacy and dignity at all times and ensure they are as comfortable as possible | |
| Determine any contra-indications or restrictions to assessment/treatment and take appropriate action | |
| Use assessment/treatment methods which are safe, appropriate to the client's presenting condition and comply with professional and legal requirements | |
| Seek advice and support from an appropriate source when the needs of the client and the complexity of the case are beyond your own remit or capability | |
| Halt the assessment/treatment at the request of the client or when the information obtained means that it is unsafe to proceed | |
| Inform the client when additional information is required and obtain consent to obtain the information | |
| Ensure records meet organisational requirements | |
| Balance possible successful outcomes with any inherent benefits and risks and the legal duty of care to the client | |
| Inform the client of the content, level of risk, duration and projected costs of the proposed action | |
| Explain any restrictions to hypnotherapy and advise on unrealistic expectations | |
| Advise the client where hypnotherapy is unsuitable and enable them to seek other healthcare where appropriate | |
| Recommend and agree action to suit the client's condition and identified needs | |
| Record the outcomes of the assessment/treatment accurately and in sufficient detail to meet professional requirements | |



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Professional Conduct & Ethical Practice

| KNOWLEDGE & UNDERSTANDING | |
|---|--|
| The extent of your own remit as a practitioner and the limits of your responsibilities | |
| The extent of your own knowledge and competence and how and when to refer the client to another practitioner | |
| How the rules and ethics of professional practice and codes of conduct apply to your own practice | |
| Ethical and professional marketing | |
| Why it is important to reflect on your own practice and identify any development needs | |
| How to evaluate the effectiveness of your own actions and learn from experience | |
| The information available on effective complementary healthcare and how to evaluate and use this information within your own practice | |
| How to develop links with other healthcare providers and the protocols for doing this | |
| Ways in which confidentiality may be breached and how to prevent this occurrence | |
| Why it important to protect client confidentiality | |
| How to keep records so that clinical audit can be undertaken | |
| What your legal and ethical responsibilities are in relation to the client's health and safety | |
| Why certain information should be obtained before treatment e.g. family history, medical history, personal details | |
| How to utilise appropriate self-disclosure | |
| Evaluate the experience you have gained from working with the client to inform future practice | |
| Therapist Self Care | |

Assessment

The above competencies and knowledge and understanding are assessed throughout the course via the following methods:

- Written homework and assignments including a range of short answer questions; longer tasks such as case study analysis and production of reports and scripts and extended essays
- Practical coursework including ongoing practice sessions completed under supervision with volunteers (recorded and submitted on CD/DVD) and scenarios and role plays completed during tutorials
- Completion of a course journal
- Mid-way and final written examinations which must be completed to a standard of 80% or higher and mid-way and final practical tests, the latter to be completed successfully without any guidance or hesitation.



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Staff Credentials

Principal Tutor: Belinda Hulstrom

2008 Diploma in Nutrition (School of Natural Health Sciences, UK)

2007 Accredited Supervisor (CCH, APHP & AACHP)

2004 Diploma in Personal Development (LifeMappers Ltd., UK)

2002 Diploma in Clinical Hypnosis & Psychotherapy (Essex Institute of Complementary Health (formerly the Essex Institute of Clinical Hypnosis), UK)

2001 Certificate IV Counselling & Conflict Resolution (AAHS, Melbourne)

2000 Certificate IV Assessment and Workplace Training (AAHS, Melbourne)

1997 Teaching Students with English as a Second Language (IARTV Certificate Course)

1996 Basic Counselling Skills (Cairnmillar Institute)

1994 Curriculum Development & Implementation (Melbourne University, M.Ed. Module H2A)

1989 M.A. Hons (Oxford University)

1983 Post Graduate Certificate in Education – Distinction (Oxford University)

1982 B.A. Joint Honours in French & German (Oxford University)

Examiner: Joane Goulding

2005 Diploma, Training and Assessment Strategies, Dynamic Training, Melbourne

2003 Registered Private Provider of Vocational Education and Training

2000 Certificate IV Assessment and Workplace Training, Berry McSherry & Assoc Pty. Ltd.,

1999 RPL Assessor Training Program, Kangan Batman College of TAFE

1985 Postgraduate Diploma in Clinical Nutrition, The International Academy of Nutrition

1985 Approved Trainer, Lecturer, Examiner, Supervisor, ASCH

1984 Diploma from The Hypnotism Training Institute of Los Angeles

1984 Accredited Examiner, American Council of Hypnotic Examiners

1984 Accredited Trainer, American Council of Hypnotic Examiners

1982 Post Graduate Diploma, Hypnotherapy & Psychotherapy

1982 Master Hypnotist, awarded by American Council of Hypnosis and Examiners

1980 Diploma in Clinical Hypnotherapy



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Professional Practitioner Course Reading List

Michael D. Yapko: Trancework (3rd Edition)

One of the best and most comprehensive introductions to Clinical Hypnotherapy principles and techniques, a thorough understanding of which provides a firm foundation for effective and ethical practice.

