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PRACTITIONER ACADEMY

Practitioner Diploma

Module One

| Module One

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1.0 Learning Objectives For Module 1

BY THE END OF THIS MODULE YOU WILL:

- Know two models of the mind for understanding and explaining (a) how issues can come about and (b) how to resolve them.
- Have an understanding of The Stress Response and its role in everyday life and personal problems.
- Have an understanding of the crossover between hypnotherapy, psychotherapy, coaching and counselling approaches to helping people.
- Have an understanding of what hypnosis is and what it isn't.
- Have an understanding of the structure of a hypnosis session.
- Have an understanding of different types of hypnotic induction.
- Be able to induce hypnosis and deepen it using simple, standard methods, and safely release the client.
- Know how to use your Reflective Practice Journal and Personal Learning Journal and understand why these are important.
- Have an understanding of any contra-indications around the use of hypnosis based therapeutic techniques.

1.1 Models Of The Mind

The Pyramid Model

Before we can even begin to think about resolving problems we need to understand how life hypnotizes us in the first place, how that creates problems, repeating cycles and generally makes life difficult at times. Only then can we truly bring about a lasting solution. Only then can we not only solve problems and break repeating patterns and cycles, but also evolve in some way.

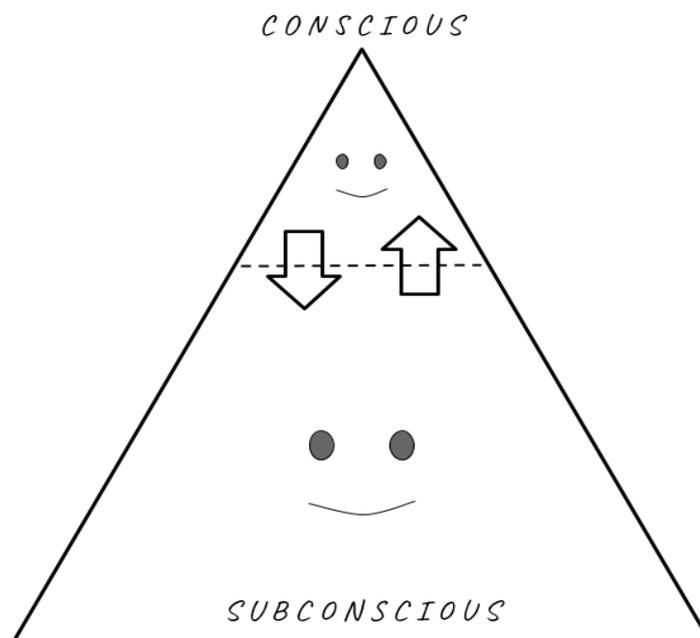
Subconscious/Unconscious

Sub = under/below

Un = not

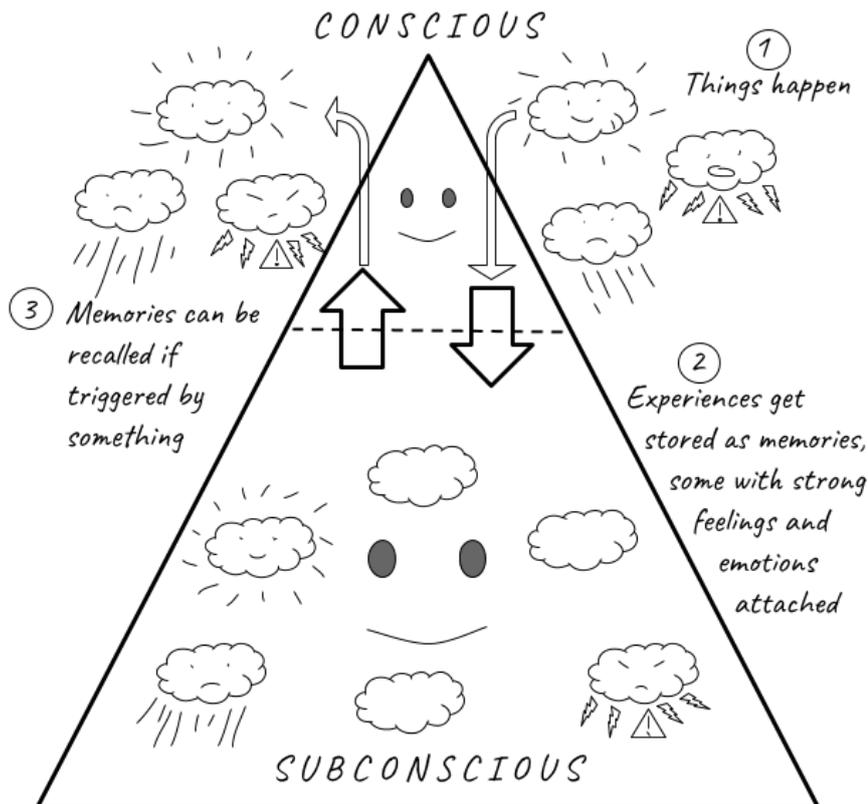
There are two main Models of The Mind I refer to when explaining this. I initially came across a basic version of the first one, which I refer to as The Pyramid Model, when attending a course on stress management many years ago, though I have adapted it and renamed it since.

In very simple terms:



1. There is a constant flow of information between our conscious mind and our subconscious mind, as we can only hold 3 or 4 pieces of information consciously at any one time.

2. As we go through life we store experiences in our subconscious/unconscious mind, which we are constantly referencing, sometimes with strong feelings and emotions attached.



3. As a result of these experiences, and our interpretation of them, we form BELIEFS, which are like a handy referencing system.

KEY TERMS

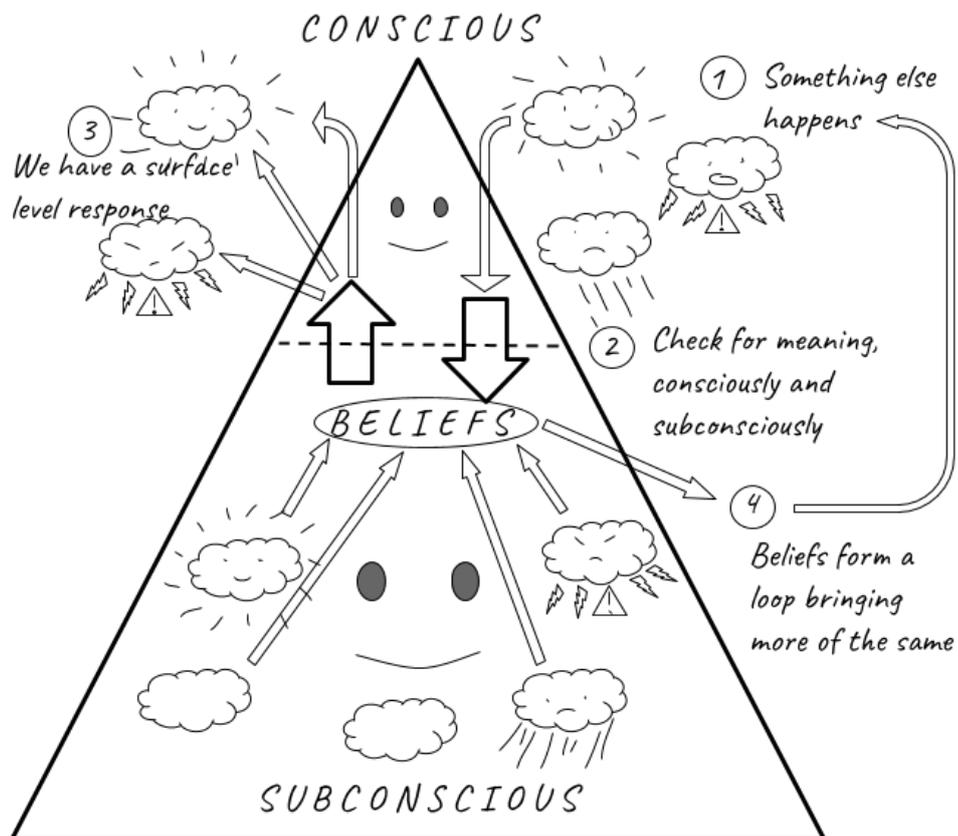
- Pyramid Model
- Conscious
- Sub/Unconscious
- Beliefs

BELIEFS

Are opinions - not facts - and are open to change and update.

