A GUIDE TO the National Register of Hypnotherapists & Psychotherapists (NRHP) 2020

This document is a statement of the purposes, functions, ethical principles and structure of the National Register of Hypnotherapists and Psychotherapists

NRHP was a Founder Member of UKCP (United Kingdom Council for Psychotherapy). It is our (NRHP's) Governing Body (though not all our members are UKCP Registered).

On the next pages are the College of Hypno-Psychotherapists' UKCP rules. It is expected that all UKCP Registrants hold these rules dear and abide by them.

Throughout the document will be bracketed pieces in Times New Roman print. These are the standards to which Non-Registered UKCP members need to adhere to.

Please read this guide carefully as the onus is upon the member to adhere to the right paragraphs for themselves.

There are notes on TRAINING in this document. This is so that NRHP members know what level of training is acceptable for membership.





NRHP
Governance Document

Last amended June 2020

Introduction and a statement of the purposes, functions, ethical principles and structure of the NRHP

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NRHP is a non-profit making company, limited by guarantee. Its full Memorandum and Articles of Association can be obtained from the registered offices.

NRHP is an Equal Opportunities Organisation, committed to the principle that no one should be discriminated against by reason of race, religion, ethnicity, gender, class, age, disability or sexual orientation.

NRHP is registered with Data Protection under the Data Protection Act 1998

A STATEMENT OF THE PURPOSES, FUNCTIONS, ETHICAL PRINCIPLES &STRUCTURE OF THE NRHP

It is the object of the NRHP to promote and to protect the professional status, standards, ethics interests of its members. Membership is reserved for hypno-psychotherapists who have trained to the syllabus requirements equivalent to UKCP's Organisational Members & those whose interests lie in Hypno-psychotherapy. Various grades of membership cater for individuals who have reached different stages of their training. Requirements for these different grades are detailed later.

PURPOSE

The NRHP is an independent, member-owned professional organisation existing for the benefit of its members, both individually & collectively, & some of the advantages of membership are listed below:

1. Political representation concerning any possible disadvantageous effects of any changing legislation.
2. Nationwide referral service with an optional inclusion in our Directory of Practitioners & on our website www.nrhp.co.uk.
3. Regular 'News & Views' bulletins.
4. Wide publicity of the organisation through listings on databases for helplines, e.g., NHS Direct, Mental Health Helplines, UK Advice Line, Wellbeing directories and in publications like 'British Qualifications'.
5. Access to a nationwide supervisory service.
6. Corporate advertising with Yellow Pages.
7. The NRHP is greatly assisted in its purposes by its affiliation as Organisational Member of the UK Council for Psychotherapy
8. Social media presence - Facebook, Twitter and LinkedIn.

Note:

The manner in which any or all of the purposes of the NRHP can be best implemented and achieved will be as determined from time to time by the Board of Directors.

CODE OF ETHICS AND PRACTICE

The NRHP recognises the prime importance of encouraging, maintaining and supervising the ethical standards of their therapists. This is for the protection of both clients and therapists. To these ends, the following Code of Ethics and Practice applies to all members of the NRHP.

All therapists are expected to approach their work with the specific aims of alleviating suffering and promoting the well-being of their clients. Therapists should, therefore, endeavour to use those abilities and skills commensurate with their trained competence, to their clients' best advantage, without prejudice and with due recognition of the value and dignity of every human being.

1. **Behaviour:** Therapists engaged in the practice of Hypnotherapy and Psychotherapy and allied disciplines shall, at all times, conduct their professional lives with the propriety and dignity becoming a servant of the public, and pledge that they will not, under any circumstances, infringe the code of morality becoming their profession, and will not commit any breach of conduct that will adversely reflect upon themselves, the NRHP or upon their fellow practitioners.

    i. Therapists are required to refrain from behaviour that may be detrimental to the profession, to colleagues or to trainees.

    ii. Therapists are required to take appropriate action in accordance with number 15 below with regard to the behaviour of a colleague which may be detrimental to the profession, to colleagues or to trainees.

2. **Services:** Therapists shall confine their services to the recognised spheres of their profession and shall neither offer nor promise any cures for specific conditions, nor engage in any activity likely to bring the profession into disrepute.

3. **Qualifications:** Therapists are required to disclose their qualifications when requested and not claim, or imply, qualifications that they do not have. Physical evidence of such qualifications should be made available for inspection by any legitimate enquirer.

4. **Terms:** Therapists are required to disclose their terms, conditions and, where appropriate, methods of practice at the outset of therapy. Failure to do so may be counterproductive in therapeutic terms.

5. **Confidentiality:** Therapists are required to preserve confidentiality and to disclose, if requested, the limits of confidentiality and circumstances under which it might be broken to specific third parties. It should be borne in mind that therapists have a responsibility to the community at large, as well as to individual clients.

6. **Professional Relationship:** Therapists should consider the client's best Interests when making appropriate contact with the client's GP, relevant psychiatric services, or other relevant professionals with the client's

knowledge. In seeking advice, as appropriate, and perhaps declining to treat and/or referring, therapists show an awareness of their own limitations whilst acting in the best interests of those seeking their help.

7. **Boundaries:** Therapists are required to maintain appropriate boundaries with their clients and to take care not to exploit their clients, current or past, in any way, financially, sexually or emotionally.

8. **Competence:** Therapists are required to maintain their ability to perform competently by undergoing personal therapy, if required, and engaging in CPD, including a commitment to ongoing supervision/peer supervision and other, verifiable, CPD activities.

9. **Research:** Therapists are required to clarify with the clients the nature, purpose and conditions of any research in which the clients are to be involved and to ensure that informed and verifiable consent is given before commencement. Such consent should allow for a "cooling off" period and may be withdrawn at any time thereafter should any such clients so choose.

10. **Publication:** Therapists are required to safeguard the welfare and anonymity of clients when any form of publication of clinical material is being considered and to obtain their consent whenever possible.

11. **Media:** The principles underlying the two previous paragraphs shall also be applied should therapists be engaged in the public media of whatever description.

12. **Legal Action:** A therapist who is convicted in a court of law of any notifiable criminal offence, or who is the subject of any successful civil action by a client, shall immediately report the facts in writing to the NRHP Board. In any such instance, the individual concerned shall consider him or herself suspended from membership of the NRHP, pending decision concerning such membership by the NRHP Board.

13. **Insurance:** Therapists are required to ensure that their professional work is adequately covered by appropriate indemnity insurance. All members of the NRHP are required, as a condition of membership, to be accepted for cover within the group insurance policy maintained by the approved broker, or to provide evidence of equivalent insurance cover prior to eligibility for membership of the NRHP

14. **Complaints:** A Complaints Procedure exists to receive any complaint against a therapist, to consider the therapist's response and to arrive at a decision based on all of the presented facts. Appeals are allowed against any decisions made. The Complaints Procedure is detailed on pages 18 & 19 of this Guide. In the event of a complaint against the NRHP, a Complaints Procedure has been published and is available upon request.

    NB: For UKCP registered NRHP members, any complaint will be dealt with by UKCP under their Central Complaints Procedure (CCP) & not by the NRHP's Complaints Procedure.

15. **Complaints against Colleagues:** Therapists are required to take appropriate action to make a complaint which will be dealt with in accordance with the Complaints Procedure, with regard to the behaviour of a colleague which may be detrimental to the profession, colleagues or to other members.

16. **Public Performance:** Therapists shall not give any performance, lecture or display which presents hypnosis or psychotherapy or allied disciplines as a means of entertainment.