Published by Brunner-Routledge ISBN 0-415-93589-X

C. Roy Hunter: The Art of Hypnosis

Roy Hunter is an eminent hypnotherapist in the USA. This book should be on the shelf of every therapist and aspiring therapist, since it contains invaluable knowledge that will enhance not just your abilities, but your enjoyment of the subject as well.

Published by: Kendal/Hunt Publishing Company. ISBN 0-7872-2524-X

Kevin Hogan: The Hypnotherapy Handbook

Kevin is a successful therapist, lecturer and trainer in the USA. His book is a complete system in itself, providing enough sound information to take the reader from beginner to accomplished therapist. There are a host of techniques and 'devices' to give you a powerful adjunct to this study course.

Dave Elman: Hypnotherapy

Though published in 1964, much of the material here is still relevant. Some of the induction methods shown are unworkable by all but the most confident (though others are still excellent) and the outline of analytical work is dated, but every hypnotherapist should be familiar with it.

Published by Westwood Publishing Co. 700 Central Avenue, Dept. HW, Glendale, CA 91204, USA

Gail Evans: Counselling Skills for Dummies

Gail Evans is an experienced counsellor and educator and this sensibly structured book provides lucid, relevant and detailed explanations of the rudiments of counselling. Even though the author claims that this is a book for a 'listening helper' for whom counselling might be a secondary activity, it nonetheless provides an invaluable grounding in the basics of an effective counselling relationship.

Published by John Wiley ISBN-13: 978-0470511909

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Gerald Corey: Theory and Practice of Counseling and Psychotherapy

Widely regarded as one of THE books that every counsellor and psychotherapist needs to have read!

Published by Brooks Cole. ISBN-10: 0840028547 ISBN-13: 978-0840028549

FREUD: The Psychopathology of Everyday Life

*Although Freud is often discounted or reviled these days, and The Essex Institute of Clinical Hypnosis Course certainly does not adhere rigidly to Freudian principles, the fact remains that he is the originator of many of the terms and concepts used in modern psychology, psychotherapy and hypnotherapy. He was a pioneer, a researcher and innovator and he sometimes got things wrong as a result – there was nobody to guide him; but it is fair to say that reading his work, whilst sometimes admittedly heavy going, will provide a startling insight into the way the mind works. Any modern therapist can gain much by understanding his principles of thought, in particular the twin phenomena of subconscious Transference and Resistance. The book is published by the **Pelican Paperback Freud Library**.*

ANY ‘basic psychology’ book.

There are many primers for this subject and you could do worse than read one that is designed for the first year student of psychology – your local bookshop should be able to advise you. Whilst not essential reading for this training course, the knowledge gained will be of inestimable use during your studies and in your ongoing quest as a therapist for understanding the ‘human condition’.

In addition to these volumes, the book authored by Terence Watts and Georges Phillips – **Rapid Cognitive Therapy** – contains very many useful techniques for all therapists. Also Terence Watts’ book, **Warriors, Settlers & Nomads** will give a great deal more insight into ancestral memory and the personality-related work in module two.

As you progress through your studies, your tutor may suggest additional titles to further broaden your knowledge and understanding.



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Professional Practitioner Course Ethics

Professional and Ethical Practice is covered in detail in one of the training modules and the following Code of Ethics is provided as an example of the sort of issues that are covered, not only in the specific module but throughout this training course.

The Association for Professional Hypnosis and Psychotherapy (APHP)

CODE OF ETHICS

All practising members of The Association undertake to:

1. Maintain strict confidentiality within the therapeutic relationship consistent with the good care of the client and the laws of the land and ensure that any client notes and records be kept secure and confidential. Confidentiality must be observed at all times unless:

(a) it is demonstrably in the best interest of the client/patient to disclose relevant information to the client's medical consultant or Physician; (b) the client/patient has given their written permission to disclose information to their medical consultant or Physician; (c) where the law requires disclosure; (d) when sharing information with fellow professionals. In the latter case, client anonymity must be guaranteed; (e) in the event of a complaint being made against them, subject to the complainant providing written consent for their notes and records to be made available, members may be required to provide this information to The Association on demand.

Practitioners must note that the question of confidentiality also applies to client records, computerised records (which must conform to the Data Protection Act, 1986), and any audio or video recording. Any information or case histories used for training or commercial purposes must have the written consent of the individual involved.

2. Never promise a cure for any condition or problem, nor give advice or otherwise pass comment on any medical, psychiatric, or psychological problem or condition unless they have training and qualifications in these fields.

3. To provide a service to clients only in those areas in which they have trained and demonstrated competence, and for which they carry full professional indemnity insurance that is acceptable to The Association.