With most clients, you will be seeking to bring about a change in their belief system with respect to a particular issue.

4. When we then encounter information later on our mind checks in with our belief system so that we know how to react or respond.



5. However, beliefs do not seem to remain dormant - they also seem to cause us to select or attract more experiences of a similar nature - thereby forming a loop or repeating pattern.

We will be paying a great deal of attention to beliefs, and these repeating patterns, as we progress through the course.

EXERCISES TO DEEPEN YOUR KNOWLEDGE

1. Practice drawing your own *simple* sketch version of the pyramid model and explain it to a few people.
2. Make a bullet point list of what you see as the key aspects of this model.

EXERCISE: Awareness Of Information Flow

Duration: 2 – 3 minutes
Equipment: Notepad & Pen
Practice Partner: Work Alone.

Background

Information is constantly flowing back and forth between our conscious and subconscious. Becoming aware of this will help you understand how the minds of your clients are working.

Instructions

Sit quietly for 2 minutes with your eyes open and allow your gaze to roam around the room or space you are in. As your attention falls on each object, let it rest there for a few moments and see if you can sense what is going on in the background of your mind as you do.

You may notice that you identify the object ... and then begin to make associations around it. Memories ... imaginations ...

The more relaxed you are, the more aware you will be.

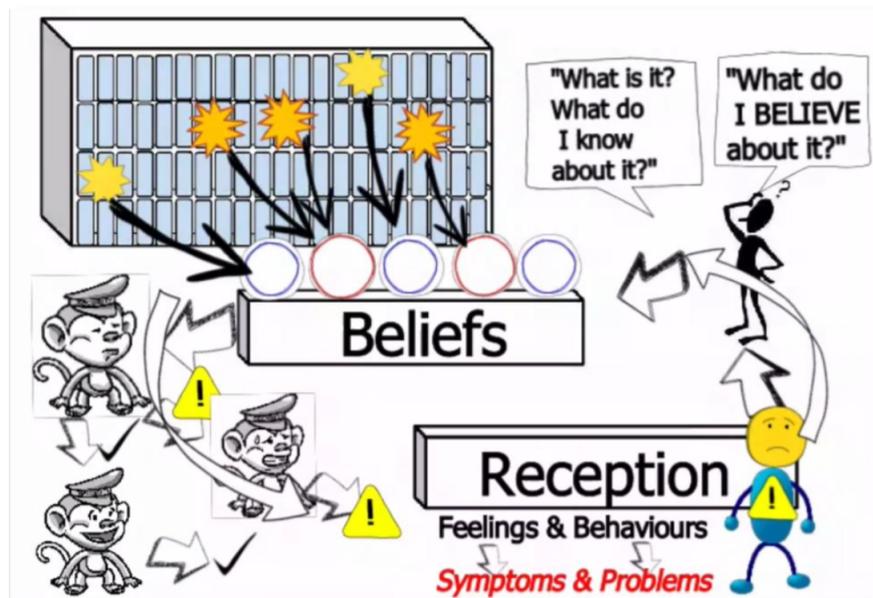
This is very subtle. Do not force it and do not skip anything that your attention falls on.

After the two minutes is up, take another minute or so to write down anything you observed or noticed.

The Library Model

The second model of the mind I use is called The Library Model. (For younger generations, I often update this to Google/Search engine terminology).

Here's a very simple version ...



From the day you were born (and possibly before) you've been constantly collecting material for your library. The books in your library represent memories/experiences.

Empty shelves soon become the repository of all your experience to use as your reference source. Your beliefs form from this information and serve as your handy reference/guidance system.

Your inner librarian is responsible for looking after the information in your library, always looking for evidence to make a balanced judgement. "What is it?" "What do I know about it?" "What do I do here?"

Information doesn't come back to you without going through your inbuilt security system (Security Monkey).

The Monkey in your mind is driven by feelings, impressions, emotional thinking and gut instincts.

The Monkey quickly jumps to opinions and thinks in black and white, can be irrational and emotive at times.

KEY TERMS

- Memories
- Beliefs
- Librarian
- Security Monkey

Your Monkey is also very strong and is a very good security guard proving very useful when you need it. You cannot bypass the Monkey in your library.

It's sometimes hard to control (as monkeys are) but it's very much part of your nature. It's there as a safety mechanism so you don't have to think on what to do in times of threat and danger, keeping your body right there for you.

When a belief is perceived as any type of threat the Monkey kicks in with its emotional response - The Stress Response or "F" response - Fight, Flight, Freeze or Feign/Faint.

You'll then start to have thoughts and feelings which will produce some kind of compensatory behaviour.

It is these compensatory thoughts, feelings and behaviours that are the Surface Level Symptoms and problems people are seeking help for...

EXERCISE

Make a list of any ways you can think of for influencing or bringing about change in the Library Model system.

CHECK YOUR KNOWLEDGE

As an exercise, show the Library Model to several people and make sure you can:

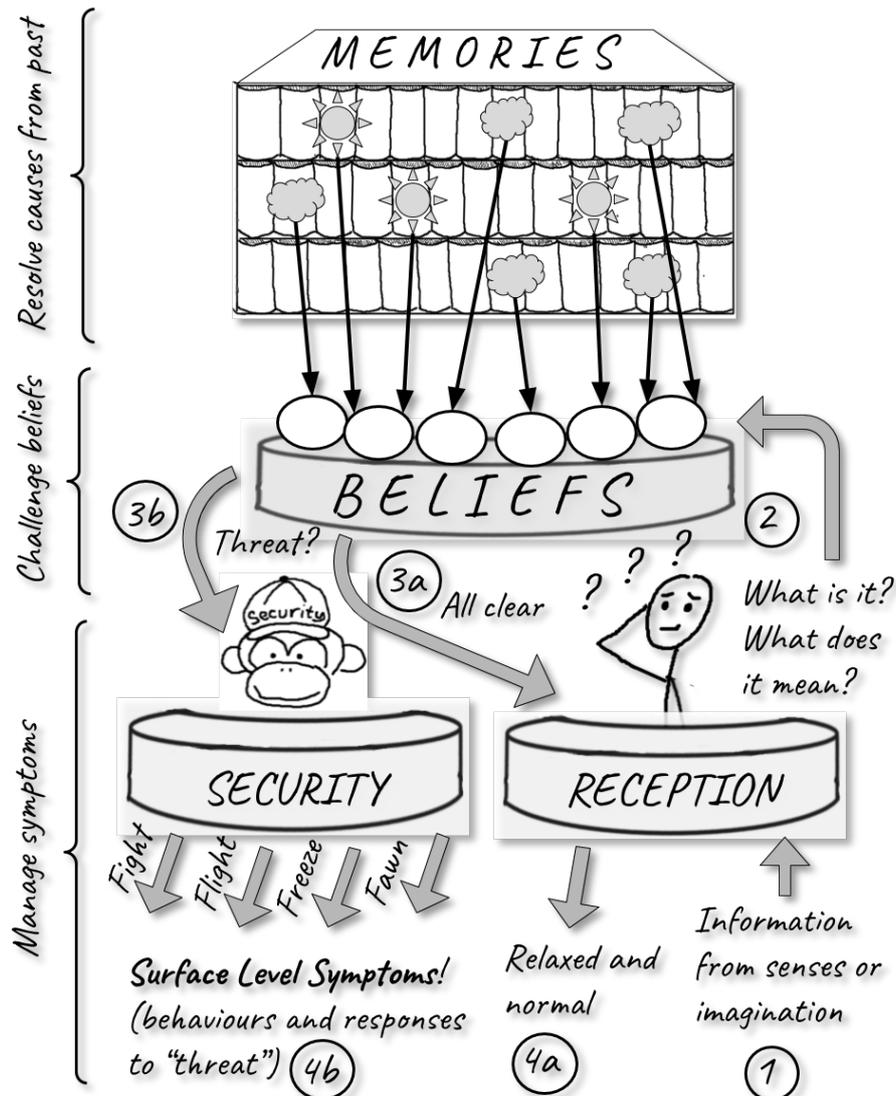
- (a) explain it in your own vocabulary
- (b) answer any questions you get asked about

PRACTICAL TIP

If a Surface Level Symptom is no more than a "security response" ...

