Awaken School of Outcome Oriented Psychotherapies Ltd

The Pathway to Accreditation

As a Psychotherapist in the Hypnopsychotherapy College

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Awaken School is a Training and Accrediting member of the United Kingdom Council for Psychotherapy (UKCP). Founded in 1983, the School was reformed in 2006 as Awaken School bringing together Outcome Focussed Hypnotherapy and NLP training programmes to form the current Pathway to Accreditation. Lisa de Rijk has a long association with UKCP, firstly as Vice Chair from 2003 to 2005 and then as Chair till 2007 and has long campaigned for high standards of training and practice. In 2013, Lisa was made an Honorary Fellow of UKCP.

Awaken School has the status of a Training and Accrediting member of UKCP.

UKCP (UK Council for Psychotherapy)

The UK Council for Psychotherapy (UKCP) exists to promote and maintain the art and science of psychotherapy and high standards in the practice of psychotherapy for the benefit of the public, throughout the United Kingdom. The National Register of Psychotherapists is published annually and only psychotherapists who meet the training requirements of UKCP and abide by its ethical guidelines are included.

The Council has as its members the great majority of reputable psychotherapy organisations in the United Kingdom and welcomes applications from new organisations which are rigorously scrutinised. The Royal College of Psychiatrists and The British Psychological Society are Special Members of the Council.

There are at present over 80 member organisations, Awaken School being one of them, and over 6,000 registrants. They are grouped together in autonomous Sections representing all the main traditions in the practice of psychotherapy. In a few short years UKCP has evolved into being the indispensable national umbrella organisation for all the psychotherapeutic modalities.

UKCP regards the regulation of psychotherapists and the public accountability of their practice as of paramount importance. This is in order to safeguard the interests of patients and clients and the reputation of registered practitioners. The present Register is voluntary, in other words it is not required by any Act of Parliament. UKCP actively develops contacts with Government departments in order to achieve statutory registration in the future.

The Council is run by a Governing Council which is elected annually, and there is also a Registration Board responsible for all matters of registration. There are also all the necessary committees, including an Ethics Committee.

Registration is also important in the wider setting of the European Community. UKCP represents the United Kingdom in the European Association of Psychotherapy based in Vienna, which sets standards for equivalence of training and practice throughout Europe, and is the national umbrella organisation overseeing the award of the European Certificate of Psychotherapy (ECP) in the UK.

UKCP Standards of Education and Training (2017)

The Minimum Core Criteria

Psychotherapy with Adults

Professional occupational Standards
for the information of commissioners, Trainers and practitioners

1.5 UKCP professional occupational standards for hypno-psychotherapy

Overview

Hypno-psychotherapy originates in procedures and practices discovered and recorded over the last three hundred years. Increasing awareness of the pervasiveness and importance in human experience of what are now more appropriately described as 'altered state phenomena' has led to huge shifts in theoretical understanding, convergence with discoveries emerging from modern neuro-science, and much increased consistency in application. This has been accompanied by the creation of a substantial scientific literature.

Hypno-psychotherapy may be valuable to anyone seeking to resolve specific problems, or for personal development. A s well as alleviating a range of disadvantageous habits and many physical ailments, hypno-psychotherapy also deals in deep-seated problems involving themes and procedures, in many ways similar to those addressed by many other branches of Psychotherapy. Hypno-psychotherapists take a wide-ranging and eclectic view in helping clients to understand and to alleviate psychological difficulties.

Practice differs from other forms of psychotherapy in the deliberate (direct and indirect) use of altered mental states and supporting therapeutic structures as the principal medium for effecting change. I n shorter-term engagements, it can be used to inculcate skills and overcome limiting habits or personal and social inhibitions. During longer-term therapy, the working relationship may present a dynamic context for the client to examine and work through important self-protection issues, including the reframing and resolution of challenging early experiences and liberation from previous blocks to personal development.

