



AUSTRALIAN
SOCIETY OF
HYPNOSIS

REGULATIONS
FOR THE AWARD OF THE DIPLOMA IN
CLINICAL HYPNOSIS & FULL MEMBERSHIP
BY CONTINUOUS ASSESSMENT

FOR THOSE COMMENCING
TRAINING IN 2017

for

The Australian Society of Hypnosis Ltd
ABN 41 008 576 672



Introduction

The Australian Society of Hypnosis
Board of Education
Objectives of this Syllabus
Course Syllabus
Training Program
Diagram of Process

Recognition of prior Learning

Separate document

Code of Ethics

Separate document

Assessment Process Regulations

Eligibility for Assessment
Guidelines for Case Reports
Viva Examination
Award of Certificates

Recommended Reading List

BOARD OF EDUCATION

THE AUSTRALIAN SOCIETY OF HYPNOSIS LTD

Chair: James Auld, BDS, MSc, Dip.Soc.Sc., Dip.Clin.Hyp., FICD, FASH

Secretary: Ann Wilson MAPS

The administration of the Board of Education is located within the Federal Secretariat.

Contact details

Email: boeashltd@optusnet.com.au

Phone: (02) 9747 4691

Postal Address: PO Box 3009 Willoughby North NSW 2068



INTRODUCTION

This document provides a current statement of the syllabus for training prescribed by the Australian Society of Hypnosis Ltd. It highlights the main areas that candidates for Full Membership should have covered in preparation for the award process. Registered health practitioners including chiropractors, dentists, dental hygienists and therapists, medical practitioners, midwives, nurses, occupational therapists, optometrists, osteopaths, physiotherapists, podiatrists, psychologists, as well as counsellors, social workers and speech pathologists are eligible to join the Society as Associate Members as set out in the By Laws. Students starting the Society's Diploma in Clinical Hypnosis join as Associate Members and attain Full Membership after they pass the assessment process set out in this document. Provisionally registered psychologists are accepted for training if they have gained full registration by the time they finish the assessment process.

The Australian Society of Hypnosis Ltd

The Australian Society of Hypnosis (ASH) is a limited liability company incorporated in 1982. The Society which it replaced, the Australian Society of Clinical and Experimental Hypnosis, was established in 1971. Branches of the Society operate in most states of Australia as incorporated bodies and the Society has overseas members.

The aim of the Society is to further the appropriate clinical & experimental uses of hypnosis. This is achieved by the provision of training programs, professional development activities, advancement of clinical skills as well as the maintenance of high standards of clinical use of hypnosis.

Full Membership is achieved after successfully completing an educational program and the Assessment Process set out below. The examination and educational policies of the Society are the delegated responsibility of the Board of Education, a Sub-Committee of Federal Council.

Board of Education

The Board of Education comprises the Chair of the Board; the Secretary of the Board as coordinator of the assessment process, the Journal Editor (ex officio) and examiners as approved by the Chair.

The Board of Education is responsible for:

1. In collaboration with Branch Education Secretaries or Directors of Training, coordinating the training program run by the Branches.
2. Setting a recommended syllabus and reference list.
3. Supervising the continuous assessment of the didactic training.
4. In collaboration with the Education Secretaries or Director of Studies of each Branch, coordinating the assessment process.
5. Organizing the marking of the Case Reports.
6. Advising those candidates who have had their case reports passed to proceed to the Viva which is organized by the state branch.
7. Approving, appointing and/or organizing the attendance of an interstate Examiner when appropriate to be on the Viva panel.
8. After candidates pass the Viva, recommending to the Federal Council that successful candidates be granted Full Membership and the Diploma in Clinical Hypnosis.
9. Arranging for certificates to be awarded.

Objectives of the Syllabus

The syllabus, which is set out below, is designed to serve two purposes. Firstly, it is a guide for the educational endeavours of the Society. Secondly, it sets down for candidates for Full Membership the breadth of knowledge that it is considered necessary to attain for an acceptable level of competence in the clinical or research use of hypnosis.