... all we ever need do is pay attention to what is causing the security response - **and consider how we can bring about a change there.**

More detailed version of The Library Model



PRACTICAL TIP

When working with a client or patient, your task is to assess their presenting issues and help them bring about changes in this system...so that they have new, more desirable thoughts, feelings and behaviours ...

EXERCISE: Awareness Of Emotional Meaning

Duration: 2 – 3 minutes
Equipment: Notepad & Pen
Practice Partner: Work Alone.

Background

Information is constantly flowing back and forth between our conscious and subconscious – and very often this information is emotionally charged. Becoming aware of this will help you understand how the minds of your clients are working, with respect to creating emotional responses - and hence problems.

Instructions

Sit quietly for 2 minutes with your eyes *closed* and allow your mind to roam around different people that come to mind. As your attention falls on each person, let it rest there for a few moments and see if you can sense what is going on in the background of your mind as you do.

You may notice that you identify the person ... and then begin to make emotive associations around them. Memories ... imaginations ... feelings ... emotions.

The more relaxed you are, the more aware you will be.

Do not skip anyone that comes to mind – especially *those* ones, you know??

After the two minutes is up, take another minute or so to write down anything you observed or noticed.

1.2 The Stress Response/Threat Response

Let's look at our Library Model more biologically now.

When our mind perceives any kind of "threat", an automatic survival system, called The Stress Response, kicks in. This system is designed for short term use to help us deal with danger, and prepare us to:

KEY TERMS

- Stress Response
- F Response
- Fight Or Flight
- Threat Response
- Alarm Response

Fight - an aggressor or threat of physical danger.

Flight - run away from it.

Freeze - stand still, hope it doesn't see us!

Fawn – become subordinate

Feign/Faint - play dead and hope "it" goes away.

The Stress Response is also known as the Threat Response, Alarm Response, "F" Response, or more commonly, the "Fight or Flight Response".

EXPLANATION

If there is the threat of physical danger - such as from a wild animal or threatening person - our senses send the information to a part of the brain called the Amygdala that interprets the information. If it perceives evidence of "danger", it instantly sends an alarm signal to another part of the brain called the Hypothalamus

The Hypothalamus then communicates with the rest of the body through the autonomic nervous system, which has two components:

- (1) **Sympathetic nervous system** - The sympathetic nervous system's main function is to activate the physiological changes that occur during the fight-or-flight response. It is the "go", "switch on", "get us out of here" system.
- (2) **Parasympathetic nervous system** - The parasympathetic nervous system acts much more like a brake and activates the "rest and digest" response and returns the body back to normal when the danger has passed.

PRACTICAL TIP

Simple breathing and relaxation techniques can help reduce the Stress/Threat Response.

When we perceive a threat, the sympathetic nervous system triggers a biological cascade to get the body ready to deal with that threat, which largely consists of the release of two hormones, Adrenalin and Cortisol.

ADRENALINE

- Increases your heart rate (The Vagus nerve also releases the brake)
- Increases your blood pressure
- Triggers a boost in energy supplies.

CORTISOL

(also known as “the stress hormone”):

- Causes an increase in glucose (for energy) in the bloodstream.
- Ramps up the brain's ability to use that glucose
- Increases the availability of substances that repair tissues.

Cortisol also reduces or shuts down any systems that would be non-essential or detrimental to a dangerous, fight or flight situation, such as:

- Suppresses the digestive system (hence anxiety can cause loss of appetite)
 - Suppresses the reproductive system (hence stress can cause sexual issues)
 - Suppresses the growth processes.

KEY TERMS

- Sympathetic Nervous System
- Parasympathetic Nervous System
- Adrenaline
- Cortisol
- Amygdala
- Stress Hormone

All of these “Alarm Response/Stress Response/“F” Response” changes happen so quickly that our bodies will often react before we have even had time to consciously process the threat - such as leaping out of the way of an approaching car, or “jumping” at a startling sound.

This is because the process is so efficient that the Amygdala and Hypothalamus start their work even before the brain’s visual centres have had a chance to fully process what’s happening!

All of this is a wonderful survival mechanism; the problem is, our minds can trigger the same response whenever we perceive a threat - even if it is not life-threatening.

IMPORTANT

It seems our Amygdala can create a Stress Response to psychological threat - real or imagined - in exactly the same way as to physical threat. But often, these psychological threats will be coming from subconscious or unconscious beliefs:

“Real” Threat/Danger: “That wild animal wants to eat me”

“Imagined” Threat/Danger: “That teacher is saying I am stupid and can’t do it”

It is worth remembering that it is our response to the situation that is important, not necessarily the situation itself.

E.g.

“That teacher is saying I am stupid and can’t do it”

Response 1: “So I suppose I must be a stupid failure” [Flight]

Response 2: “The teach is an idiot and I can do it really, I just don’t want to do what he’s asking.” [Fight]

Stressors can occur throughout our daily life - relationships, work, money, health, traffic jams - and the repeated activation of this Fight Or Flight System takes a toll on our state of mind and physical body.

PRACTICAL TIP

Pay attention to the clients’ *response* to a situation or experience, more than the situation itself.

Their Response will reveal their beliefs.

STUDY HINT

Make sure you can list a few different examples of each type of Real Vs Imagined threat:

(a) Real physical threat

(b) Imagined Or Psychological threat.



STUDY HINT

Make a note of an example of each type of Threat response:

Fight :

Flight :

Freeze:

Feign :

Fawn :

1.3 General Adaptive Syndrome (GAS)

In 1950, medical doctor and researcher Hans Selye, produced an article in the British Medical Journal entitled “Stress & The General Adaptive Syndrome”

He proposed that the Stress Response really has 3 stages:

- Alarm
- Resistance
- Exhaustion.

THE ALARM STAGE

This is the initial, “Fight or Flight” response to threat, as discussed previously.

THE RESISTANCE STAGE:

If the stress continues past the initial shock, the subject learns to adapt to it being “normal” and function with it. The body goes into repair phase but also remains on high alert ... so stress chemicals continue to be released in the body, though usually to a lesser degree than the initial alarm phase.

Typical signs could be irritability, frustration and poor concentration.

EXHAUSTION STAGE

This is where the stress and its effects have become too much to bear or cope with and the subject may experience high anxiety, depression, despair and even illness.

KEY PHRASES

- G.A.S.
- Alarm Stage
- Resistance Stage
- Exhaustion Stage

PRACTICAL TIP

Consider the idea that the majority of symptoms or limiting behaviours that someone exhibits, and is seeking help for, is actually no more than a response or reaction to the Stress/Threat Response - and possibly the G.A.S. if the stress is sustained.

If we can ease or eliminate that response - we can ease or eliminate the ensuing behaviour, symptom or issue.

1.4 Different Therapeutic Approaches

In very simple, generalized terms, think of how each of the following therapeutic modalities would approach a problem:

- Counselling
- Coaching/Life Coaching
- Psychotherapy
- CBT (Cognitive Behavioural Therapy)
- Clinical Hypnotherapy
- Analytical Hypnotherapy/Hypnoanalysis
- Andrew Parr Combined Approach

COUNSELLING

A counsellor's role is to provide a safe space where we can discuss and explore our feelings and emotions, with the aim of bringing about a change in our life, or simply gain a deeper understanding.

A counsellor typically asks us questions, listens and may invite us to consider different perspectives on particular issues.

COACHING/LIFE COACHING

A Coach or Life Coach typically helps us set goals and then find strategies for helping us achieve or exceed those goals, typically by asking probing questions and encouraging motivational responses.

PSYCHOTHERAPY

A psychotherapist's role is to help us deal with emotional issues, mental health challenges and some psychiatric disorders. Sessions usually involve discussions to uncover the reasons for how we feel the way we do, in order to seek understanding and resolution.