17. **Advertising:** The professional notices of therapists shall be kept to a dignified wording and/or otherwise be brought to public notice in a dignified manner. (The NRHP Board may, at its discretion, declare an advert or publication or method of publicising services to be unacceptable.)

    NB: UKCP registered NRHP members are not allowed to use testimonials.

18. Sanctions: Any therapist breaking this Code of Ethics and Practice shall, at the discretion of the NRHP Board, be liable to forfeiture of membership or other sanction(s) as directed by the Board of Directors.

19. **Powers of the NRHP Board:** The NRHP Board shall have the power to interpret and enforce compliance with the Code of Ethics and Practice and Rules of Membership by all the therapists, and to impose such sanctions as it sees fit for breaches of the Code and Rules.

NRHP ORGANISATION AND ADMINISTRATION

The administration of the NRHP shall be controlled by a Board of Directors composed as follows:-

a. A Chairperson appointed by the Directors

b. Directors elected by the membership of the NRHP

The normal tenure of the elected posts shall be three years, reappointment for a further term being permitted. In appointing these Directors, nominations will be called for and, when necessary, a ballot of members held.

The Board may co-opt as a Director, a person who is willing to act, either to fill a vacancy or as an additional Director. A Director co-opted by the Board under this Article will hold office only until the next following AGM and will not be taken into account in determining the Directors who are to retire by rotation at the meeting. Co-opted Directors have no voting rights on the Board. If a co-opted Director is not re-appointed at that AGM, he will automatically vacate office at the end of the meeting.

A quorum of the Board of Directors shall comprise one half of the Directors then holding office.

The Board of Directors shall have the power to appoint other officials, e.g., Secretary, Treasurer, Delegates, etc., to carry out various administrative duties, and to co-opt persons to undertake research or other tasks as decided upon by the Board of Directors. These appointments/co-options shall not confer any right of attendance at Board Meetings, nor shall the person's appointed/co-opted have any voting powers at any Board Meetings they are asked to attend.

The Board of Directors shall have the power to:

- elect a Chairperson in the absence of (A) above, who, in addition to having one vote as a member of the Board, shall have a casting vote;
- delegate such functions as it may deem necessary.

The Board of Directors shall establish procedures and a Committee to deal with ethics and standards, formal complaints, grievances, and disciplinary issues.

NRHP RULES OF MEMBERSHIP

1. The NRHP recognises & regards all UKCP accredited hypno-psychotherapy Training Organisational Members as its main training and post-graduate training establishments. However, the NRHP also recognises as equivalent the training leading to the Salford College Joint Award Post Qualifying Diploma in Psychotherapy (NCHP) & Advanced Certificate in the Theory & Practice of Hypnotherapy (CENTRA).

2. Those who have successfully completed an appropriate course of training (as given in 1 above) and fulfilled any other conditions which the NRHP Board may from time to time establish, may apply for admission to the relevant section of the NRHP. Such applications will be considered by the Board or its appointee. The Board reserves the right to decline to admit any applicant to the relevant section of the NRHP and to decline to renew any membership without in any such case having to assign its reasons for doing so.

3. In order to ensure the highest professional standards amongst the membership, all regulated members of the NRHP are required to undertake necessary Continuing Professional Development (CPD) which is to be recorded over a five-year cycle. This will comprise formal supervision/peer supervision (peervision) as outlined below, and a minimum of 50 hours of other CPD activities. (See later pages for additional requirements for UKCP registered NRHP members.)

Supervision

All NRHP regulated members must adhere to these requirements and failure to comply with the CPD and supervision regulations may result in disciplinary procedures. All practising members of NRHP will be required to undertake supervision in line with the current regulations. Full members may opt for peervision. Supervision / peervision must be undertaken with a suitably qualified person, namely a Full Member of the NRHP, or retired former Full Member of the NRHP retaining Non-practising Membership, or a UKCP registered psychotherapist or a BACP approved supervisor. (Where a supervisor is not a fully qualified hypno-psychotherapist, the member should make an ad hoc arrangement with a fully qualified hypno-psychotherapist for supervision of the hypnotherapy aspect of his or her practice, as and when required.)

NRHP Supervision requirements are:

a) NRHP regulated and UKCP registered members seeing more than seven clients per week must have minimum of 20 hours of supervision sessions per year (or current UKCP regulation).

b) NRHP regulated and UKCP registered members seeing fewer than seven clients per week must have at least five x two-hour supervision sessions per year (or current UKCP regulation).
c) NRHP regulated members who are working toward UKCP registration must have met UKCP supervision criteria for 18 months prior to application for registration being submitted.
d) NRHP regulated non-UKCP registered members must have one-hour supervision for every eight client contact hours, up to 20 hours per year.

Therapists must take responsibility for their own supervision and CPD and must ensure that supervision always takes place when required with case histories forming the basis of the discussion. Supervision can be either one to one or in small groups. The NRHP Board of Directors considers that face to face supervision is ideal. However, remote supervision by real-time audio link, such as telephone or webcam, is permitted to a limited extent. (NB: non-vocal electronic links, e-mails and faxes are not permissible.)

Where remote supervision is undertaken, face to face supervision should take place a minimum of four times per year. In exceptional circumstances, such as severe disability preventing travel, a minimum of one face to face supervision session per year would be acceptable, with the remainder of supervision being by remote means; in such cases, the full reasons and supporting evidence should be submitted to the NRHP for verification.

Other CPD Activities The 50 hours of ‘other CPD activities’ can include:

- attendance at workshops / courses / conferences;
- research activity, either clinical or in a related academic field;
- active study and personal reflection.

This list is not exclusive and any relevant professional development activity which can be justified and verified will be considered. CPD need not be restricted to Hypno-psychotherapy, or closely related courses, but, in line with UKCP policy, will allow the individual to develop knowledge and competence in a variety of modalities, as well as supervision, teaching, research and management skills. The 50 hours of ‘other’ CPD can be undertaken at any time during the five-year cycle.

Quinquennial Review

NRHP regulated non-UKCP registered members are required to keep a full and clear record of all supervision and 50 hours of other professional

development activities in a CPD portfolio, audited every five years. They are also asked to submit a statement from their current supervisor confirming fulfilment of the required supervision. NB: Supervision is a discrete element. Neither self-therapy nor “pastoral care” should substitute for same.

4. Those members who offer their services to the public shall only do so from premises which are appropriate to the therapy being practised and such premises shall be available for inspection by a person appointed by the Board of Directors to inspect on its behalf.

5. Any person seeking admission, or re-admission to the NRHP, or wishing to return to practising from non-practising membership, whose training was completed or whose previous practising membership lapsed more than three years prior to his/her application, will be required to:

   a) provide full written details of his/her career and CPD, to the date of application;

   b) attend refresher training if the Board decides.

   For those NRHP members who wish to re-join UKCP, please see page 20 - ‘Returning to UKCP Registration after a Period of Absence’ for UKCP regulations.

MEMBERSHIP GRADES AND QUALIFICATIONS

NRHP REGULATED MEMBERS

NRHP regulated members have trained in hypno-psychotherapy to the stated syllabus requirements of a UKCP training organisational (TO) member. They are obliged to meet all the rules and regulations of NRHP. They will be members of one of the following classes of membership:

Full - designating letters MNRHP

Open to those who have been awarded a Diploma in Hypno-Psychotherapy (DHP) by a UKCP TO or equivalent.