COURSE SYLLABUS

Compulsory Core Units

Knowledge:

History, phenomena of hypnosis, theories, hypnotisability and tests of it, memory & legal issues; ethics, myths, contraindications, suggestion styles, traditional & contemporary approaches

Practice skills:

Induction, deepening, reorientation, debriefing.

Styles: Traditional, conversational.

Therapeutic models: optional

Applications to specific issues and populations:

Anxiety & generalised anxiety disorder

- » Panic
- » Phobias
- » PTSD
- » OCD
- Children
- Dentistry
- Depression
- Eating disorders
- Ego Strengthening
- Grief & Loss
- Habit Disorders – weight issues, smoking, addictions, etc.
- Obstetrics & gynecology
- Pain: Acute & chronic
- Sexual Health
- Sleep problems
- Specific illnesses
 - » Cancer
 - » Irritable bowel syndrome
 - » Etc.
- Stress management

The Training Program

Those who apply to undertake the Society's training program must be members of the Society and maintain their membership through out the process.

The training programs offered through the Society by the State Branches are designed to ensure the competent clinical and scientific uses of hypnosis.

Candidates have the responsibility to ensure they have covered the necessary material. Education and training programs conducted by the Society are likely to concentrate on the nature and clinical use of hypnosis, and thus candidates are required to do supplementary reading, not only

from the recommended reading list in this brochure but also from references given to them by lecturers and supervisors.

Breakdown of time necessary for completion of the program

78	hours of formal course delivery whether 6 or 7 hour training day with lunch and tea breaks deducted
16	hours should be allowed for completion of assessment tasks outside course delivery
80	consolidation of course delivery material, additional reading & research time should be allocated over the course period
8	minimum supervision hours necessary for the required 10 clients completed after formal course delivery as a likely additional cost
4	additional supervision (group or individual) for preparation of detailed case reports, two of which can be from the 10 above, completed after formal course delivery as a likely additional cost
8	writing & editing the case reports, including discussion with supervisor
4	revision for and completion of the Viva (oral) examination

Initial membership of the Society and assessment costs are included in the cost of courses conducted by the Society.

Where RPL from another training provider is obtained, there is an assessment fee of \$165.00 incl gst and the applicant must pay for ASH membership to proceed to obtain the Diploma and Full Membership.

Hence it is vital to have a commitment to the course to obtain the Diploma and Full Membership of the Society as approximately 200 hours will be necessary for this.



The Process

Provisionally or Fully Registered Health Practitioner applies for and is given Associate Membership



Undertakes the 12 month training program:

Completion of the assessment required after each training day within the stipulated time frame with an overall mark of 75% for a pass. (Less than 75% but more than 50% requires the student to do revision and re-sit the assessment whereas less than 50% requires further training sessions with their necessary assessments as determined by the Director of Studies/Education Secretary.

SUPERVISION OF CLINICAL USE IS MANDATORY – 10 cases to be documented

(supervisor to be approved by the Education Secretary/
Director of Studies)



Candidate ensures currency of membership &

Applies through the State Branch to start assessment process accompanied by:

1. Two case reports/or a research project.
2. Documentation as required by state branch
3. If the candidate has met all requirements, the State Branch will forward the case reports to the BOE.
4. If the candidate is applying for RPL, an Application Form and payment of the assessment fee has to be arranged with the BOE before the case reports are lodged.



If the two case reports are passed, then the candidate is invited to attend a Viva examination to establish understanding of the uses of hypnosis within the candidate's profession, ethical considerations, informed consent, contra-indications.etc. & to demonstrate hypnotic skills



On passing the Viva, the candidate's name is given to the Chair of the BOE to present to Federal Council.



FULL MEMBERSHIP & DIPLOMA IN CLINICAL HYPNOSIS

**Certificates awarded after name presented to the
Federal Council Meeting for endorsement.**

RECOGNITION OF PRIOR LEARNING (RPL)

The Board of Education recognizes appropriate hypnosis training and experience gained in Australia and overseas centres of repute. Details of RPL are set out in a separate document available on the website www.hypnosisaustralia.org.au

**ETHICAL CONSIDERATIONS ARE SET OUT IN A
SEPARATE DOCUMENT AVAILABLE ON THE WEBSITE
www.hypnosisaustralia.org.au**

Continuous Assessment for the award of the Diploma and Full Membership

Regulations for the Information of Candidates

Introduction

The Board of Education, which was established in September 1978, recommended to Federal Council in 2010 that states could trial a continuous assessment component of the didactic training to replace the three hour written examination. That was successfully trialed in 2011 by two states so that it is now the major pathway to Full membership. The examination process has finished.