CBT (COGNITIVE BEHAVIOURAL THERAPY)

A CBT practitioner will help us explore the connection between our thoughts and behaviours and introduce strategies for challenging unhelpful thoughts and behaviours and replacing them with new, more positive ones.

CLINICAL HYPNOTHERAPY

Most hypnotherapists will aim to help us bring about a change in our lives by putting us into hypnosis and offering positively phrased suggestions, aimed at accessing our subconscious mind.

ANALYTICAL HYPNOTHERAPY/HYPNOANALYSIS

Some hypnotherapists will use regression to take us back to the root causes and bring about a resolution in this way.

ANDREW PARR PRACTITIONER COMBINED APPROACH

Sessions with an Andrew Parr Practitioner can help us talk about our worries or troubles in a safe space, where we can explore root causes using natural hypnosis, whilst creating goals or outcomes we wish to achieve, and use natural hypnosis to help us change our thoughts, feelings and behaviours, both consciously and subconsciously, to help us achieve or exceed those goals or aims.

KEY PHRASES

- Counselling
- Coaching/Life Coaching
- Psychotherapy
- CBT (Cognitive Behavioural Therapy)
- Clinical Hypnotherapy
- Analytical Hypnotherapy/Hypnoanalysis

STUDY HINT

What is the common factor in all these approaches?

What are they all trying to help us achieve?

What are the pro's and cons of each approach?

How do they cross over with each other?

DEEPEN YOUR KNOWLEDGE

Make sure you have an understanding of different therapeutic approaches, because many clients will already have sought the help of other therapists.

1.5 What Is Hypnosis?

There are many definitions of Hypnosis and they can often be very misleading. Here is a selection of definitions.

'An artificially induced state of relaxation and concentration in which deeper parts of the mind become more accessible: used clinically to reduce reaction to pain, to encourage free association etc.'

Collins English Dictionary

'A trance-like state resembling sleep, usually induced by a therapist by focusing a subject's attention that heightens the subject's receptivity to suggestion. The uses of hypnosis in medicine and psychology include recovering repressed memories, modifying or eliminating undesirable behaviour (such as smoking), and treating certain chronic disorders, such as anxiety.'

American Heritage® Dictionary of the English language

'The induction of a state of consciousness in which a person apparently loses the power of voluntary action and is highly responsive to suggestion or direction. Its use in therapy, typically to recover suppressed memories or to allow modification of behaviour, has been revived but is still controversial.'

Oxford Dictionaries

'Hypnosis is a state of mind, enhanced by (although not exclusively) mental and physical relaxation, in which our subconscious is able to communicate with our conscious mind.'

General Hypnotherapy Register

"Hypnosis is a state of mind in which the critical faculty of the human is bypassed, and selective thinking established."

Dave Elman

"Hypnosis is a naturally occurring state of mind that can also be induced at will, either by oneself or with the help of another, in which both the conscious and unconscious mind may become more suggestible, and information in both the

conscious and unconscious mind may be more accessible and open to influence and change.”

Andrew Parr

1.5 The Typical Stages Of A Hypnosis Session

A ‘typical’ Hypnosis session typically consists of 4 phases.

1. HYPNOTIC INDUCTION

When you take someone through a process to induce hypnosis, that process is called a Hypnotic Induction.

A typical Hypnotic Induction will usually involve some kind of physical and mental relaxation, but there are many different methods for inducing hypnosis, depending upon the circumstances and personal preference.

You will learn a variety of Hypnotic Inductions as the course progresses.

2. DEEPENING

Once the initial degree of mental and physical relaxation has been achieved, the next step is to ‘Deepen’ it.

By Deepening, we often think of deeper relaxation but, to me, the overall aim is to encourage greater dissociation from the external world, build compliance and prepare the client for the next phase.

Popular ‘deepeners’ usually involve some form of visualisation such as walking down a staircase.

3. THERAPY

This is where the ‘work’ takes place.

Although a basic hypnotic induction and deepener can be very pleasant and relaxing, aside from the benefit of that, there will be very little meaningful change in the client as a result.

It is the work you do with the client whilst they are in hypnosis that is important, and this will typically involve some form of suggestion or analytical process or both.

4. RELEASE

The process of bringing the client back to their normal everyday awareness and focus is called 'Releasing the Client from Trance' or 'Termination of Trance' and there are a variety of methods for achieving this

1.6 Different Types Of Hypnotherapy

The aim of any therapy, including Hypnotherapy, is to help the patient or client change something about the way they are thinking, feeling or behaving, or any combination of those.

To do this the client must develop a new frame of reference, a new perspective, a new way of viewing the world and interacting with it that they didn't have previously. Essentially, you are helping them to change something about what they believe.

When using Hypnosis and Hypnotherapy, how you do this falls into two general categories:

- (1) SUGGESTION THERAPY
- (2) ANALYTICAL THERAPY

In practice, there is often a great deal of overlap between the two and between the different subtypes of each.

SUGGESTION THERAPY

Here the therapist is 'suggesting' ideas whilst the client is in a hypnotic trance. The aim is for the suggestions to remain active even after the trance is terminated (post-hypnosis). So, such suggestions are typically called "Post-Hypnotic Suggestions".

If the client accepts those suggestions, then they will begin to respond accordingly as the suggested ideas now form part of their new frame of reference.

Types of Suggestion Therapy

Post-hypnotic Suggestions can be delivered in several ways, including:

- (i) Direct Suggestion - More like commands e.g. "You will feel confident."
- (ii) Indirect Suggestion - The result is implied but not stated directly e.g. "I wonder how surprised you will feel when you notice yourself feeling more confident".
- (iii) Visualisation - Using imagination to mentally rehearse the desired outcome. e.g. "Imagine yourself feeling confident".
- (iv) Self-Hypnotic Questions & Mantras - Statements the client says to him/herself to create the desired result. e.g. "I am capable, I can do this, I can feel confident".
- (v) Metaphor - stories containing a message of how to feel more confident. e.g. "I remember a story about ..."

ANALYTICAL HYPNOTHERAPY

With Analytical Hypnotherapy (also known as "Hypno-Analysis") you are looking to uncover the cause of a problem, usually from within the client's past.

Common forms of Hypno-Analysis include:

- Regression To Cause
- Progressive Age Regression
- Free Regression
- Free Association.
- Spontaneous Age Regression.
- "Past Life" Regression

1.7 Solution Focused Therapy

Although, all therapy should be aiming to seek a solution, the phrase "Solution Focused Therapy" typically refers to therapies purely focused on more immediate solutions - without necessarily needing to investigate causes.

The therapy is focussed mainly on the present and the future outcome, (acknowledging the past when necessary), but not investigating the past as a means for reaching the solution.

Solution Focussed Therapy typically deals with symptoms rather than the causes.

Visualisation of a future outcome, positive suggestions and positive metaphors are all examples of Solution Focused Hypnotherapy.

1.8 Different Types of Hypnotic Induction

Here are some of the most commonly used hypnotic inductions. Don't worry; we'll go through each of these in more detail as the course progresses.

PROGRESSIVE RELAXATION - BY MUSCLE TENSING & RELAXING

The client is asked to tense and release each of the main muscles of their body in turn. This can take a long time but is useful for people who find it difficult to relax.

PROGRESSIVE MUSCLE RELAXATION - BY SUGGESTION

The client is asked to imagine the muscles of the body progressively relaxing (or told that they are), just as if they're preparing for sleep. The client will usually give off signs of the various muscles relaxing.

GUIDED VISUALISATION

This is where the client is asked to visualise or imagine a pleasant scene or memory with the intention of taking their attention away from the present external world, and into their 'internal world'. Typically, imagery might be a garden, the ocean or a positive memory that client has already revealed to you.

PACING & LEADING

This where you ask the client to focus on a naturally occurring phenomenon such as heavy limbs, tired eyes or swallowing and give suggestions that these are signs of Hypnosis. As the client senses these phenomena even more, it reinforces the idea of going into trance.