Fellowship - designating letters FNRHP

Fellowship may be conferred upon members who have given distinguished service to the profession or to the NRHP. The award of the Fellowship shall be at the discretion of the Board of Directors with a maximum of two Fellowships being awarded in any one year.

Retired Members

Open to previous practicing members who have retired.

Non-Regulated Members

Members who may be retired, non-practising, overseas or not fully entitled to be regulated members of NRHP. They are not monitored by NRHP in areas of practice such as Insurance Liability Cover, CPD and Supervision. The public need to be aware that they may not be fully covered by the NRHP Complaints Procedure. They do not appear on the NRHP website/Directory, except for overseas members.

FINANCIAL MATTERS MEMBERSHIP FEES

Note: It is the responsibility of each individual member to ensure that he/she complies with the conditions relating to the payment of fees & premiums as given below, and contacts the NRHP in the event of non-receipt of renewal information by mid-December in any given year.

1. The membership fee shall comprise:-

   (a) an annual subscription and
   (b) a contingency fee.

   a) If a member's annual fee is more than 30 days overdue (i.e., by the end of January in any given year), he/she shall be suspended from membership. (In the case of members paying by standing order - should payments not be received by the due date, suspension from membership may be implemented.) If the fee is subsequently presented, such membership may be accepted at the discretion of the NRHP Board and the suspension may be lifted.

   b) Contingency fee. It is not the intention of the Board to establish a level of membership fee which results in an unnecessary surplus of funds. The Board does, however, recognise the need to have adequate resources to meet any contingency which may arise which could affect the stability of the NRHP. In order to provide such a resource, and yet not place any immediate demand on the membership, all members will be required to pledge a certain sum of money (at the time of applying for, or renewing, membership) on which the Board can call on if necessary. (The current amount can be seen on the membership application/renewal form.)

2. Fellowship of the NRHP carries membership fees equivalent to that of an ordinary NRHP member, subject to the conditions described elsewhere herein.

3. Honorary Membership of the NRHP shall be gratuitous for life, subject to the conditions described elsewhere herein.

4. The annual membership subscription shall be decided upon by the NRHP Board from time to time.

Accounts

All monies received in membership fees, donations, profits from seminars etc., or by any other means, shall be devoted entirely to the administration of the NRHP and to maintaining the aims for which the NRHP is established.

The funds will be kept in an account, or accounts, of an established bank.

The NRHP will pay all expenses and/or professional fees properly incurred by those appointed by the Board of Directors in the execution of their duties, or when travelling on the business of the NRHP.

The Board of Directors will appoint accountants and auditors to perform such functions and duties in relation to the accounts and the balance sheet of the NRHP as may be desired, and the charges of the accountants and auditors in this respect will be paid for by the NRHP.

OTHER MATTERS

Any matter arising which is not dealt with in this Statement of the Purposes, Functions, Ethical Principles and Structure of the NRHP will be referred to the Board of Directors who will then adjudicate on it or deal with it as appropriate. Similarly, the Board of Directors is empowered to vary this Statement of the Purposes, Functions, Ethical Principles and Structure of the NRHP from time to time as may appear to be appropriate to the Board of Directors in all the circumstances.

COMPLAINTS PROCEDURE

Please note: As from 1st October 2013, for those NRHP members who are also UKCP registered, any complaint will be dealt with by UKCP under their Central Complaints Procedure (CCP), and not by this Complaints Procedure.

Therapists must advise clients wishing to make a complaint that they must contact the NRHP. Full details of the NRHP complaints policy and procedure can be obtained on request.

All complaints against members, other than those being dealt with by Courts of Law, will be dealt with by the Board of Directors or on the recommendations of any Disciplinary Body established by the Board of Directors.

On receiving a complaint against any therapist, the complainant will be asked to submit, in writing, full details of the complaint (if this has not already been done) within 21 days. (If a complaint is not progressed within 21 days of formal acknowledgement from NRHP, that complaint is deemed to have been withdrawn.) The complainant must be informed, also in writing, that although the Board of Directors is prepared to respect confidentiality and to note the nature of the complaint, it cannot proceed against any therapist unless the full nature of the complaint and the name of the complainant be made known to the therapist.

If the complainant wishes to proceed with the matter, the therapist concerned will be fully informed of the complaint, in writing, and be invited to make any comment he/she so wishes. Having given a reasonable time for a reply to be received, no more than 21 days, all the details will be put before the Ethics Committee for its initial consideration. Depending on the circumstances, the Board of Directors may, at this stage, ask one of its members to liaise with the complainant and the therapist to investigate the possibility of mediation, before proceeding further.

Should the Ethics Committee thereafter decide that a prima facie case has been established, it will so notify the parties concerned. Arrangements will then be made for a formal hearing of the case within a period of four weeks. A Disciplinary Body consisting of at least three members of the Board of Directors or their representatives will be appointed to conduct the hearing. Both the complainant and the therapist will be informed of this hearing and be invited to attend in person and to bring along any witnesses and/or be professionally represented, if they so wish. Failure of the respondent to attend the hearing without due cause and notice may lead to forfeiture of membership, and the hearing taking place in their absence. Within a period of three weeks after the formal hearing the Board of Directors will receive the findings of the Disciplinary Body and, having confirmed them, decide on any further action to be taken. All decisions will be conveyed to both complainant and therapist in writing.

In the event of either party not being satisfied with the decision arrived at, a Final Review by the Board of Directors itself may be requested. Representations must be made in writing within 21 days giving the reasons for the request. The Board will review these along with the recommendations presented earlier by the Disciplinary Body. Normally, only representations regarding the correct application of the

Complaints Procedure will be entertained. A Final Decision will then be communicated. (These review proceedings will not involve those Board Members who served on the earlier Disciplinary Body.)

The resignation of a member shall not be allowed to impede the process of any investigation as long as the alleged offence took place during that person's membership.

Other Complaints by Members

Other than as dealt with above, there may be circumstances in which a member of NRHP may wish to raise a complaint or grievance regarding the application of this guide, to his or her particular case. In the first place, NRHP Members are strongly encouraged to seek resolution of the problem by direct discussion with the Officers of the NRHP. If, in the event, the matter is not so resolved, appeal may be made to the Board of Directors who will appoint three of its Members to examine the case, either by correspondence or by a hearing, and to give a ruling. If it should then be so requested by the complainant, a Final Appeal to the full Board of Directors will be permitted (excluding those members involved in the previous stage).

Additional Requirements for UKCP registered NRHP members COMPLAINTS

As from 1st October 2013, for those registered with UKCP, any complaint will be dealt with by UKCP under their Central Complaints Procedure (CCP), and not by the NRHP's Complaints Procedure.

DEATH OF A THERAPIST

As from July 2015, the following applies to UKCP members:-

In the event of the death or incapacity of a therapist, family and/or friends may not be the best people to contact potentially vulnerable clients and inform them of the situation. Members should, therefore, have an arrangement in place with a fellow practitioner who will speak to their clients and offer support if required.

It is considered that this measure will help clients and also take the pressure off bereaved family and friends.

In compliance with the above, members will be asked to include the name of their nominated therapist on the NRHP renewal form.

PRACTICE HOURS

UKCP members would normally be expected to undertake a minimum of 50 client hours per annum. (This figure remains under discussion and may rise in the future.)

UKCP Registrants will be reviewed by NRHP for our UKCP (COOP) College

QUINQUENNIAL REVIEW

UKCP's College of Hypno-Psychotherapists (COOHP) Minimum Requirements are:

1. Supervision Record: members must provide documentation to verify their supervision provision over the previous five years. All claimed supervision should be signed off by their supervisor(s)/peer supporter(s). A statement from their current supervisor(s)/peer supporter(s) verifying the amount of contracted supervision should also be provided. All signatures must provide the name and qualification of the signatory.