Those candidates who have been successful in the continuous assessment of the ASH training program, can present two case reports for evaluation by examiners appointed by the Board of Education. That can happen during the assessment program or within three months of it being completed.

Candidates should formally apply through their state branch to the Secretary of the Board of Education by email boeashltd@optusnet.com.au or by mail PO BOX 3009 Willoughby North 2068 with copies of the 2 case reports in the new format (see below).

REMEMBER: CANDIDATES MUST BE FINANCIAL MEMBERS OF THE SOCIETY.

ASSESSMENT PROCESS - REQUIREMENTS TO BE MET

Candidates have the responsibility of ensuring that they comply with the requirements of training and supervision and must provide evidence of this when applying to start the process.

The application starts with the Education Secretary or Director of Studies who attests that they meet the requirements. Any deviation from these requirements must be approved by the Board of Education.



Minimum Requirements over the training program provided by the Branch:

- A) Not fewer than seventy eight (78) hours attendance within an ASH training program or non ASH Workshops for which prior approval was given by the Board of Education.

These should be the Core subjects indicated in the Syllabus section above.

Before applying for the process to submit case reports, it is necessary that the candidate discuss in detail his/her treatment techniques of at least ten (10) patients/clients with a supervisor who is a Full Member of the Society. The candidate may have more than one supervisor but all must be Full Members of the Society.

- B) Not less than fifty (50) hours of supervision hours over the 12 MONTH period. This includes a minimum of 15 direct supervision hours which the training body should provide.

Eligibility for Assessment

- A. A candidate who is in any doubt about eligibility should contact the Secretary of the Board of Education.
- B. A candidate for entry to the Full Membership process must be a financial member of the Society at the date of application & should have joined at commencement of training.
- C. A candidate must be registered in his/her health profession or, in the case of social workers, counselors and speech pathologists, a current financial member of the specified professional body (see membership application form).
- D. A candidate must have spent a minimum of 12 months or an equivalent time in the training and use of hypnosis
- E. A candidate must meet the Minimum Requirements of the training program above.

Though the candidate is expected to obtain his/her total experience in one continuous period, the Board appreciates that there may be certain circumstances in which a rigid insistence on this condition might unfairly penalise some individuals. A candidate who believes that any discontinuities in his/her experience have not been such as to interfere with the general progression of his/her training should submit full details in writing to the Secretary in order to obtain a determination from the Board of Education.

Case Reports or Research Project

Candidates prepare two (2) case reports or a research project as approved by the Board of Education. The following Revised Guidelines for Case Reports were approved at the 3/12/11 Meeting of the Board of Education and thus will be applied to applications for the assessment process for 2012 and after.

Current Guidelines for Case Reports

The old guidelines for case histories have been replaced by these guidelines to coincide with the continual assessment process.

Candidates for Full Membership and the Diploma must present two (2) case reports for evaluation by two Board appointed assessors who mark them not knowing the identity of the candidate. Note that the Board will accept the substitution two brief interventions in place of one of the case reports; these will be worth half the full mark each. See Special Circumstances below.

As hard copies, they must be typewritten on one side on A4 paper, double-spaced with a 25mm left side margin. If electronic, then double spaced with 25mm left side margin.

Two copies of each are required if hard copies are mailed. The front cover sheet should have the title of the case report, identify the candidate, indicate the word count, be signed by the supervisor and the candidate should sign a statement that the case is all the candidate's own work.

If being submitted electronically, only one copy is required. Here the front cover sheet should have the title of the case report, identify the candidate, indicate the word count, be signed by the supervisor and the candidate should sign a statement that the case is all the candidate's own work. The case reports are either submitted through the state branch or training provider or by arrangement, directly to the Board of Education.