4. Be aware of their own limitations and experience and whenever appropriate, be prepared to refer a client on to another more suitable practitioner (whether or not that practitioner be a member of The Association) who might reasonably be expected to offer suitable treatment.



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5. Ensure as far as possible that wherever an aspect of the client's condition is either known or suspected to be beyond their area of expertise, the client be advised to seek medical or other appropriate advice.
6. Always obtain written permission from the client (or client's parents/guardians if appropriate) before recording client sessions by *any* method other than written notes.
7. Take all reasonable steps to ensure the safety of both the client and any person who may be accompanying the client.
8. Refrain from using their position of trust to exploit the client emotionally, sexually, financially or in other way whatsoever. Should either a sexual or financial relationship (other than the payment of session fees or purchase of books, tapes, or other relevant products) develop between either therapist and client or members of their respective immediate families, the therapist must immediately cease to accept fees, terminate treatment consistent with clause 9 below and transfer the client to another suitable therapist at the earliest opportunity.
9. Refrain from commencing any sort of relationship with any client, past or present, other than a therapeutic one. Clients must remain solely as clients. Members are *strongly advised* against working with friends or family for anything other than simple relaxation work or other 'single-session' therapies.
10. Terminate treatment at the earliest moment consistent with the good care of the client.
11. Not permit considerations of religion, nationality, gender, gender preference, disability, politics, or social standing to adversely influence client treatment. Where there is a potential for this situation to exist, i.e. where a therapist is not at ease with some aspect of the client's 'way of being', then it is part of that therapist's duty of care to refer the client on to another suitable practitioner.
12. As far as possible, not to refuse therapy because of financial hardship.
13. Ensure that their work place and all facilities offered to both clients and their companions will be in every respect suitable and appropriate for the service provided.
14. Disclose full details of all relevant training, experience and qualifications to clients upon request.
15. Make no claim that they hold specific qualifications unless such claim can be totally substantiated.
16. Use no claim or title connected with The Association other than that they are Members of The Association. Appropriate designated letters, i.e. LAPHP (Licentiate), MAPHP (Member), MAPHP (Acc.) (Accredited Member), FAPHP (Fellow) and Association logos may be discreetly displayed.



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17. Explain fully to clients in advance of any treatment, fees, terms of payment, session length, and any charges levied for non-attendance or cancelled appointments.
18. Present all services and products in an unambiguous manner and ensure that the client retains complete control of the decision to purchase such services or products.
19. Neither expect nor encourage gifts from clients. Small tokens of appreciation may be accepted at the end of therapy but should in no way be solicited.
20. Conduct themselves *at all times* in accordance with their professional status.
21. (a) Inform The Association, upon initial application, of any disciplinary action taken against them by any professional body and further inform The Association, in writing, of any subsequent action taken against them whilst a member of The Association. (b) Confirm, upon initial application, that they have not been convicted of any offence likely to bring their professional name or the reputation of The Association into disrepute and undertake to inform The Association, in writing, should such an event subsequently occur whilst a member of The Association.
22. Inform The Association, in writing, of any change in contact address and/or telephone number, at the earliest convenient moment.
23. Minors (under 16 years old) must always be accompanied by a parent or guardian throughout any session, including assessment sessions.
24. UK members must ensure that all advertising shall comply with the British Code of Advertising Practice, accord with the Advertising Standards Authority and make available all such literature to The Association on demand. In the case of overseas Members, their advertising shall comply fully with the laws of their land.
25. Make available all relevant information requested as a result of investigation by the appointed Complaints and Disciplinary Officer without hindrance (whether implied or actual) or unreasonable delay and comply fully with all requirements inherent within the Complaints and Disciplinary procedure.
26. To use a trading name (i.e. 'Anytown Hypnotherapy Centre') only if operating their practice from a bona fide commercial premises.
27. To never publicly criticise or malign another member of the profession, either with or without perceived justification, whether or not they are a member of The Association.
28. To report to The Association, any other Member who appears to be in breaking one or more of the ethical rules laid down in this document. Such complaint can be made with total confidentiality; the complainant's name will not be revealed other than to the members of the Advisory Board. Anonymous complaints will not be considered but all others will be fully investigated.



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29. If a member publishes a testimonial from any client, it is **essential** to ensure that (a) proper registration of the member's practice with the data commission is up-to-date; (b) no statement in such testimonial makes any statement that is not allowed under the terms of the British Code of Advertising Practice; and (c) the original dated and signed testimonial must be held securely and must include proper contact details of the individual providing the testimonial.

30. Members will refrain from any behaviour in connection with their professional endeavours that would be likely to bring the Association into disrepute.

31. Members shall not use the title "Doctor" in a manner which may mislead any member of the public to believe that they are medically qualified, if they are not so qualified. The term 'Dr.' or 'Doctor' shall not be used where the qualification is non-medical; PhD may be used as a suffix, but the associated profession must be shown.