Standards and competencies

1. Knowledge and understanding
    1.1 Informing principles
        The principles that inform the hypno-psychotherapeutic approach are as follows:
            1.1.1 Clients exist in a variety of contexts all of which need to be considered
            1.1.2 Clients are shaped by their development, biological factors, family history and cultural factors
            1.1.3 The self and the world are understood through a process of personal and social construction; Interpersonal interactions at multiple levels of relationship shape personal understanding
            1.1.4 In any client's narrative there will be multiple perspectives and interpretations of interactions and experiences, and those that dominate may not be the most appropriate for the client's wellbeing
            1.1.5 Recursive cycles of experience shape their narratives, beliefs, values, emotions, actions, interactions and relationships

1.1.6 Therapy is not only about resolving problems but also about striving for greater fulfilment. All people have an inherent capacity to change and strive for self-actualisation.

1.2 Basic principles and rationale

Hypno-psychotherapists understand that:

1.2.1 The nature and aetiology of psychological problems and health can be understood by the process of the development of the therapeutic alliance, potentially assisted by the use of analytical hypnotic techniques

1.2.2 Modification of patterns of communication and behaviour, involved in the maintenance of problems, can lead to positive change

1.2.3 Therapy can untangle the processes to enable clients to recognise inappropriate choices

1.2.4 Hypno-psychotherapy can be utilised to break unhelpful patterns or instil helpful patterns

1.2.5 Therapy can help develop emotional resilience and coping strategies and so reduce the potential impact of extreme events

1.2.6 Therapy can help a client understand their own role within relationships and strengthen their self-esteem, and thus their ability to relate effectively

1.2.7 Therapy is a collaborative process, creating a shared responsibility for therapeutic change.

2. Meta-competencies for hypno-psychotherapy

2.1 Hypno-psychotherapeutic assessment

Hypno-psychotherapists would be expected to:

2.1.1 Have an overarching understanding of the intricate links between assessment formulation and therapeutic work and an ability to work with the assessment process as part of the establishment of psychotherapeutic alliance

2.1.2 Gather information in order to construct potential interventions, to know what interventions to avoid and to explain the interventions fully to the client, including an overarching explanation of how hypno-psychotherapy works, so that the client may give their informed consent

2.1.3 Be aware of the potential pitfalls of formal assessment and how to overcome these if there is a necessity to write reports (eg for referrers).

2.2 Specific hypno-psychotherapeutic techniques

Hypno-psychotherapists would be expected to have:

2.2.1 An in-depth knowledge of how to induce, manage and terminate hypnosis

2.2.2 A working knowledge of a wide range of interventions and techniques appropriate to the approach and knowledge and understanding of when to use them

2.2.3 An in-depth knowledge of the concept and process of abreaction and how to work with these

2.2.4 A working knowledge of a range of psychotherapeutic theories and an in-depth knowledge of at least one major theory

2.2.5 A working knowledge of how to conceptualise issues through the use of questioning and listening

2.2.6 A working knowledge of how to create and set inter-session tasks for the client to use between sessions.

2.3 How to establish and maintain a therapeutic relationship
Hypno-psychotherapists would be expected to have a working knowledge of:

1.3.1 Developing and maintaining therapeutic relationships based on the Rogerian principles of empathy, congruence and unconditional positive regard

2.3.2 How to work collaboratively

2.3.3 How to use verbal and non-verbal communication appropriately and how environmental and psychological factors can inhibit communication

2.3.4 What to do when the opinions or actions of other people interfere with the therapeutic alliance.

2.4 Culturally sensitive practice
Hypno-psychotherapists would be expected to have a working knowledge of:

2.4.1 How their own cultural assumptions, blind spots, prejudices and stereotypes may impact on therapy and to be able to discuss these openly

2.4.2 Alternative constructions of identity to the dominant individualism in Euro-American societies

2.4.3 Culture, rituals, discrimination and advocacy

2.4.4 How to explore difference and its impact.

2.5 The contexts of practice
Hypno-psychotherapists would be expected to have a working knowledge of:

2.5.1 The place of hypno-psychotherapy in the world, eg in the context of UKCP and the NH S, and of any rules imposed implicitly or explicitly by these bodies

2.5.2 Any legislation that affects their practice, eg health and safety, data protection and why it is important to ensure that their knowledge isup to date

2.5.3 The resources available to support their client in the wider community and how to liaise with these when appropriate (including referrals)

2.5.4 How to balance their responsibilities as an individual practitioner with those as a member of the wider community

2.5.5 How past or present care from other health professionals, and/or past or present health issues may impact on their client's psychological health and their therapy.