The minimum length is 2000 words and the maximum is 3000. That count does not include the references nor the appendix. If candidates want to include parts of scripts as essential for the evaluation of the case (and that is NOT always the case) they can be included in the appendix. That word count should be entered on the cover sheet.

The first page of the actual case report should have the title of it but the candidate's name should not appear anywhere on it, nor in headers or footers.

Essentially the case report should be written as if it were being presented for consideration for the Society's Journal.

The best case reports are indeed recommended for consideration by the Editor, who has the final decision.



It should be checked for grammar and typographical errors. If the candidate's supervisor cannot do that, the candidate should find someone with good written English skills.

The subject must be de-identified with a pseudonym and other identifying data like DOB, name of school, employer etc not specified.

Candidates are not expected to provide a lengthy theoretical overview on the issues in each case report. On the other hand, it may be appropriate in particular circumstances to justify a certain theoretical position by references to some of the relevant literature.

The headings to be used are

1. (3 marks) Abstract plus Search Terms
2. (3 marks) The nature of the presenting problem, including who referred and why.
3. (4 marks) A description of the subject's presentation.
4. (8 marks) An outline of relevant personal report – psychological, social, medical, psychiatric, dental.
5. (10 marks) The suitability of the subject and the condition/problem for hypnotically based treatment.
6. (2 marks) How informed consent was obtained.
7. (15 marks) The therapy goals.
8. (15 marks) Rationale overview for the techniques chosen and how they are to be integrated with other treatments.
9. (20 marks) Session by session summary with comments on therapy progression.
10. (5 marks) Outcomes
11. (10 marks) Comments on Conclusions and Retrospect. In this area, candidates should reflect on the efficacy of their treatment; what would they change if they were to do the case again? It is intended to indicate ability to be self-critical and aim for continual improvement.
12. (5 marks) References in the University accepted format, see immediately below for examples of how that is done for journal and books. The Society's recommended reading list is done the same way.

References

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders. Fifth Edition, Washington, DC: American Psychiatric Association.

Erikson, M. H. (1959). Further clinical techniques of hypnosis: Utilization techniques.

American Journal of Clinical Hypnosis, 2, 3–21.

Evans, B. J. (2003). Hypnosis for post-traumatic stress disorders. *Australian Journal of Clinical and Experimental Hypnosis*, 31, 54–73.

Gilligan, S. G., (1988). Symptom phenomena as trance phenomena. In J. K. Zeig & S. R. Lankton (Eds.), *Developing Ericksonian therapy: State of the art* (pp. 327–352). New York:

Schefflin, A. (2001). Caveat Therapist: Ethical and legal dangers in the use of Ericksonian techniques. In B. Geary & J. Zeig (Eds.), *The handbook of Ericksonian psychotherapy* (pp.154-167). Phoenix, AZ: The Milton H Erickson Foundation Press.

Spiegel, H., & Spiegel, D. (2004). *Trance and treatment: clinical uses of hypnosis*. Washington, DC: American Psychiatric Press.

CASE REPORTS WHICH DO NOT FULFIL THE ABOVE REQUIREMENTS WILL BE RETURNED UNMARKED FOR REVIEW.

Case Reports: Special Circumstances.

The Board recognises that sometimes a student's work place does not allow for clinical hypnosis to be used at all, or if it does, it is limited to brief interventions, not allowing for the usual multiple sessions of treatment.

School psychologists for example, mostly work under the prohibition of this treatment by the state Department of Education. Where the student is not planning to build up an immediate private practice, the advice has always been to search for suitable clients outside the workplace to meet the requirement of 10 hypnotic interventions and the two case reports. The circle can include a friend of a friend or distant relative, with a suitable problem. These would initially be relatively simple problems eg, for general stress relief, goal setting, time management, self esteem, cut down or quit smoking, performance anxiety or preparing for exams. With experience, the student should progress to more difficult problems and select two quite different situations out of the ten for the case reports to be presented for the exam process.

Alternatively, the student can elect to take the research option and plan a small research project on a non- work population.