2. Clinical Record: members must provide an overview of their clinical hours overthe last five years.

3. CPD: members must provide details of their CPD over the previous five years in keeping with UKCP's and the College's CPD requirements.The minimum requirement is 250 hours over a five-year period normally with a minimum of 20hours in any one year. Along with details of all CPD undertaken within the preceding five years, members normally need to provide documentary evidence of at least 50 hours, e.g., CPD certificates of attendance.

4. Professional Indemnity Insurance: members must provide evidence of current and adequate indemnity insurance. (As is the case for NRHP members.)

5. Practice Development: members must:

   a) attend a specific supervision session with their usual supervisor or a senior member of a peer support group to discuss their development. The length and format of the session is to be determined by the supervisee and supervisor jointly based on the supervisee's needs.

   b) Write a statement to demonstrate how their practice has developed over the previous five years based on this supervision session. This statement should be signed off by their supervisor/peer supporter.

   c) Both of the above must address:

      i) the registrant's personal development needs and interests

      ii) how their practice &development reflects the Diversity& Equality Policy of UKCP.

Returning to UKCP Registration after a Period of Absence

UKCP regulations are as follows:

'For someone wanting to come back on the register after any period of absence the person's organisational member must make sure that UKCP's and the organisation's

requirements have been met. An individual may also be required to provide evidence that any college requirements have been met.

This checking must assess that the necessary requirements in relation to CPD have been met as set out in UKCP and College CPD policies. UKCP expects the amount of CPD following a period of absence from the register to reflect the duration of the absence and the experience of the practitioner. In addition the organisation should ensure that the individual has not been registered through another UKCP organisation during the period of absence and that there are no outstanding complaints/disciplinary matters with UKCP or any other professional body.

In cases where UKCP registration has lapsed for a period of more than 18 months, in order to be re-registered the individual would normally be required to show evidence of a programme of structured/verifiable CPD or alternative/equivalent re-training undertaken over a period of 12 to 18 months. The organisation would be expected to advise the UKCP membership team of any reasons for any exception to normal requirements.

When assessing if someone is fit to return to UKCP registration, an organisation can decide to exempt someone from the normal requirements, up to six months for a bereavement, up to 12 months for ill health. If such exemptions are made the organisation must specify the amount of structured/verifiable CPD or alternative/equivalent re-training that the person is expected to have completed before restoration.'

TESTIMONIALS

UKCP members are not allowed to use testimonials in their advertising.

Below is formal documentation which is published by UKCP COOH-P college. It is useful for NRHP members to see and is mandatory for UKCP registrants.

COOH-P Flag Statement

Outcome Oriented Approaches to psychotherapy

Hypno-Psychotherapy originates in procedures and practices discovered and recorded over the last three hundred years. The first formal exploration & beneficial application of hypnotic phenomena began in the 1750s. Increasing awareness, over the last 100 years, 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.

Hypnosis describes a range of naturally occurring states of altered awareness which may vary from momentary distractions & 'absences' through much enhanced states of relaxation to very deep states of inward focus and awareness… The mental processes which can occur in any of these states, appropriately utilised, are generally far more flexible and potentially far more powerful in effecting change than those we can achieve in most everyday states of active conscious awareness. These states may be induced quite formally or quite naturalistically, in an almost unnoticeable way, depending on the requirement of the problem, the capability of the practitioner and the needs of the client.

As 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.

A variety of approaches are represented within the College. At one end of the spectrum Hypno-Psychotherapists base their case conceptualization and therapeutic strategies in modern information processing models whilst others have emphases in other orientations (e.g. Cognitive, Cognitive Analytic, Psychodynamic or Counselling modes). In all cases, 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.

It should be emphasized that the methods and strategies used in Hypno-Psychotherapy, though powerful and often speedy in effect, also respect and are attuned to the qualities and characteristics of the individual client involved. They seek to utilize and enhance the resources and capabilities that reside in all people, and do not by any means require the client to respond to any standardized technique or to fit into any standardized pattern.

While flexibility is paramount, the working relationship in Hypno-Psychotherapy strives for equality between client and therapist, in providing a safe and supportive environment, where the client can explore and clarify relevant personal matters. In encouraging agreed modification of the client's beliefs, emotional responses and behaviour, the problem may require the therapist to assume a more active or

directive role. In 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.

Hypno-Psychotherapy may be valuable to anyone seeking to resolve specific problems, or for personal development.

Introduction

The College of Hypno-psychotherapists includes organizations and individuals from a wide variety of psychotherapy approaches from within a range of psychotherapy traditions. We work with the EAP (2003) definition of psychotherapy:

“The practice of psychotherapy is the comprehensive, conscious and planned treatment of psychosocial, psychosomatic and behavioural disturbances or states of suffering with scientific psychotherapeutic methods, through an interaction between one or more persons being treated, and one or more psychotherapists, with the aim of relieving or removing symptoms, disturbed behavioural patterns and attitudes to change, and to foster the maturation, development and health of the treated person. It requires both a general and a specific training/education”.

The knowledge, understanding and practice of Hypno-psychotherapists is a clearly demarcated and specialist area within the practice of psychotherapy. Hypno-psychotherapists work to the same basic standards and competencies as other modalities within psychotherapy. Our practice is informed and under-pinned by theory and evidence from several psychotherapy traditions. We specialise in integrating and synthesising use of the above theory and evidence with intentional use of hypnosis and altered conscious states, within an appropriate (client specific) therapeutic framework and a therapeutic relationship.

Use of hypnosis and altered conscious states are the primary mechanisms and processes through which hypno-psychotherapists both treat a range of disturbances and also facilitate the reduction or removal of client’s problematic symptoms, behaviour patterns, feelings or attitudes. Within psychotherapeutic relationships with clients, practitioners may use different types of work with hypnosis or altered state to facilitate a client’s maturation, development, and physical and mental health.

The College's training standards reflect both this specialism and the diversity of knowledge and practice. They are intended to create a sound framework for good learning and practice that is flexible and can also encompass the different needs of member organizations, learners and future clients.

UKCP Guiding Principles regarding trainings

The following Guiding Principles have been agreed:

- Trainings should both recognize the existence of different psychotherapies, based on different theories, and should also promote respectful understanding of differences between theories.
- Training should be empirically and theoretically informed and practice based.
- Training should be related to clinical work in the individual's work context. This may apply to a multiplicity of occupational settings and environments.
- Trainings should provide equity, transparency and accountability in their assessment processes.
- Trainings should operate within an equal opportunities framework.

Requirements for UKCP registered HypnoPsychotherapists who are NRHP members

Supervision Standards

1. Introduction

1.1 This document outlines a framework for standards of Supervision for members ofthe College of Hypno-psychotherapists working with adults. For the purposes of this and all other UKCP documents the term adult is understood to refer to any person who is 18 years and over in age. The term child is understood to refer to anyone under the age of 18 years.

1.2 The development of these standards is essential for Colleges/OMs offering trainings in Psychotherapy and Psychotherapeutic Counselling, Supervision for working with adults or where the OM is an accrediting organisation for the purpose of putting people to a register of UKCP Supervisors.

1.3 For the purpose of this document the term psychotherapeutic practitioner throughout will refer to both psychotherapists and psychotherapeutic counsellors. The term Trainee Practitioner will refer to those trainees on either psychotherapy or psychotherapeutic counselling trainings starting to / seeing clients.