2.6 Reflection and development
Hypno-psychotherapists would be expected to have:

2.6.1 A working knowledge of the need for reflexive practice and continuing professional and personal development

2.6.2 A n in-depth understanding of how to reflect actively on their practice and integrate their learning honestly

2.6.3 A working knowledge of how hypno-psychotherapy, as a profession, has developed, and how it continues to develop.

2. 7 Ethical practice
Hypno-psychotherapists would be expected to have an in-depth knowledge of the code(s) of ethics to which they are subject and how to apply these rules in practice.

2.8 Practice management
Hypno-psychotherapists would be expected to have a working knowledge of:

2.8.1 How to record information in a level of detail and format that is suitable for all potential uses

2.8.2 Who has access to any information held

2.8.3 How to offer an effective service while maintaining boundaries (eg time, location).

2.9 Scope of practice
Hypno-psychotherapists would be expected to have:

2.9.1 A working knowledge of how to recognise when hypnopsychotherapy may be inappropriate or insufficient as a stand-alone intervention, and how to choose the appropriate action to take

2.9.2 An in-depth knowledge of when they may choose not to take on a client and when they must not take on a client

2.9.3 A working knowledge of specific scope and limitations of the theories, interventions and techniques in their repertoire and how to choose the most appropriate one(s)

2.9.4 A working knowledge of how to give accurate and clear instructions on inter-session tasks (including self-hypnosis) where appropriate

2.9.5 A working knowledge of the use of metaphor to describe the functioning of the mind and the brain processes that these metaphors model

2.9.6 A working knowledge of memory storage and retrieval functions, including the phenomenon of false memory and how to avoid it, and the fallibility of memory

2.9.7 An in-depth understanding of the stress response and how to explain this to their client

2.9.8 A working knowledge of psychopathology, in order to ensure that they work only with those conditions that they are trained to work with, whether independently or in conjunction with a medical practitioner.

3. Standards and competencies

A. Assess the needs of the client

Description
Assessment is an ongoing therapeutic activity which impacts on the client and the therapy being provided. It is a process of guidance for both the therapist and the client, and gives space to begin to create the therapeutic alliance. The therapist considers how best to ensure that the alliance is possible and, if so, how best to facilitate this; and if not, how best to refer the client on. Explaining the rationale for a programme of hypno-psychotherapy is an intrinsic, ongoing part of the therapy.

Good practice
For assessment to be effective, the therapist considers the context of the client and also the holistic nature of health and wellbeing. They must be able to communicate with clients and companion(s) so that the processes are understood and the therapeutic alliance is created; balancing the information obtained at referral with information gained at the assessment. Throughout therapy, clients and any companion(s) are supported in taking an active part. Where the assessment process causes concern, the therapist is expected to discuss this with a supervisor and take appropriate action.

B. Undertake interventions

Description

This standard describes standards for undertaking hypno-psychotherapy programmes for clients. The interventions chosen should be planned with the full involvement of the client. This competence shows how the therapist is able to participate in the building of alliances and relationships in a way that is sensitive to the clients they work with.

Good practice

For treatment planning and its implementation to be effective, the therapist considers the contexts of the client and the holistic nature of their health and wellbeing. The therapist

communicates with the client and companion(s) of the client in such a way that they understand the processes and the therapeutic alliance is created. Throughout therapy, clients and any companion(s) are supported in taking an active part. T his is considered to be an essential element in ensuring that, as far as is possible, interventions will be sustainable after the end of therapy.

C. End therapy

Description

This standard is about preparation (of both the therapist and the client) for endings, and how to deal with endings that are precipitous. This standard recognises potential influence of the process by previous experience of endings and that endings may or may not be final. This standard recognises that the end of therapy is not the end of clients using ideas/ techniques learnt and that there is the need for the therapist to engage in processes to develop their professional ethical competence extraneously to client work.

Good practice

This standard is based on the principle of encouraging the client's autonomy and their consequent responsibility for their health and wellbeing.

Postgraduate Diploma in Outcome Oriented Psychotherapies

The following pathway leads to the awarding of a Postgraduate Diploma in Outcome Oriented Psychotherapies which signifies a student has completed all the steps necessary to be accredited by the Hypnopsychotherapy section of UKCP.