INSTANT INDUCTIONS

These are often used on stage or TV because they can look quite dramatic. They effectively involve 'shocking' the person into Hypnosis by a sudden handshake, arm tug or other physical means. Use with caution!

EYE GAZE FIXATION

This can be fixation on an object or your classic “Look into my eyes” induction. It can be extremely effective when performed well, but can sometimes initiate giggles nowadays, thanks to “Little Britain”!

ARM LEVITATION

Suggestions are given to encourage the client's arm to levitate and the fascination with the process is used to dissociate the client and thereby induce trance.

DIRECT INDUCTION

If the client is in the right state of mind, sometimes you can literally tell them to close their eyes, think of a scene or image or memory and within a few seconds they will be in a good hypnotic trance.

ANYTHING YOU CAN IMAGINE ...

There are no limitations - any way in which you can help the client to dissociate from their normal everyday awareness and enter into their inner world will induce a degree of hypnotic trance. For example, in Ormond McGill's “Encyclopaedia of Stage Hypnotism”, he uses smoking a cigarette as the trigger for the client to enter trance - but it was the '50's!

1.9 Progressive Muscle Relaxation 1 - Induction

“Just make sure you're comfortable, and when you're ready let your eyelids close down, allowing yourself to breathe nice and easily, that's good.

Now what I would like you to do is very gently allow your attention to scan down through your body, just getting a feel, getting a sense of the physicalness of your body, so that we can begin to help you relax and relax even more.

Now what I would like you to do, first of all, is just put your attention onto your facial muscles, just allowing your cheeks to loosen, your jaw muscles to loosen, as your jaw muscles loosen let your teeth come apart just a little bit, just enough so you can let your mouth open slightly.

Allowing your mouth to open just enough so that you can breathe in and out through your mouth for a little while; that's good.

As you breathe in through your mouth just draw the breath into your tummy, down into your stomach, and as you breathe out, keep your out breath like a very gentle sigh of relief, that's good.

Now this can feel a bit strange first of all, breathing in and out through your mouth, but that's okay it's just a few breaths, and it can be very useful to you later on. Now what I would like you to do is begin to make your out breath slightly longer than your in breath.

So as you breathe out, making your out breath more like a sigh of relief, that's good; and as you do that just feel your shoulders relaxing just make your shoulders relax, feel them relaxed.

And as you do that you can begin to send that feeling down through your body, down into the muscles in the top of your arms, and your elbows, and your forearms, and your wrists, and your hands, and your fingers.

Now as the muscles in your arms begin to relax they will become heavy, and you may begin to notice that soon, but for now let your attention flow into your wrists, your hands, your fingers once again, and just notice any inner feelings, inner sensations there.

This could be very subtle tingling feelings, tingling sensations or whatever; just noticing any subtle feelings, any subtle sensations in and around your hands or fingers, that's okay.

Now as you do this, different thoughts may be drifting into your mind, out of your mind, that's okay you can let them come, you can let them go.

You can think about them if you want to, or as you breathe out, you can just blow them away, just blow them away, allowing your attention now to be flowing down to the top of your body, the chest area, the tummy, the stomach and down into your back, those long muscles in your back. The whole of the top of your body now can begin to relax, just breathe a sigh of relief, that's okay, that's good.

Now allow your attention to go down to the middle of your body. Picture, imagine, feel, sense the middle of your body - the hips, the waist, the lower tummy area, picture imagine, feel, sense all the muscles there just softening, just relaxing, including all the internal muscles and organs, as if everything is just softening and quieting down, becoming soft, gentle, peaceful, that's okay.

Allowing your attention to continue further now down to the muscles in the top of your legs; perhaps you can picture or imagine them relaxing or simply feel or sense what they can feel like to relax, and let go even more. The muscles in the top of your legs just relaxing, softly gently, that's good.

The same idea flowing down into your knees now, so your knees are just relaxing and becoming more flexible, and then just softening and relaxing.

Just drifting in your own thoughts, my voice goes with you, wherever you wander my voice goes with you just drifting in your own thoughts, as your attention goes down into your shins now, your calf muscles and then right the way down to your ankles and your feet and your toes.

And allowing your feet and your toes to feel very gentle, very, very gentle, in a way as if you are handing over control of your feet and toes to your feet and your toes, so that you still feel them you still sense them for now, but they are no longer your responsibility, that's okay.

It's as if they can just take care of themselves for a while; and the same with your hands and fingers too, so your hands and your fingers and your feet and your toes all just taking care of themselves for a while so you can just relax, let go and take some time for you.

Just breathing nice and easily, nice and gently, very naturally, allowing your body to begin to feel the same way it does when you drift into a very deep and restful sleep.

All the muscles loosening softly, relaxing, in fact the whole of your body now can begin to take care of itself for a while, as if you can tell your body to rest, relax, go to sleep, whatever, while you just relax, drifting in your thoughts, noticing your breathing, allowing yourself to feel calm, peaceful, relaxed.

And you can rest here for a few moments, enjoying the sensations, allowing them to become more and more profound.”

[Continue to deepener, suggestion, analysis etc.]

1.10 Simple Meditative Progressive Muscle Relaxation Induction

(6-7 mins long) (by Shanell Vaughn - Ex-student, this induction included with kind permission)

“Just make sure you are comfortable. You can place your hands in your lap palms facing up or down or rest them however you wish. You can close your eyes now and just allow the sound of my voice to guide you into a peaceful, calm, aware state of hypnotic relaxation. This should feel completely natural for you.

Allow the muscles around your eyes to soften. Take a deep breath in, and breathe out slowly through your mouth. Let's do that again, take a long, deep breath in through the nostrils and imagine the air flowing all the way down to your feet and as you slowly breathe out through your mouth all of the air gets pushed out and your entire body seems to exhale.

You may notice in that moment that your body feels slightly heavier. You may notice other sounds in the room or outside and that is fine, but for you the only sound that is most important is my voice.

Once again, bring your attention to your breathing and you may notice that your breathing, effortlessly, has begun to slow down. You simply notice your breath, air flowing in through the nostrils, air flowing out. You simply notice this, effortlessly. There is nothing for you to do here. You can allow your attention to float down to your feet and legs and resting there, you notice their weight.

Perhaps for the first time you notice the heaviness of your feet and legs, and with each exhale perhaps you notice they may feel heavier. You are doing nothing. Simply breathing. Simply noticing. Your feet and legs seem to get more relaxed and heavier with each breath.

You can now allow your attention to drift up to your hands and arms...you may notice their weight and heaviness too. It may feel like a new sensation for you, to be so aware of the heaviness of your hands and arms. And each time you exhale, softly, gently, your hands and arms seem to get heavier and heavier.

As your body relaxes, you are still aware...perhaps you can even bring your attention to the beating of your heart. You can sense the rhythmic, gentle beating and perhaps with each exhale you can sense your heartbeat slowing down, just a little bit more...feeling everything in your body slow down and become even more relaxed.

Knowing that there is nothing that you need to do now and nowhere else you need to be, you feel relief that right now you can let go. We hold ourselves so tightly so much of the time, but now you can give yourself permission to completely let go, to have no cares, to be lazy even and there is no judgement here.

You are noticing that your breathing is becoming slower and steadier as you relax more and more... slower and steadier... breathing so steadily and evenly... just as though you were pretending to be sound asleep... breathing so evenly, so steadily... you wouldn't even disturb a feather placed immediately in front of you... breathing so easily and slowly, so gently, that you wouldn't disturb even the lightest feather placed right in front of you....

Moving your attention up to your face and feeling the face soften and let go of any tension that has been held there. Feeling a softening spread across your face, almost like a wave, as the muscles of the head, the jaw, the cheeks...relax...relaxing the nose, the lips and

the muscles around the lips...relaxing, softening, the chin, soft and relaxed. You feel all the tension in the face has melted away.

Breathing is ever so subtle and soft now, almost imperceptible. And I wonder if you can now manage to relax even more... even though you may already be as relaxed as it is possible for most people to ever be... just finding the last tiny traces of tension in your body and simply letting them go... with each easy, gentle, breath you breathe... allowing every muscle ... every cell of your entire body... to be as beautifully relaxed as anyone could ever wish to be ...”