1.4 The authors wish to acknowledge the contribution to this current document frompresent and previous members of the UKCP Training Standards Committee(TSC) working groups on supervision and the work done by the UKCP Psychotherapy with Children Committee (PwCC) in helping to create part of the format of this current version.

1.5 This document takes the view that the supervision of clinical practice with clients whether by a psychotherapeutic counsellor or a psychotherapist requires similar levels of attention to the nature and standards of supervision. Such an approach is seen as being in line with the principles of protection of the public interest and of safeguarding the client.

1.6 **Definition**

Supervision is understood as a process conducted within a formal working relationship in which a qualified or trainee psychotherapeutic practitioner presents client work to a designated supervisor, as a way of learning how to work more effectively with clients. The purpose is to ensure safe and competent practice through regular meetings.

1.7 It is acknowledged that no document can be exhaustive in its scope, however the guidelines set out below are intended to set a tone, character and attitudinal approach to supervision.

1.8 As with all the Training, Education and Practice Guidelines and Requirements of UKCP, these guidelines should be understood as forming part of the quality assurance and regulatory map of UKCP, its Colleges and its OMs.

1.9 Please see the list at the end of this section for the correct titles of all other UKCP documents relating to minimum generic guidelines and requirements for education and training standards of supervision and routes to supervisor accreditation, including specific documents relating to working with children.

2. Minimum Standards for Supervision of Psychotherapy Practitioners working with Adults

2.1. The Nature of Supervision

a. Supervision is a process conducted within a formal working relationship in which a qualified or trainee psychotherapeutic practitioner presents his or her client work to a designated supervisor as a way of enhancing their practice through careful reflection and reflexive practice on the process.

b. Supervision can take place on a one to one basis or in groups. Supervision can take place through a variety of media (e.g. face to face, telephone, e-mail); and using different methods (e.g. live, audio or videotaped, written and reported).

2.2. Purpose

a. The primary purpose of supervision is to enhance the professional development of the supervisee so as to ensure the best possible psychotherapeutic practice for their client. To this end supervision should perform the functions of education, support and evaluation against the norms and standards of the modality, profession and of society. This is the case irrespective of employment orvoluntary arrangements and applies both in private and public service.

b. Supervision can also contribute towards a gate-keeping process that allows for the recognition of certain situations, e.g. burnout, where because of the supervisee's physical, mental, psychological or emotional state it is unsuitable for them to work with clients.

2.3. Tasks of supervision

Supervisors need to be aware of the broad range of tasks that their role entails.

These include:

a. Creating an open, trusting working alliance with supervisees in which the supervisee is confident to reveal the difficulties within his/her work.

b Being supportive – providing affirmation of good practice, colleagueship in assisting the supervisee in handling the difficulties encountered in their practice.

c. Taking an educative role - using coaching skills, or aspects of mentoring to enlarge the supervisee's theoretical knowledge and to highlight areas of further training.

d Recognizing that there is a normative role in supervision that includes upholding the standards of good professional practice, guiding and supporting supervisee's in addressing ethical issues, balancing the needs of supervisee and client andaddressing issues of safety and right conduct.

e. Ensuring that any client protection issues are being dealt with effectively.

f. Addressing and encouraging understanding of any diversity and equalities issues in the work.

g. Enabling new insights and understanding to emerge in the process of the work.

h. Where there is a requirement by the organization the therapist is employed by there may be an evaluative role.

3. **Psychotherapeutic Practice with Adult Clients**
Working with different client groups therapeutically can present unique challenges to the practitioner.

3.1. **Potential Emotional Pressures for Psychotherapeutic Practitioners**
Practitioners These pressures can include:

a. Pressure to change the client to meet the norms of society, culture, or organizations.

b. Feeling overly responsible for very vulnerable clients.

c. The ability of the client to be in control of their therapeutic process. Examples of this include issues around referral, fees, timing, termination, autonomy and confidentiality.

d. The extra emotional demands that dealing with severely troubled clients can place upon the practitioner and the need to be supported in working with such clients. Psychotherapeutic work with all clients can at times accumulate as strong reactions that can be consciously or unconsciously acted upon or experienced psychosomatically.

e. Dealing with difficult feelings around the lack of adequate care, protection and psychotherapeutic support for vulnerable and / or marginalised client groups.

f. Dealing with one's feelings, thoughts and ability to cope with own limitations, prejudices and / or lack of understanding of a particular client group or socio-cultural group.

3.2. Clinical Issues

a. Dealing with complex legal and ethical issues such as confidentiality, record keeping and client protection especially when dealing with highly vulnerable adults, particularly those who may be receiving more than one form of care / intervention.

b. Working within systems that provide support, care and protection for highly vulnerable adults.

c. Referring and liaising with other professionals and managing appropriately the different relationships and roles they may undertake at any given time. This requires a high degree of flexibility and alertness to possible conflicts of interest.

d. Dealing with the complexities of third-party referrals and the problems that can be generated in such circumstances

e. The referral of clients who may be exhibiting symptoms of undiagnosed mental ill-health or developmental deficits that require specialist assessment, and / or onward referral where it is felt beyond the competence or remit of the practitioner.

f. The need to be responsive, creative and flexible in order to meet the client appropriately and effectively.

g. A willingness to refer the client to a more suitable approach / practitioner when necessary.

h. An understanding of the clinical applicability and an ability to work with issues of diversity and equalities in the psychotherapeutic relationship.

4. Professional Obligations

a. Being able to recognise and act appropriately when the situation requires a heightened duty of care towards vulnerable and / or unstable clients.

b. It is recommended that even very experienced practitioners seek the guidance and support of professional supervision (non-peer) from time to time.

c. It is mandatory that recently qualified practitioners (less than three years in practice as a registrant) and ALL trainees working with clients are in professional supervision.

d. In the case of the recently qualified practitioner normally they should have regular professional supervision alongside any peer supervision arrangements that maybe in place.

e. For the first three years post registration a supervisionary relationship must be in place with a supervisor who meets the current requirements of the College or being a supervisor. It is the joint responsibility of the supervisor and supervisee todetermine the appropriate frequency and duration of supervision sessions and the justification of these factors will form part of the registrant's renewal of membership with their organisational member (if they belong to one) or with the College (if they are a direct registrant).

f. The College believes that face to face supervision is ideal. Any other contact would need to be justified as above.

g. In the first three years participation in peer support groups is to be encouraged, as a CPD process, but does not replace supervision as above.

h. Following the first three years of registration the registrant may opt for peervision.In this case the responsibility for frequency and duration is held jointly by allmembers of the peergroup and all would be expected to take part in the justification as above.

i. For all practitioners it is recognized that working with severely disturbed, traumatized or abused clients will require higher rates of supervision.

j. Supervisors may advise additional supervision where deemed necessary.

k. Failure on the part of the supervisee to heed such advice must be addressed in supervision and should be noted by the supervisor.

l. Supervisors should be encouraged to seek guidance, advice and support from their own supervision supervisor, from the College or UKCP centrally dependent on the nature of the issue.

m. Where the refusal to heed the advice given is understood by the supervisor as in any way an endangerment to the client the supervisor must inform the appropriate professional bodies of the practitioner. The supervisor must inform the supervisee in writing of this action and keep a copy on file.

5. Ratios for Group Supervision and additional obligations

a. Group supervision provides the practitioner with invaluable opportunities for shared learning & support.

b Group supervision normally should be on a ratio of a minimum of 30 minutes of supervision per supervisee.

c. The maximum group size normally would be four.