Year 1	Practitioner in NLP **Hours: 80** **+ 100 SDL** **+** Clinical Skills in NLP Therapy **Hours: 40**	Foundation in Clinical Hypnotherapy **Hours: 120** **+ 150 SDL**	NB: Self Directed Learning (SDL) includes student practice between modules, assignment reading, development journals and distance learning.
Year 2	Master Practitioner in NLP **Hours: 162** **+ 150 SDL**	Practitioner in NLP **Hours: 80** **+ 100 SDL** **+** Clinical Skills in NLP Therapy **Hours: 40**	Group Supervision **22 Hours** Individual Supervision **12 Hours minimum**
Year 3	Research Methods — **Hours: 21** — Personal Study **Hours: 180** — Tutorial **Hours: 10** Dissertation **Hours: 80** — Mental Health Placement **Hours: 50** **Total: 71 + 306 SDL**		Group Supervision **22 Hours** Individual Supervision **12 Hours minimum**
Year 4	Advanced Patterns in Psychotherapy **Mandatory year** **Hours: 120** **+ 150 SDL**		Group Supervision **42 Hours** Individual Supervision **12 Hours minimum**

- Students may 'step off' at the end of each year with certification at the level attained.
- Each student will be assisted to find their most appropriate pathway.
- Each student seeking UKCP accreditation is required to attend the final year of the Advanced Patterns in Psychotherapy, leading to the Postgraduate Diploma in Outcome Oriented Psychotherapies.

+ 450 client contact hours minimum
+ Clinical Supervision
+ 250 minimum hours Personal Therapy/Development – of which, a minimum of 48 hours must be contracted psychotherapy.

Formal APEL Processes are available for students who wish to accredit prior learning and training and may be no more than 50% of the minimum total of 450 clinical hours, and no more than 2 years of the training.
STUDENTS GRANTED APEL ARE REQUIRED TO BE A STUDENT MEMBER OF THE SCHOOL FOR A MINIMUM OF 2 YEARS PRIOR TO ACCREDITATION

Supervision

Supervised practice starts as soon as graduates are seeing clients. A ratio of 1 supervision hour per 6 client contact hours is required during your training to enable UKCP registration.

Own Therapy Module

This is a UKCP requirement. It is inevitable during the course that by merely taking part, one's own "material" will surface. Whilst it is necessary to be working with issues during the course it is not suitable that the course is seen as "therapy". Although students often comment upon the amount of personal growth they achieve, the course is clearly not suitable as a vehicle for personal therapy. It is therefore a requirement that during the four years to becoming UKCP Registered, students must have 250 hours of personal development of which, a minimum of 48 hours must be contracted psychotherapy. The therapist must not be your course tutor or supervisor and a record of attendance signed by the therapist(s) should be kept. This period of therapy needs to be budgeted for by the student. **We strongly recommend that all students are in personal therapy during year 4 of the training.**

In addition, evidence of a journal, showing one's introspection, personal development and integration of the training process throughout training should be kept. Just pre award of Postgraduate Diploma in Outcome Oriented Psychotherapy, an account of this, rather than the personal journal, needs to be presented for evidence to the trainer/supervisor to demonstrate that this process is completed.

APL (Accreditation for prior learning)

Some students have already completed training that may be relevant to their studies as a psychotherapist. As such, we provide an APL/APEL process and students who wish to be considered for APL should download the APL/APEL document from the website and contact the office. You may wish to consider the Learning Outcomes below to ensure you can demonstrate achievement of core requirements. Maximum APL permitted is 50% of all requirements.

Theory and Practice of Hypnopsychotherapy

Including:
- History of psychotherapeutic utilisation of altered states of awareness, such as hypnosis, trance, relaxation, meditation, free association and dream analysis
- Principles, theory and practice of outcome orientation in psychotherapy
- Management of the psychotherapeutic process from assessment to treatment plan, monitoring and termination
- Models of the person and a range of identity concepts
- Models of mind across cultures and modalities that utilize altered states within psychotherapeutic application and personal growth
- Models of growth, healing and change and ways in which these processes can be facilitated
- The therapeutic relationship and its multiple dynamics
- Knowledge and practical utilization of the cognitive-soma system, or mind-body relationship
- Recognition, utilisation, induction, development and transition of altered states of awareness, both naturally occurring and purposely induced
- Hypnotic phenomena, uses and contraindications
- Clinical concepts that relate theory to practice
- Influences upon and critique of the Hypno-Psychotherapeutic model