1.11 Progressive Muscle Relaxation 2

(by Katreena Erin, ex-student, included by kind permission)

“Ok, if you just make yourself comfortable, and when you're comfortable you can close your eyes. The more comfortable you are, the more benefit for you.

So I just want you to relax your whole body. So you can focus on your toes, you can focus on each individual toe relaxing one by one ... the little toes ... the next toe, the middle toe, the next toe ... the big toe. Just relaxing all your toes.

So I just want you to focus on your toes, and if you focus on each individual toe relaxing one by one ... there's no rush, just one by one relaxing your toes - the little toes ... the next toes, the middle toes, the next toes ... the big toes. Just relaxing all your toes, one by one.

Now I want to focus on relaxing the soles of your feet - slowly letting the relaxation spread - all along the arches of your feet, everything just relaxing. Now bring your attention to the tops of your feet and imagine everything just relaxing

You might notice little twitches, and that's ok...just observe all the tiny internal feelings of your body responding to the relaxation. Now I want you to imagine your legs relaxing. Your ankles, all the front of your legs, the back of your legs, just relaxing and letting go-allowing any tension to melt away.

Your shins, your knees - the fronts and backs, your calves....just letting go, relaxing. You can imagine it like a warm wave, slowly spreading through your body. Your thighs, the

front and backs. You may feel like your legs have become heavy and are taking care of themselves right now....and that's ok. Imagine they can take care of themselves right now.

Imagine your pelvic region, your hips, your buttocks.....just relaxing.....everything just.....relaxing and letting go. Your stomach, right the way up through your core, just like a warm wave of relaxation.

Your heart, your chest, your throat...any tension, just...draining away and evaporating.

Breathing out any tension and relaxing deeper and deeper. Imagine your back relaxing now...your lower back, all the muscles along the length of your spine - all the way up to the top of your neck, vertebrae by vertebrae. Just relax the chin down so there isn't any pressure at the back of your neck there. That's good. And just allowing yourself to relax deeper and deeper.

You may have thoughts come and go. And that's ok. Allow them to come, and allow them to go. You can acknowledge them, but there is no need to attach to them. Just let them come and then let them go. !

Now allow your shoulders to loosen...dropping down and letting any tension drain away.

The tops of your arms, all the way down...to your elbows, your forearms - the outsides and insides, just relaxing and becoming heavier. You can see that warm wave just traveling through them, relaxing them. The tops of your hands, the palms of your hands, and each individual finger. The little fingers, the ring fingers, the middle fingers, the index fingers and the thumbs. One by one relaxing.

Now your arms might feel like they are heavy now too - taking care of themselves. And that's ok....just allow them to relax deeper and deeper.

Now come back to the back of your neck, and imagine the back of your neck, all the way to the top your head relaxing. The top of your head, your forehead, your eyebrows, your eyes....your nose, your mouth, your jaw. Just part your teeth slightly and allow a little smile to form....just relaxing all the muscles in your face. Imagine all the muscles around your eyeballs relaxing....any tension just being released”.

Continue with deepener and release ...

1.12 What Is A Deepener?

The traditional purpose of a 'deepener' has always been to take the client 'deeper' into hypnosis, but I tend to use it differently. To me a deepener serves two purposes:

- To help the client become more inwardly focussed and relaxed
- A useful tool for the therapist to gauge the depth of relaxation the client is experiencing.

It is important to gauge depth because it is great if the client is very deep for suggestion therapy but for analysis (typically more conversational) we may need them to be more aware and interactive.

Deepening can be done in a variety of different ways such as counting down or visualisation. Below is one of the most traditional methods for deepening your client.

TRADITIONAL STAIRCASE 'DEEPENER'

This is one of the most common 'deepeners' and although I rarely use it in the traditional way, I may use an amended version.

First have a read through this version, (which is based on one by the American Board of Hypnotherapy) and imagine yourself going through this experience. Then I want to point out some issues to you:

"TRADITIONAL" STAIRCASE DEEPENER SCRIPT

"In a moment you are going to relax more completely. In a moment I am going to count backwards from 10 to 1.

When I say the number 10, you will imagine yourself at the top of a set of stairs.

When I say the number 9, and each consecutive number, you will move down those stairs, becoming more and more relaxed. At the base of the stairs is a large bed, made of feathers, with a comfortable feather pillow.

When I say the number one you will sink into that bed, resting your head on that feather pillow.

Number 10, at the top of those stairs, close your eyes

Nine ... relaxing and let go.

Eight, getting more comfortable ...

Seven

Six... down and down ...

Five... relaxing more completely as you move down the stairs,.

Four...

Three... breathing slowly and deeply...

Two...

On the next number, relax into that bed, becoming more calm, more peaceful, more relaxed...

One...Sink into that feather bed, let every muscle go limp and loose as you sink into a more calm, peaceful state of relaxation."

COMMENTS:

1. The Imagery

Although the idea of a feather bed may be welcoming to some people - it may not be to others. What if your client has a fear of feathers? What if your client has a fear of climbing into strange beds at the bottom of an unknown staircase?!

The point I want to make is that imagery that may seem fine to you, may NOT be fine for your client, so a great way to avoid this is to check first - or ask them first.

QUESTION: "If you could escape from daily life for a while and find a happy and peaceful place to relax in, what would that place look like? What would it feel like?"

Your place will be different than mine and will be different from your client.

So ask a question, such as the one above, that will help you to elicit enough information so that you know EXACTLY what to put at the bottom of that staircase - if using a Staircase Deepener.

E.g.

A beautiful warm beach with soft white sand and gentle lapping waves?

A soft grassy verge on the bank of a gentle trickling stream on a warm sunny day?

The giant beanbag I used to feel safe and fall asleep in as a child in the playroom of my family home?

As a general rule, I find that if the information comes from the client it will be much more pertinent to the client.

2. Counting Down The Stairs

I don't know about you but as soon as someone tells me there is a staircase with something at the bottom, I'm there at the bottom, and then struggle to get my mind back to the top and follow the steps down one by one.

To overcome this you can introduce the idea of a staircase with 10 steps and ask the client to pay attention to their feet as they take each step. This keeps the attention more in the present, more "one step at a time".

3. The "Type" Of Stairs & Introducing Specifics.

Imagine this for a moment:

"You are walking down a beautifully ornate staircase with your hand sliding down the sweeping bannister.

The marble is cool under your hand ..."

I wonder how many of you reading that thought, "Marble? Mine wasn't marble - it was wooden (or brass or golden, etc.)".

General Rule: If you introduce specifics, state them right at the beginning.

E.g.

"Imagine you are walking down a beautiful marble staircase that has 10 wide steps and a long sweeping ornate marble bannister."

Now you have set the scene properly and reduced the chances of incongruence in the client's mind.

1.13 Amended Staircase Deepener That I Would Be More Likely To Use

“In a moment I'm going to help you relax you more deeply. In a moment I'm going to begin counting backwards from 10 to 1, and then zero.

The moment I say the number 10, you will, in your mind's eye, begin to feel, sense, picture or imagine yourself standing at the top of a beautiful marble staircase consisting of 10 wide steps, with a long sweeping bannister also made of marble.

The moment I say the number 9, and each additional number, you will take one step down onto the next step but paying attention to which foot you step forward with each time. Each step you take relaxing you more and more completely.

At the base of the stairs is [a happy and peaceful place for you, where you feel safe and comfortable and relaxed].

The moment I say the number zero you will leave the stairs behind and step into that [happy place].

So...

Number 10, at the top of those stairs. Ten...

Nine, taking one step down paying attention to which foot you step forward with as you do.

Eight, taking another step down, relaxing as you do.

Seven....

Six...

Five...halfway down, now relaxing even more as you pay attention to your next step

Four...

Three...

Two...on the next number take a nice deep breath...

One...as you exhale now, begin to leave the stairs behind now...

Zero...leave the stairs behind and step into your [happy place where you feel safe and secure and warm comfortable and free etc.]”