6. The Supervisors Responsibility to Self

These responsibilities include:

i. Receiving appropriate supervision of their supervision.

ii. Appropriate continuing professional development to keep up to date with developments in the field of adult psychotherapy.

iii. Awareness of their own limitations including awareness of overload & potential burn-out; the supervisor must take adequate steps to allay these,including being willing to take a break from practice when necessary.

6.1 Standards for Supervisors

a. That the supervisor has undertaken training in psychotherapeutic supervision.

b. The supervisor must hold a qualification or demonstrate experience in line with the UKCP standards for registered Psychotherapists and Psychotherapeutic Counsellors.

c. The supervisor must have a recognized qualification appropriate to the level ofsupervision being offered.

d. Wherever possible, they should also have training and / or qualifications relevant to working with the client group (group work, couples, minorities etc.).

e. If the supervisor has no formal training to work as a supervisor of that client group, then they must have substantial experience of working psychotherapeutically with the specific client group or groups & have received supervision for such work.

f. The supervisor must have a thorough understanding of current legal and ethical issues that pertain to working with clients. They must work to the Code of Practice and Complaints Procedure relevant to the UKCP, UKCP Section

g. The supervisor must have a thorough understanding of current legal and ethical issues that pertain to working with clients. They must work to the Code of Practice and Complaints Procedure relevant to the UKCP, UKCP Section and /or the service provider they are employed by.

h. Supervisors should have experience of working with more than one socio-cultural identity group (gender, race, class, age etc.)

i. Supervisors must have suitable Professional Indemnity Insurance for their work.

6.2 Responsibility to the Supervisee

a. The supervisor must make a contract with the supervisee incorporating into the contract a clear understanding of their clinical responsibilities

b. If the supervisor is to have an evaluative role and be required to report on the supervisees work then this should be discussed in the initial contracting session.

c. Supervisors must be clear when contracting with supervisees, as to what action they would take if they were concerned about the supervisee's work or capacity to practice.

d. Supervisors must clarify if the supervisee is covered by Professional IndemnityInsurance; and should request that the supervisee addresses this immediately if they are not covered.

Acknowledgement: Please note these guidelines are the culmination of work done by several organisations& individuals within & without the UKCP over a number of years across several modalities. All the contributors, known & unknown, are thanked for their thoughts, ideas, efforts & contributions.

Documents

Training Standards of UKCP - 1993

UKCP Training Standards: Policy and Principles – 2001 Psychotherapy with children; UKCP Guidelines for Training - 2003

Psychotherapy with Children; Principles, Aims and Guidelines for Training – 2007 & 8

UKCP Standards of Education and Training - 2012

Though NRHP does not train & is a listing Member Organisation (MO) inside UKCP it is useful for UKCP Registrants & general NRHP Members to bear in mind the training standards required by UKCP for individual UKCP registration.

Supervision Standards of Education and Training

1. Introduction

1.1 UKCP historically has agreed principles on which to base its Training Standards and policies to regulate them across all psychotherapeutic modalities. These principles and policies concern the Council's Training Standards Committee, the Colleges' Training Standards Committees and Accreditation Committees, and the individual Training Organisations that deviseand run psychotherapy and psychotherapeutic counselling training courses leading to registration with the Council.

1.2 Basic Training Standards were established in 1993 and published as 'Training Requirements of UKCP'. A Regulatory Framework to integratethe Training Standards with Training Outcomes was agreed in 2001 and published as UKCP Training Standards: Policy and Principles.

1.3 This document aims to make clear the route by which qualified & experienced practitioners can reach College accreditation & formal registration as a UKCP Supervisor for adult client work through the Training Route.

1.4 Purpose: The primary purpose of supervision is to enhance the professional development of the supervisee so as to ensure the best possible psychotherapeutic practice for their client. To this end supervision should performthe functions of education, support, and evaluation against the norms and standards of the profession and of society. This is the case irrespective of employment arrangements and applies both in private and public service.

1.5 Supervision often can also contribute towards a gate-keeping process that allows for the recognition of certain situations, e.g. burnout, (where because of thesupervisee's physical, mental, or emotional state it is unsuitable for them to work with clients); lack of clinical capacity to deal with the client's issues, etc.

1.6 The development of these standards is essential for Colleges where their Member Organisations (OMs) wish to run supervision training courses and put forward accredited supervisors to be placed on the UKCP Register of Supervisors for Adult Psychotherapy and Adult Psychotherapeutic Counselling or where the Member Organisation (OM) is an accrediting organisation solely forthe purpose of putting suitably qualified practitioners to the register of supervisors.

1.7 The development of these standards establishes the **requirement for Colleges to work towards the inclusion of OM Supervision Training Courses in College course approval and quinquennial review processes where the course and / or accreditation processes** of the OM is intended to put forward accredited supervisors to the UKCP Register of Supervisors.

1.8 Please see the list at the end of this document for the correct titles of other UKCP documents relating to minimum generic guidelines and requirements for education and training standards of supervision and routes to supervisor accreditation, including specific documents relating to working with children.

As NRHP members you are required to be quinquennially reviewed. These standards differ depending on whether you are UKCP Registered or not.

NRHP is Quinquennially reviewed by UKCP. Below are the rules that NRHP adheres to for its own UKCP Member Organisation status.

AFTER this section you will be told what is required of you for your own quinquennial review. There are TWO lists of requirements. These 'lists' can be sent out as a pro-forma to assist the tick-box requirement for your processing. Make a path for your assessor to easily walk down!

Quinquennial Review / Organisation Application

All Organisational Members of the College of Hypno-psychotherapists are subject to the UKCP Quinquennial Review Process. The process is identical to the Organisation Application Process in that Organisations who are applying need to demonstrate the same elements as those who are already members.

The purpose of review

Review is an opportunity for a member organisation to reflect on the evidence and experience of delivering education provision over the period of the last 5 years. The organisation will be asked to complete the QR form and provide evidence of compliance of all requirements, both generic and College specific.

Review also provides the College of Hypno-psychotherapists of UKCP with the opportunity to assure itself that:

- the quality and academic standards of the provision are being maintained
- the organisation's monitoring processes have been used effectively to update the provision and maintain standards since the last review
- teams are identifying trends and issues emerging from monitoring and developments within the profession, and then reflecting on the effectiveness of the actions taken.

The intensity of the review will depend on:

- the evidence available to assure the Reviewers that provision is of the appropriate quality and standard
- the evidence of the thoroughness of monitoring and the actions taken in response
- the rigour of the critical analysis of, and comment on, data
- feedback from members.

Existing documentation

Existing documents should be used as supporting evidence. The list below is indicative, and the Review team will determine exact requirements. This documentation should normally be made available to the Review team when they visit the Organisation and, where possible, also electronically. NRHP is a listing organisation so the next list is edited to remove 'training' references:

- Membership guides
- Code of Ethics and Practice
- Organisation documents

- self-monitoring reports, with supervisor's signature, for the 4 years preceding the review
- evidence of member feedback to the organisation, evaluation data and analysis, summary of issues and responses raised in Board
- complaints and grievance procedures and details of substantive complaints made by clients to members together with evidence of how these were resolved (data should be anonymised)
- policy and other relevant documents on:

    - learning and teaching
    - appeals
    - external examining
    - equal opportunities and diversity
    - bullying and harassment
    - misconduct
    - resources
    - clinical supervision
    - personal psychotherapy experience
    - CPD requirements
    - management structures

Evidence of implementation of the above

- current staff CVs including research, scholarship, professional practice & consultancy, or any other evidence of these activities
- minutes of relevant meetings, & relevant Member staff liaison committees.