Psychopathology in Psychotherapeutic Practice

- Theories and models of psychopathology including DSM-IV (V) categories
- Psychopharmacology as relevant to the practice of psychotherapy
- Relationships of the above to the practice of Hypno-Psychotherapy
- Recognizing and acting appropriately when individuals display pathology, including when such is contra indicated to a practitioner's scope of competence (our practitioners are sometimes mostly, or even only, working with clients who display and are diagnosed with pathology within their paid or voluntary hypno-psychotherapy practice)
- Working in co-operation with other healthcare professionals
- Contraindications for directly induced altered states
- Protocols for working with clients with exceptional needs and those at risk

Human Development

- Theories of human development, gender and sexual diversity
- The impact of trauma, neglect and exclusion
- Arrest or dysfunction in human development
- Remedial and generative psychotherapy in alignment with client outcomes
- Models of gendered and culturally influenced human development

Diversity, Equality and Non-Discriminatory Practice

- Theory and Practice of Cultural Competence
- How religious beliefs may impact psychotherapeutic models and their use
- Managing boundaries for the practitioner's own cultural and religious convictions
- The subjective processes of filtering for sameness and difference
- The psychological and emotional impact of prejudice, inequality and exclusion upon individuals, families and communities
- Common issues and specific challenges that face people with different minority experiences
- Internalized and externalized oppression as these impact sense of self and other
- Trauma, isolation, hyper-vigilance and negation of self as products of inequality and discrimination
- Inequality and power dynamics as they occur in psychotherapeutic practice and service provision
- Good practice to promote access to non-discriminatory psychotherapy and to challenge inequalities when they occur in psychotherapy provision
- Informed use of self by the practitioner regarding status, privilege, prejudice and own minority experience

Ethics of Psychotherapy Practice

- Philosophy of Ethics as relevant to interpersonal and professional relationships
- A range of models of ethics
- A working definition of "ethical dilemma"
- Thinking Procedures and Resources for addressing ethical dilemma, moral decision-making and follow through actions
- Conformity and reflexivity
- Codes of Ethics and Practice
- General and specific ethical issues, relating to general psychotherapy practice and specific interventions and conditions

- Specific ethical issues influenced by diversity of cultures, physical and learning abilities, social and economic privilege and deprivation, status and responsibility, sexuality, sexual orientation, religion and gender
- Early indications of moral peril and preventive action
- Consultancy, Mediation and Complaints Processes
- Legal implications to psychotherapeutic practice (ie the Children's Act, Equality Act, working with vulnerable adults etc)
- Ongoing development of Personal Moral Qualities
- Awareness of ethical considerations for
  - social media
  - phone and messaging technology
  - data protection regulations and principles, including data management and retention, and protocols for sharing of data
  - email protocols
  - innovative technology including apps and web-based tools in clinical practice
  - payment processes
  - practice management
  - the implications of local jurisdiction and working internationally.

Comparative Psychotherapy

- An historical overview of complementary and competing models of psychotherapy
- The ethos of mutual respect between diverse practitioners and its importance in client care
- Integration, theoretical and technical eclecticism, multi-modal therapy, post-schoolism and pluralistic psychotherapy frames
- An introduction to a range of psychotherapies
- Processes to critique and assess different psychotherapeutic approaches according to a client's specific needs and resources
- A framework for self-managed Continuing Professional Development that includes expanding the psychotherapist's reference to research and comparative psychotherapeutic models

Research Methods

- A broad perspective on different research approaches
- Interpreting, analysing and presenting data
- Application of research in psychotherapy practice
- Evidence based practice and practice based evidence
- An inquiry approach to psychotherapy
- Limitations and constraints of current and historical research perspectives
- Ethics of conducting and utilising research

Research Dissertation

- Designing and writing a research proposal
- Research methodology
- Ethics of research approach and of practitioner's specific project
- Literature review
- Making recommendations for clinical practice
- Disseminating research findings

Clinical Practice

- How to create a working therapeutic relationship
- How to utilize theory in practice
- How to adapt to each client
- How to communicate effectively dependent on the needs of the client
- How to decide on interventions to use
- How to challenge appropriately
- How to manage one's own state
- How to manage conflict in the therapeutic relationship
- How to manage diversity aspects of the relationship, both ones where there is similarity between the therapist and client as well as where there is difference
- How to manage the dynamics of the relationship based on theoretical frameworks (eg transference/counter-transference or parent/adult/child)