Where the workplace allows for brief, limited, one-off hypnotic interventions, two or three of these which are quite different can be presented under one heading as equivalent to one case report. In such cases, it may not be possible to provide full details under each subsection as required by the syllabus. For example, in an emergency setting, just provide as much information as is available under the heading.

However, a regular case report with at least two or three treatments must also be put forward.



The selection of client and problem can be followed in the same way as suggested above for nurses, anaesthetists and midwives. Such variations to the usual two case report submissions are best proposed well in advance to the Education Secretary or Director of Studies so as to secure permission. That is, approval for the variation has been delegated to the Branch. Branch Officers will use their discretion in granting approval, as case assessment will be carried out by the BOE to ensure compliance with the required standards.

Candidates whose case report/reports fail to meet the pass mark will be advised of the situation and given the opportunity to address the deficiencies/problems identified by the assessors.

The Marking Sheet for the Case Reports has been revised to reflect these changes and markers will be advised that these sheets with their marks and comments can be made available to the candidate.

The Marking Sheet/s for those who have not passed will be made available to the Education Secretary/Director of Studies for a discussion with the Chair BOE regarding action to be taken.

For those whose case reports have been passed, some feedback can take place within the Viva Examination for which the Marking Sheets will be made available.

Those whose case report has been recommended for consideration for the Journal can also be advised about that in the Viva together with the necessary steps to take to pursue that opportunity for publication.

Viva Examination

The Viva follows successful completion of the Case Report stage and allows for the Board to make a final evaluation of candidates. Vivas last for up to sixty (60) minutes, with two parts. Part A, is where the two examiners explore with the candidate his/her clinical use of hypnosis, patients/clients treated, understanding of psychological issues, hypnotic applications in area of expertise, difficulties encountered, ethical issues, informed consent, contra-indications, etc. The examiners can also probe issues/concerns raised in the marking of the case reports. Part B, is where the candidate demonstrates basic hypnotic skills with a naïve subject. The aim of the Viva is to assure the two examiners and the Society that the candidate is a safe, ethical hypnosis practitioner. The Viva panel is arranged under the advice and direction of the Board of Education.

Receipt of Certificates

After the candidate has passed the Viva, their name is presented to the next Federal Council Meeting for the endorsement of Full Membership status and the award of the Diploma. Certificates cannot be provided until that

endorsement at the Federal Council Meeting and thus there could be a delay in awarding the certificates.

However, the Viva panel has been given the authority by the Chair of the Board of Education to sign a letter on the day that the candidate has passed the Viva examination & is thus eligible for Full membership of the Society.

For students completing any ASH training program, the Assessment Fee will be included in the course fees paid to the Branch which will pay the BOE at the time candidates take their Vivas. Those applying through RPL are required to pay a \$165.00 assessment fee.

Any candidate who wishes to raise any additional questions concerning the assessment process, or to seek clarification on any of the matters raised in this booklet, is cordially invited to contact the Secretary of the Board.

RECOMMENDED READING LIST

Psychology

Bootzin, R.R., Bower, G.H., Crocker, J., & Hall, E. (1991). *Psychology Today* (7th ed). New York: McGraw-Hill Inc.

Carson, R.C., Butcher, J.N., & Coleman, J.C. (1994). *Abnormal psychology and modern life* (9th ed). New York: Harper Collins.

Davison, G.C., & Neale, J.M. (2000) *Abnormal psychology* (8th ed). New York: John Wiley.

Psychiatry

Beumont, P.J., & Hampshire, R.B. (1989) *Textbook of psychiatry*. Melbourne: Blackwell. (A primer in psychiatry).

American Psychiatric Association (1994). *Diagnostic and statistical manual for mental disorders* (5h ed). Washington: APA pending the publication of the next edition 2012

Hypnosis

Alladin, A. (2008). *Cognitive Hypnotherapy: An Integrated Approach to the Treatment of Emotional Disorders*. John Wiley & Sons.

Barabasz, A.F., Olness, K., Boland, R. & Kahn, S. (2009). *Medical Hypnosis Primer*. Routledge.

Barber, J. (Ed) (1996). *Hypnosis and suggestion in the treatment of pain*. New York: Grune and Stratton.