Current Members of UKCP College

Awaken School of Outcome Oriented Psychotherapies,
Bryn Fforch,
Nant Peris,
Gwynedd,
LL55 4UL

T: 0845 8732036, 01609 780060
E. info@awakenschool.co.uk
W: www.awakenschool.co.uk

BeeLeaf Institute of Contemporary Psychotherapy (Beeleaf)
BeeLeaf House,
34 Grove Road,
Bow
London
E3 5AX

T: 020 8983 9699
F: 020 89811017
E info@beeleaf.com
W: www.beeleaf.com

National College of Hypnosis and Psychotherapy (NCHP)
PO Box 5779,
Loughborough,
LE12 5ZF

T:0333 577 3551
E: stuartcale@nchp.ac.uk

W: www.hypnotherapyuk.net

National Register for Hypnotherapists and Psychotherapists (NRHP)
86 Wateringpool Lane,
Lostock Hall,
Preston,
Lancashire,
PR5 5UA

T: 0161 635 3530
E: admin@nrhp.co.uk
W: www.nrhp.co.uk

Operating Procedures

Membership of The College is open to all organisations providing training in Hypno-Psychotherapy or being a professional registering association for hypno-psychotherapists. Organisational Members (OMs) shall be entitled to membership provided

- They meet the current UKCP Criteria
- They meet the current College Criteria
- They have applied for membership and been approved by the College and the UKCP Organisational Membership Committee
- The College comprises any number of OMs professional training who have fulfilled both UKCP and College criteria and undergone such inspection procedures as are necessary. Each OM has two delegates who are entitled to attend all College Meetings. OMs will be expected to send at least a single delegate to College to work on their and the College's behalf.

Re-accreditation statement

UKCP's position on Re-accreditation is that all full clinical members must be able to provide informed documentation, as set out by their College and, if applicable, their Organisational Member, which demonstrates and supports the way that they are practising as a psychotherapist . This process must be undertaken at a minimum of once every five years and currently can only be undertaken by an Organisational Member.

The purposes of re-accreditation are:

1) To underpin and promote reflective and informed practice and continuing professional development

2) As a result, to underpin and support best practice in a way that is beneficial to both practitioners and service-users.

The purpose of this document is to clarify the COOHP minimum re-accreditation procedure.

COOHP MINIMUM REQUIREMENTS ARE:

1) Supervision Record: members must provide documentation to verify their supervision provision over the previous 5 years. All claimed supervision should be signed off by their supervisor(s)/peer supporter(s). A statement from their current supervisor(s)/peer supporter(s) verifying the amount of contracted supervision should also be provided. All signatures must provide the name and qualification of the signatory.
2) Clinical Record: members must provide an overview of their clinical hours over the last 5 years.
3) CPD: members must provide details of their CPD over the previous 5 years in keeping with UKCP's and the College's CPD requirements. The minimum requirement is 250 hours over a 5-year period normally with a minimum of 20 hours in any one year. Along with details of all CPD undertaken within the preceding 5 years, members normally need to provide documentary evidence of at least 50 hours e.g. CPD certificates of attendance.
3) Professional Indemnity Insurance: members must provide evidence of current & adequate indemnity insurance.
4) Practice Development: members must:

    a) Attend a specific supervision session with their usual supervisor or a senior member of a peer support group to discuss their development. The length and format of the session is to be determined by the supervisee and supervisor jointly based on the supervisees needs.

    b) Write a statement to demonstrate how their practice has developed over the previous five years based on this supervision session. This statement should be signed off by their supervisor/peer supporter.

    c) Both of the above must address:

        i.The registrant's personal development needs and interests

        ii. How their practice and development reflects the Diversity and Equality Policy of UKCP

PROCESS

Each OM will be responsible for the re-accreditation procedure for their members. DMs are free to apply to any OM for their re-accreditation.

Members must be given a clear timetable for response and informed that UKCP membership may be at risk if people fail or refuse to respond
If concerns are raised for any individual, they will be provided with the reasons for the decision and, (following an attempt at informal resolution will be given access to the College Appeals Procedure.

If at the conclusion of the process it is determined that an individual is not meeting requirements for re-accreditation the organisation/college will provide a written report outlining the decision process and the reasons for making the decision.

The OM reports back to UKCP whether the person has successfully completed the Re-accreditation process or not.

Appeals

Unsuccessful applicants must be advised that they have the right to appeal, to the College, against the decision. Applicants should be advised that:

1) If they wish to Appeal against the decision they need to do so, in writing within 15 days of the decision.

2) Any appeal needs to be addressed to the Chair of the College Assessment Committee.

3) If an Applicant has difficulty with the written process for any reason, they will be offered a personal interview with a Committee member. CHP understands that there may be some occasions when a face-to-face approach may be more facilitative to the applicant and will endeavour to make suitable arrangements at the earliest possible convenience.

Procedure for appeals

Appeals will be considered by two members of the Assessment Committee (if the reaccreditation procedure was done through an OM) who will report to the Committee, with their findings within 25 days of receipt of the appeal or face to face meeting, whichever is the later.The COOHP Chair will inform the applicant of the Committee's final decision.

Members not meeting requirements

Where is has been established that requirements for re-accreditation have not been met, or, If an application for re-accreditation is not received, the member's status of accreditation will be revoked, and the individual will be removed from the UKCP Register. Any subsequent application for registration must be made via an organisational member.

Complaints, Conduct and Grievance Procedures

Conduct and grievance process

Aim

This process is designed to give anyone who is dissatisfied with the behaviour of a member of the College of Hypno-psychotherapists a route to resolve the issue.

Definition

For the purpose of this process, "member" is defined as a:

- member of the College by virtue of being a UKCP registrant who was put on to the register by one of the OMs within College
- an employee or contractor of one of the OMs within College
- a current student or trainee of one of the training OMs within College

Process

Anyone can raise a grievance about a member. They must do so in writing (letter or signed email) sent to the Complaints Officer of the College. The behaviour that is the subject of the grievance must be alleged to have occurred within the six months prior to the grievance being raised. Anonymous complaints are not accepted unless irrefutable evidence is submitted, for example a link to a website for which the member is responsible. Alleged behaviour must relate to the member's role in CH-P.

The Complaints Officer will normally acknowledge receipt of the grievance and forward it to the member concerned requesting a response within 7 days. The member is strongly advised to respond within 14 days of the date of the notification. Exceptions to timescales are allowable for holidays, illness etc. If the member fails to respond it allows the other party to use this against them in a possible complaint which may have the potential to lead to practice restriction.

The Complaints Officer may, on receipt of the response, in conjunction with a member of the CH-P executive determine that there is no action to be taken and will notify the parties of this decision. They may also take the decision to put the issue on hold if it is being investigated elsewhere (eg within the NHS). Otherwise they will attempt informal resolution. This may take the form of mediation or another dispute resolution process.

If informal resolution is not offered or is unsuccessful, the person raising the grievance is free to instigate other, relevant procedures. For example, if the member is a UKCP registrant, the full UKCP Complaints and Conduct Process can be accessed although acceptance of the complaint is not guaranteed.

Appeal

Either party may request that the CH-P executive review the process that has been conducted for procedural error only.

Complaints process: Organisational Members

Aim

This process is designed to give anyone who feels that an Organisational Member of the College of Hypno-psychotherapists is not complying or has not complied with any UKCP standards/requirements a route to raise the issue.