Supervision

- To understand the nature and purpose of supervision
- To be able and willing to be a human being in the supervisory relationship
- To be able and willing to take criticism and learn from it
- To be able and willing to stand one's ground
- To recognize the supervisor's ability to take a meta position and detect deletions and distortions, parallel process etc.
- To develop an "internal supervisor" and an automatic self-reflective process

Personal Development

- To understand the need for continual professional and personal development
- To recognize one's limitations and one's possibilities
- To strive to be the best therapist one can be, recognizing the benefit of striving in other areas of one's life to this process
- To address personal issues or developmental challenges as they arise which might adversely affect best practice
- To develop a robust system and practice of self-care resources and self-monitoring
- To recognize times when one cannot give the best service and withdraw from the process
- To recognise that one cannot be an expert on every therapeutic aspect, and this process gives one a chance to gain knowledge that may not have been disseminated through initial training
- To understand that one can learn not only what to do or be but what not to do or be by sharing experiences with others in a formal or informal environment.

Hypno-Psychotherapy Section Modality Specific Standards of Education and Training

13/11/08 (updated July 2016 from UKCP SETs)

Personal Development

The purpose of all developmental processes, in this context, is as a support to the student as they progress towards the goal of being a psychotherapist. It may be equally concerned with development of resilience and awareness than with the resolution of personal issues, when this best supports the practitioner's development towards effective and ethical practice. **The contracted hours may be in any form or forms of psychotherapy recognised by UKCP or BACP or BPS. Recognised modality specific practices in personal development include:**

- therapeutic tasking journalled by the individual and/or monitored by the contracted psychotherapist
- personal developmental quests journalled by the individual and monitored by the Training Organisation
- journalled utilisation of self-hypnosis within a structured personal development course e.g. Mindfulness Training
- attendance of group therapy with a registered Psychotherapist

More hours may, of course, be conducted but only 250 hours can be counted. All personal development hours are to be collated in a journal, counter-signed where appropriate (e.g. by therapists). NB training hours must be clearly delineated from personal development hours and no hour can be used twice.

Clinical Practice

450 hours of clinical practice. More hours may, of course, be conducted but only **450** hours count towards the total. Clinical practice is defined as "time specifically contracted for the professional delivery of psychotherapeutic treatment, administered within the relevant codes of confidentiality, accountability and informed consent". Trainees must ensure clients are aware of their trainee status. Use of therapeutic skills within practices other than psychotherapy do not count towards the total. Training organisations should have a system of APL for practice hours up to a maximum of 25%. APLed hours should be commensurate with hypno-psychotherapy hours, e.g. hours conducted in another psychotherapy modality.

Supervision

1 hour of supervision per 6 hours of client work. For the **450** hours this would mean **75** hours would be expected. The maximum number in a Supervision group should not normally exceed four.

Supervision is required at a ratio of 1:6 throughout the period of training. College requires training organisations to approve the training supervisor for each student. At least one third of a student's supervision should normally be from a UKCP registered hypno-psychotherapist or equivalent. Other approved supervision may be through work placements or from within other modalities. College recognises the use of cross-modality supervision for those post-registration, but feels it necessary that in during training the student has access to someone within the modality. It would not normally be acceptable for the supervision to be undertaken by the primary tutor. Supervision using digital media (e.g. telephone, internet) is only acceptable after a direct, face-to-face supervisory relationship has been established.

College recognises the range of practice settings within which a trainee may complete their practice hours, from private practice, to employment and voluntary placements. It is the responsibility of the Training Organisation, in communication with Supervisors, to ensure that the Trainee is practicing within a suitable practice environment, within their limits of knowledge and competence and for which their training has prepared them.

Qualification and registration

Within our modality students are considered qualified to practice in advance of their ability to register with UKCP. TO's must make it explicit in all materials as to what elements are contained in the pre-qualification section, and which in the post-qualification, and where and when these are covered.

Continued support should be offered to students as they work towards registration. Throughout the process it is necessary for the training organisation to ensure the clarity of the process for the student, and for the student to be clear with their clients as to where they are on the pathway.