1.14 Synchronised Breathing

I have seen texts teach that synchronising the counting with a clients breathing is useful, or essential even.

i.e. say each of the numbers as the subject breathes out.

I do this sometimes ... but not always. There are no particular rules I follow for when to sync and when not to.

It's important to remember though that with hypnotic inductions, you will often speak in a way that allows for more silence than in everyday conversations, and allows for a natural synchronisation between therapist and client.

1.15 Releasing From Trance

When you have finished the hypnotic process the way you bring the subject out of hypnosis is called the "Release" - we release the client from hypnosis or trance. There are many ways of doing this. A colleague of mine in Harley Street claps his hands very loudly saying "back in the room" - but I prefer a more gentle approach.

Below is an example of a typical release script I use - though often I will combine these together, with ideas from other sources, using elements of each depending upon the session.

RELEASE FROM TRANCE - MY USUAL METHOD

"In a few moments, it will be time to return to your normal everyday awareness. Keep your eyes closed until I say so, but what I would like you in a moment is take 3 slightly deeper breaths ...

, so when you are ready, take the first deeper breath now ...

... that's good, and as you breathe out become more aware of your body once again now.

Good ...

Now take the second deeper breath... (wait) ... and this time as you breathe out, still keeping your eyes closed, just begin to be more aware of your current surroundings ...

That's Good,

Now take the 3rd deep breath and this time as you breathe out, let your eyes open and come all the way back to this place, this time, this room this moment more fully, feeling calm, refreshed and ready to get on with the rest of the day ...”

1.16 Reflective Practice Journal

A reflective practice journal (RPJ) helps you to reflect on experiences you have with subjects as you progress through the course, and also provides us with a record of those experiences.

There is an example included below and you can download blank ones here, in both PDF or Word Doc format:

<https://members.andrewpartraining.com/resources/>

Please use the Reflective Practice Journal template below to record at least 40 hours of client practice – demonstrating the use of different inductions, deepeners, therapeutic processes and release methods.

Whilst you are learning, it is a good idea to have others practice on you too so you can experience what it feels like – so you can include both in your RPJ.

For example, consider asking yourself questions such as:

Date	Time (mins)	Who I practiced with	What we practiced	Comments
30/09/2016		Julie	Read through a Progressive Muscle Relaxation script out loud to get used to continuous talking, to hear my hypno voice.	It's quite hard to talk continuously and I need to slow down

- Did it go well? Why? What did you learn?
- Why didn't it go to plan? What did you learn?
- How can you improve for next time?

This Reflective Practice Journal is needed to obtain the Diploma. Here is an example layout:

1.17 Personal Learning Journal

This is a personal record or journal which evidences your own learning and skills development. Don't worry, there's no 'right' or 'wrong' version of what to write as it's totally unique to you. A PLJ helps you to record, structure, think about and reflect upon, plan, develop and evidence your own learning.

A Learning Journal contains a record of your experiences, thoughts, feelings and reflections. One of the most important things it contains is your conclusions on how what you have learnt is relevant to you and how you will use the new information/knowledge/skill/technique in the future.

It may contain details of problems you have encountered and solved (or not solved), examples of where you have started to try out and practice a new skill and examples of your own formal and informal learning. Formal learning is 'taught' in a formal academic setting like a classroom. Informal learning is learning that takes place outside a formal academic setting, for example, through talking with peers or colleagues in a social setting.

Try to write something down after every new learning experience. Here is an example

DATE	WHAT I DID AND WHY	WHAT I LEARNT FROM IT	HOW WILL I USE IT?	WHAT QUESTIONS DO I HAVE NOW?
5/5/16	Watched a video on Eye Gaze Inductions	How to do an Eye Gaze Induction	I could use this for a quick induction	Do I have to do it exactly like this? What happens if I make a mistake with a client?

layout:

On a regular basis review what you have written and reflect upon this. Be honest with yourself.

Ask yourself questions such as:

- What have I achieved?
- What progress have I made?
- What theory have I put into practice?
- How does what I have been doing lead to me becoming better at a skill?
- How can I use this to plan for the future?
- How can I use this to plan new learning experiences?

The more often you practice the skill of self-reflection the easier it will become.

You can also use your Learning Journal to record other courses you went on, books you have read, discussions you have had, internet sites you have looked at, television programmes you have watched, webinars you have attended and so on. At the end of

the day your log should become something that is directly relevant to you and your learning.

If you require any help, advice or guidance about your Learning Journal or about how to get started then please discuss it with Andrew or one of the Team.

1.18 Contraindications for Hypnosis and Hypnotherapy

Whilst Hypnosis and Hypnotherapy have the potential to help an incredible number of people, there are some contraindications (i.e. conditions where it is not recommended, or may be ineffectual).

You will often see lists of 'Contraindications for Hypnotherapy', but I'm sure many of these have just been copied from others' lists, without individual practitioners actually understanding why such conditions are quoted as such.

From my experience, the only people that Hypnosis and Hypnotherapy are ineffectual on (and so may be contraindicated) are those people who have an interaction/comprehension difficulty.

EXAMPLES OF COMPREHENSION DIFFICULTY:

- Individuals with Dementia
- Individuals with psychotic disorders
- Very young children
- Anybody evidently under the influence of alcohol
- Anybody evidently under the influence of drugs
- Seriously 'intellectually challenged' individuals

The main problem in each of these is that they may inhibit the ability to enter hypnosis or trance state, so I call them Hypnosis Inhibitors.

EXAMPLES OF HYPNOSIS INHIBITORS:

- Inability to properly interact with you
- Inability to concentrate or hold an idea
- Inability to use imagination
- Inability to understand or comprehend what is happening

1.19 Conditions Where You May Proceed With Care

You will often see the following listed as being contraindicated for Hypnotherapy and there may be good reason for that, especially if inexperienced, but I have worked with and helped people in each of these categories:

- Epilepsy
- Serious/current heart condition
- Blood pressure (extremely high or low)
- Depression
- Elderly or frail
- Persistent alcohol or drug abuse
- Pregnancy
- Medication
- “Pathological” personalities
- Bipolar
- Suicidal tendencies

EPILEPSY

As far as I know there is no evidence anywhere that suggests Hypnosis will induce an epileptic fit in someone prone to Epilepsy, so I suspect this is more based on fear than fact. I see no reason why I should turn away someone with Epilepsy, if they want help. As long as they are aware of the potential 'risk' and are happy with that, I am happy to proceed. Some people may wish to have such patients sign a disclaimer.

When I've treated people with Epilepsy (but not for the Epilepsy itself), I simply ascertain when the last time they had an attack (i.e. how likely it is to happen) and, in the unlikely event of it happening during the session, what would they like me to do? Most people will be quite open and relaxed about it and then I proceed as normal.

SERIOUS/CURRENT HEART CONDITION

Obviously, if someone has a severe heart condition you may not wish to take them through a major emotional trauma release as it may be too strenuous and stressful for them. But Hypnosis and self-hypnosis to help them stay calm could be fantastically beneficial. If you are at all worried, get them to sign a disclaimer and then proceed gently.

BLOOD PRESSURE (EXTREMELY HIGH OR LOW)

Treat as similar to those with heart condition.

DEPRESSION

The medical and psychiatric world generally views depression as being the result of a chemical imbalance that requires chemicals (i.e. medication) to correct it. I don't.

Yes, there are the chemical changes, but I believe there is a path that leads to the depression and the chemical imbalance follows. In many (all?) cases I have noticed there is at some point an inner conflict that arises that the patient is unable to resolve or deal with, and so feelings of hopelessness and powerlessness set in and so causing that person to see no way out of the situation and to have a bleak outlook on life - and hence feel 'depressed'.

If you can resolve the conflict and help the client gain hope of a “positive viable future”, the depression will lift - sometimes very quickly.

How you proceed, and the outcome, depends very much on the level and intensity of the depression and, of course, how medicated the person is.

PRACTICAL TIP

Please note that some people will say they are depressed, when actually they are just feeling 'a bit down'. When someone is just feeling 'a bit down', it's usually fairly easy to cheer them up. When someone is genuinely depressed, they usually do not respond so quickly and need more in depth treatment in order to give them a different perspective.