Process

Anyone can raise a question about an OM's compliance to UKCP standards/requirements. They must do so in writing (letter or signed email) sent to the Complaints Officer of the College. The alleged non-compliance must be current or to have occurred within the three years prior to the issue being raised. Anonymous complaints are not accepted unless irrefutable evidence is submitted, for example a link to a website for which the OM is responsible.

The Complaints Officer will normally acknowledge receipt of the question and forward it to the OM concerned, requesting a response, within 7 days. Exceptions are allowable for holidays, illness etc. The OM must normally respond within 28 days of the notification being sent.

The Complaints Officer may, on receipt of the response, in conjunction with a member of the CH-P executive determine that there is no action to be taken and will notify the parties of this decision. Otherwise they will collate the information raised and present it to a panel consisting of three members of the CH-P executive.

The panel will determine if there has been, or is, non-compliance and recommend action to be taken if this is found and when this action must be completed. They may call the OM concerned to answer questions. If action is required a report will be required at the appropriate date from the OM detailing how it has been completed which will be presented to the executive.

Appeal

Either party may request that the CH-P executive review the process that has been conducted for procedural error.

Either party may appeal the decision to the remainder of the CH-P executive whose decision shall be final.

Non-compliance with the process

If the OM refuses to comply with this process in any way they risk expulsion of their OM under the UKCP OM Termination Process.

Guidelines for working with the elderly

(Martin Limb)

Quote from Therapy Today:

“Another problem is that counsellors may not be trained to work with older adults. It can be argued that the elderly have problems common to all age groups. Yet lifespan psychologists have allocated specific tasks to old age, and Seltzer found that exposure to a module on gerontology as part of counsellor training changed the stereotypes and attitudes of the participants with regard to older people. There was also decreased use of categorical approaches.” Eleanor Patrick, 2006

Those working with the elderly should consider whether they have the knowledge and skills to consider the following, and if not, they should seek the appropriate training:

- Specific existential challenges at this stage of life.
- Changes in memory, attention, cognition, language including word-finding, word-meanings, processing speeds, the way language is used; this irrespective of any diagnosed dementia.
- The effects of multiple medications, & psychological/physiological impact of possible multiple pathologies.
- Grief, loss,effects of multiple losses; isolation.
- Depression and anxiety often not recognized('elderly do sleep/eat less...')
- Loss of independence, mobility.
- Chronic pain.
- Loss of role.
- Societal values, narratives re: elderly in society.
- Conflicting narratives in person/him/herself.
- Perceived 'resistance' to counselling on part of others.
- Sensory impairment and their effects.
- Unrecognized medical diagnoses, e.g small strokes.
- Fluctuation in abilities.
- Different perception of time.
- Specific challenges to therapists in linking in with other services so clients get a holistic package. 1 in 6 are thought to develop depression.
- Dying: issues re: Assisted Deaths could become a bigger part of our future.
- Drugs keeping people alive but quality of life decreased. Then there is the issue of those diagnosed with dementia. Some knowledge of reminiscence therapies etc.

Continuing Professional Development Policy

Introduction

This document should be read in conjunction with the UKCP Generic CPD Policy, the CHP Re-accreditation Statement, the College Supervision Standards, your OM's CPD policy and your OM's re-accreditation policy (if you belong to an OM).

Minimum practice

Members would normally be expected to undertake a minimum of 50 client hours per annum.

Hours of CPD

The requirement is that members normally conduct a minimum of 250 hours of CPD over any five year period and a minimum of 20 hours in any one year. See below for information applicable in the case of breaks in practice.

Acceptable CPD activities include:-

- clinical supervision
- peer support groups
- professional qualifications or formal courses of study e.g. Masters degrees, PhD
- attendance at events such as
    - conferences
    - workshops
    - webinars
- private study such as
    - reading relevant books
    - research
    - writing of
        - articles
        - case studies
        - books
    - watching relevant DVDs, online resources
- participation in profession-related work such as o committee participation
    - attendance at professional gatherings

Normally a proportion of CPD will address the awareness of developments in contemporary thinking and best practice, particularly with regard to diversity and equality and give evidence of reflective/reflexive practice.

Members should undertake an appropriate range of CPD activities. Above you will find a list of activities that may be included*. It is up to the individual therapist to determine the right mix for themselves as long as they can justify it. Each member needs to demonstrate a balance of activities which are applicable to their level of practice.

Normally registrants would be able to demonstrate a proportion of their activities via objective processes (eg certificates of attendance) and be able to justify the reason why they cannot if that is the case. The aim is to provide the maximum flexibility while recognising that as a regulator UKCP needs to see evidence to back up members claims.

Review of CPD

Your CPD will be reviewed at your five-yearly re-accreditation and possibly at your annual renewal by your OM (if you belong to one).

Rules for breaks in practice

This section gives the minimum criteria for those who take a break in practice, whether voluntarily or not. It does not, however, cover those whose break is a result of the Complaints and Conduct Process or those who allow their registration to lapse.

It is recognised that members may take breaks for many reasons and that these should be considered on a case by case basis. There is a difference between someone taking a break to have a baby, or to go travelling, or because of a bereavement or an illness.

Any member who takes a break from practice for three months or more must inform their OM (or College if they are not a member of an OM). They will be allocated an advisor to assist their return and the advisor will report to the College panel to ensure consistency of care.

Any break between three and six months can be ended by submission of a letter from a regular supervisor to say that the member is fit to return to practice. Any break longer than six months will also require a plan of CPD to catch up confirmed by the supervisor. This need not be overly detailed but should address, if applicable, the reasons for the break.

This is not an exhaustive list. If you are unsure, please check with your OM or College.

Honoraria Policy

All NRHP Council members work on a voluntary basis. An honorarium may be awarded for specific work and will be awarded by NRHP Board.

Re-accreditation Governance Process

Purpose

UKCP Colleges have the responsibility for assessing re-accreditation services in Organisational Members.

Process

Within each OM there will be someone (known as “the assessor”) responsible for delivery of the re-accreditation service. The assessor, whose appointment is the responsibility of the OM, must be a UKCP registered psychotherapist, which clearly necessitates provision for an alternate assessor to do the primary assessor’s re-accreditation.

The assessors of each OM, together with one representative from the individual members of the executive will form “the panel”

The panel will meet, via teleconference, quarterly, to review each OM’s re-accreditations.

The review

Each assessor will introduce their members in two categories:

1. Those who are straightforward who they have already assessed
2. Those who are complicated and for whom they seek guidance and/or support

For both categories the assessor will give a general overview of their re-accreditation portfolio. No personal or confidential information is divulged. NB the name of the member’s supervisor (or peer supporters) and details of courses attended etc are not considered confidential. NB: this does not presume that this information will be routinely shared but that it can be if circumstances dictate.

With regard to the self-reflection exercise, the assessor will give a general impression of this process and the feedback that they have given (category 1) or might give (category 2). Other panel members may ask questions for clarification and give feedback to the assessor for their development as an assessor.

For category 2, the assessor will ask for advice from the panel and a way forward be determined.

Assessors, as professional psychotherapists, will be fully aware of the issue of confidentiality and will not share any information gleaned with anyone not on the panel.

Conclusions

It is expected that in the vast majority of cases, re-accreditations will be “rubber-stamped”. It is possible that, in exceptional circumstances, that an error in assessment is discovered in which case the assessor would be charged with rectifying their mistake and reporting back to the committee.