Battino, R. (2000). *Guided imagery and other approaches to healing*. London: Crown House Publishing.

Battino, R., & South, T.L. (Eds) (2000). *Ericksonian approaches: A comprehensive manual*. London: Crown House publishing

Bowers, K.S. (1976). *Hypnosis for the seriously curious*. New York: W.W. Norton & Company.



- Burrows, G.C., & Dennerstein, L. (Eds) (1980). *Handbook of hypnosis and psychosomatic medicine*. North Holland: Elsevier.
- Evans, B.J., & Burrows, G.D. (Eds). (1998) *Hypnosis in Australia*. Heidelberg: The Australian Society of Hypnosis. Note: out of print but available to members as a pdf
- Frankel, F.H. (1976). *Hypnosis: Trance as a coping mechanism*. New York: Plenum.
- Hammond, D.C. (1990). *Handbook of hypnotic suggestions and metaphors*. New York: Norton.
- Hartland, J. (1971). *Medical and dental hypnosis and its clinical applications* (2nd ed). 1971, reprinted 1979, London: Bailliere Tindall.
- Hilgard, E.R. (1977). *Divided consciousness: Multiple controls in human thought and action*. New York: John Wiley & Sons.
- Hudson, L. (2009). *Scripts and strategies in hypnotherapy with children: for young people aged 5 to 15*. Crown House Publishing.
- Jensen, M.P. (2011). *Hypnosis for Chronic Pain Management*. Oxford University Press
- Jensen, M.P. (2011). *Hypnosis for Chronic Pain Management: Therapist Guide*. Oxford University Press.
- Kirsch, I., Capafons, A., Cardena-Buelna, E., & Amigo, S. (Eds) (1999). *Clinical hypnosis and self-regulation: Cognitive-behavioural perspectives*. Washington, DC: American Psychological Association.
- Lynn, S.J., & McConkey, K.M. (Eds) (1998). *Truth in memory*. New York: Guilford.
- Lynn, S.J., & Rhue, J. (Eds) (1991). *Theories of hypnosis: Current models and perspectives*. New York: Guilford.
- Lynn, S.J., Rhue, J.W. & Kirsch, I. (Eds) (2010). *Handbook of Clinical Hypnosis*, (2nd ed). American Psychological Association.
- McConkey, K.M., & Sheehan, P.W. (1995). *Hypnosis, memory and behaviour in criminal investigation*. New York: Guilford.
- Nash, Michael R & Barnier, Amanda J (Eds) 2008 *The Oxford Handbook of Hypnosis* Oxford University Press
- Olness, K., & Kohen, D. (1996). *Hypnosis and hypnotherapy with children*. New York: Guildford Press.
- Rosen S *My voice will go with you*. Teaching tales of M. H. Erickson.
- Rossi, E.L., & Ryan, M.O. (Eds)(1998). *The seminars, lectures and writings of Milton H Erickson*. Vol 3: *Mind boy communication in hypnosis*. London: Free Association Press.
- Sheehan, P.W., & McConkey, K.M. (1982). *Hypnosis and experience*. New Jersey: Lawrence Erlbaum Associates.
- Sheehan, P.W., & Perry, C.W. (1976). *Methodologies of hypnosis*. New York: John Wiley and Sons.
- Simpkins, C.A. & Simpkins, A.M. (2011). *Neuro-Hypnosis: Using Self-Hypnosis to Activate the Brain for Change*. W.W. Norton & Co.
- Spiegel, H., & Spiegel, D. (1978). *Trance and treatment: Clinical uses of hypnosis*. New York: Basic Books.
- Thomson, L. (2005) *Harry the Hypno-potamus. Metaphorical tales for the treatment of children*. Crown House, UK
- Yapko, M. (2011). *Mindfulness and Hypnosis: The Power of Suggestion to Transform Experience*. New York: Norton.
- Yapko, M. (2012). *Trancework: An introduction to the practice of clinical hypnosis* (4th ed). New York: Brunner Mazel. Now published as *Essentials of Hypnosis 2014*
- Yapko, M. (1992). *Hypnosis and the treatment of depression*. New York: Brunner Mazel.

Document revision January 2017