ELDERLY OR FRAIL

If someone is very old or frail, just be gentle. They may not want their past raked up, but they may find it very useful to lay some demons to rest, if done in an appropriate way. Or they may benefit greatly from the relaxing effects of Hypnosis and any positive ideas or suggestions given during a session.

I have worked with many elderly people and the only problem I have really encountered has been their ability to hear what I am saying!

PERSISTENT ALCOHOL OR DRUG ABUSE

If the person is under the influence of drugs or alcohol when they come to see you, then it is unlikely that you will get anywhere and so I would nearly always suggest not proceeding, making it clear that you will only agree to see them and help them when they can come in a coherent state.

Regarding the treatment itself, remember that if someone is a persistent drug or alcohol user there will be a reason. Find the reason, help the patient deal with it, and help them find the motivation to go through what is required to be free and you will often be able to assist greatly. There is always a story, but the patient must want that change. I have worked with many persistent users of alcohol and drugs, the success depending upon each individual's motivation and willingness to follow through.

PREGNANCY & CHILDBIRTH

It amazes me to see pregnancy often stated as a contraindication for hypnotherapy when Hypnobirthing is becoming increasingly popular. I think it best to separate how you proceed into the different trimesters.

For example,

First trimester, proceed with caution - relaxation and gentle, positive techniques are fine, but possibly steer away from strongly emotional sessions. Once the pregnancy is well established, it's safer to work with deeper issues, if required, but again, just proceed with care. In the 3rd trimester Hypnosis can be extremely beneficial before, during and after the birth.

MEDICATION

This depends on the type of medication and whether or not it acts as a Hypnosis Inhibitor, as detailed earlier. Some medications, by their very nature, lead to a situation where you are dealing with a chemically controlled person, so the thoughts, feelings and emotions may come from the chemicals instead of the person; which means you may not get 'genuine' emotional responses.

'PATHOLOGICAL' PERSONALITIES

People with pathological personalities are usually losing touch with reality and on their way to becoming psychotic, so can be difficult to treat. Typically, they have suffered painful or abusive childhoods that led to dysfunctional coping mechanisms, causing them to be overprotective or lash out (extreme fight or flight).

If you can connect with the person, gently, over time and you can ease their internal suffering, then it is entirely possible that you can work with them and ease their condition. However, proceed with extreme caution, and only if you feel safe.

BIPOLAR

Medically, Bipolar (which used to be called Manic Depression) is often seen as a psychiatric condition that was waiting to be triggered, often by a prolonged period of stress, leading to lack of sleep and possibly a brief psychotic episode.

My understanding is that there is always a story and it's the story that leads to the episodes that trigger it.

I have worked very successfully with bipolar patients, but learned that any negative emotional experience they go through in the session may almost certainly trigger the down cycle of the bipolar disorder, unless you can bring a very positive slant to the session by the end.

What I found most useful is, instead of helping the patient reduce the lows, actually help the patient to limit the highs. The higher they go, the lower they fall. So yes, you can work with people with Bipolar, but be careful and gentle.

SUICIDAL TENDENCIES

If someone is feeling suicidal it will usually be because they cannot see a way out of the way they are feeling and so self-induced death seems like the only escape. If you can work with the person and help resolve their inner conflicts to give them a new perspective on life, then the suicidal tendencies will reduce or disappear.

I have worked with many people who have had suicidal tendencies and who are now still alive, happy and leading much more fulfilled lives. Again, proceed with caution, possibly asking permission to liaise with their GP or medical professional so that you have access to 'the system' if need be.

1.20 Module 1 Summary

HERE IS A SUMMARY OF WHAT YOU SHOULD HAVE LEARNED THIS FAR:

- As we go through life we collect experiences and these experiences cause us to form beliefs.
- One of the purposes of these beliefs is to help assess whether incoming information is safe or potentially threatening.
- If our beliefs perceive a potential threat, this will trigger the Stress Response.
- This Stress Response causes us to think, feel and behave in certain ways, and it is this that forms the large part of the issues people seek help for.
- There are many different ways of easing or resolving these issues.
- We will be using a combination of approaches, all enhanced by the use of natural hypnosis .
- There are many ways to enter natural hypnosis, and there are a variety of therapeutic interventions we can employ within that state.
- There are some conditions however, that we need to take care over.

1.21 Coursework Module 1

PRACTICAL ASSIGNMENTS

The practical aim for this first Module is to become competent at putting the client into a reasonable state of hypnosis using a variety of simple inductions.

At the moment, it will often seem as if you are helping them to relax but, actually, you are doing much more than that, as you will discover. For now, thinking of it as relaxation is fine but you also want to encourage dissociation from the normal world and focus on their inner world.

Eventually you will be able to do this without the use of scripts but the only way to do that is to “practice, practice, practice”.

Practice on friends or family (may get the giggles), practice by yourself (always talking aloud) or ask for volunteers. The word ‘Free’ usually gets people quite interested.

WRITTEN WORK TO BE SUBMITTED

1. Models of the Mind - The Pyramid Model

Practice drawing out the Pyramid Model explaining it to 3 different people; ask them questions to make sure that they have understood your explanation. Take some time then to write up your experiences in your Personal Learning Journal.

**Guidance: Use simple labels and simple descriptions.*

2. Models of the Mind - The Library Model

Give a simple description of what your interpretation of the Library Model is and what seems to be happening.

**Guidance: Write your description as if you’re saying it to someone in Hypnosis.*

3. Models of the Mind - The Stress Response

Briefly explain how you would go about describing the Stress Response to your client.

4. What is Hypnosis and Hypnotherapy?

- a. Come up with your own definition or explanation of Hypnosis and explain why you've decided upon it.

*Guidance: Think about how you would explain Hypnosis to your client.

- b. In 500 to 1000 words please write a summary of the 'History of Hypnosis'.

*Guidance: The aim here is to help you become familiar with the names of some of the key characters and the roles they have played in the development of Hypnosis through the ages. Don't worry too much at this stage on getting the word count absolutely right, it's just there for guidance. Here are some names to get you started:

- Franz Anton Mesmer
- Marquis De Puysegur
- Etienne de Cuvillers
- James Braid
- John Elliotson
- James Esdaile
- Sigmund Freud
- Hippolyte Bernheim
- Jean-Martin Charcot
- Emile Coue
- Milton Erickson
- Dave Elman
- Gil Boyne
- Medical Associations Recognition of Hypnosis.

5. Typical stages of a Hypnosis session

Give a brief description of the 4 main stages of a hypnotic session and explain the aim of each. Please highlight some of the key points you must consider for each stage.

6. Different types of Hypnotic Induction

- a. What is an induction and what is it used for?
- b. List 10 different inductions and very briefly explain each.
- c. How do you think you would decide on which induction to use?

7. Contraindications of Hypnosis and Hypnotherapy

- a. What do we mean when we talk about the contraindications for Hypnotherapy?
- b. Give 5 examples of when Hypnosis and Hypnotherapy might be ineffectual and so might be contraindicated.

8. What is Solution Focused Therapy?

PRACTICAL WORK

9. Progressive muscle relaxation induction and release

- a. Create a progressive muscle relaxation (PMR) induction script of your own, lasting 5-10 minutes maximum.

Feel free to write from scratch, or simply cut and paste bits you like from the scripts I have uploaded in the members area or any other source you find in a book or on the internet, but make sure it feels natural, and in your own language as you read it.

Please reference where you take bits from.

- b. Practice reading the Progressive Muscle Relaxation script to yourself out loud. If you feel confident in your ability you could even try practicing it for a volunteer. Remember to record your experience in your Reflective Practice Journal.

*Guidance: Practice talking/reading quite slowly. Get used to spacing the words out, as if you are the one feeling sleepy or lazy whilst talking. Try to practice this each day.

Please remember this is not a test and these assignments are for you, not me. The aim is to help you feel knowledgeable and competent.

If you don't know an answer, I need to explain it to you again either in a different or better way. Part of your job as a student, is to tell me when I need to do that!

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THOUGHTS**

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