

The National Register of Hypnotherapists & Psychotherapists

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**National
Register of
Hypnotherapists and
Psychotherapists**

**Autumn
2008
Newsletter**

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EDITORIAL

Hello all,

Hopefully you were all so busy enjoying your summer that you didn't notice the absence of the Summer Newsletter! We "held the front page" for an article from Towergate Professional Risks Insurers and updated information from UKCP which proved to be so long in arriving that we eventually decided to bypass the Summer edition altogether. So in this issue you will find information about the AGM and NRHP CPD held way back in the spring, alongside more of what is going on now and what is upcoming.

I draw your attention to the wealth of CPD that appears in the diary dates for forthcoming CPD and the long awaited article from Towergate, "When Client Relationships Turn Sour", featured

diary dates for forthcoming CPD and the long awaited article from Towergate, “When Client Relationships Turn Sour”, featured in the Prudent Practice section on page 15 which I am sure you will find interesting.

My thanks to Jon Beilby, Jean Chesworth, David Clegg, Dan Nightingale, Towergate, Allen Langley and Julie Young for their contributions.

If you wish to contribute to our next edition, please send copy to me or the office by 16th November 2008, preferably by email as a Microsoft Word Document, but typed or clearly written copy is also acceptable.

Jane Puckett

Email: info@janepuckett.com Tel: (07930) 615014

NRHP NEWS

EXECUTIVE OFFICER'S REPORT

Dear all

Lots of things have been happening at NRHP over the rather damp summer. Moving the office was the big task of the start of the summer and we are now settled into our new offices. I know of many times when offices have had to be transferred and they have closed down for a week, or maybe two, to effect the change. It is to the credit of our wonderful staff that we moved without interrupting the service we give to the members and the public and the only time anyone would have been aware of it was for one hour when the phones were out as the number was transferred. Well done to Julie, Susan and Andrew. (It doesn't seem appropriate to thank myself.)

It is with regret that I have to announce that Siân Schofield has decided to leave the Board in order to concentrate on other interests, such as her practice, and on behalf of the Board I would like to thank her for her support of NRHP as she returns to being an ordinary member.

An important event for lots of members will be the UKCP quinquennial report

An important event for lots of members will be the UKCP quinquennial report on NRHP. Many members rely on their UKCP registration for part of their work on Employee Assistance Programmes, work in the NHS and the like and were no doubt pleased to be told that UKCP are happy with the way that NRHP is operating. I am sure that by now you all know that we added the UKCP report to the website for members to read. We got lots of compliments from the inspectors on our efficiency and good practice. As expected there were a few minor items which we will be addressing over the next few months and I will come back to these later. The report on the Hypno-Psychotherapy Section has also been released and will be on the Agenda for discussion at the next section meeting on the 26th September. Unfortunately, at the time of writing this those members who had to undergo individual inspections have not been told the result of these. Hopefully these will soon be released and we will all be able to feel secure again.

From the rather ambiguous e-mail I received from UKCP and the British Psychological Society, which I forwarded on to members by e-mail, it appears that the Health Practitioners Council are now moving rapidly towards the Statutory Regulation of Psychotherapy and Counselling with early in 2009 as

a target date. I assume that this is because they want it sorted before the next general election is called. Under the outlined NHPC grand-parenting arrangements I do not think that full NRHP members would have problems initially but I do know from contacts in other regulated professions that they are very strict with registrants who do not meet their CPD requirements. Those who are registered with UKCP or meet the UKCP criteria should be in a stronger position. The next twelve months may become even more interesting for psychotherapists. It may also be that those practitioners who hold a European qualification such as the European Certificate of Psychotherapy from the European Association of Psychotherapy or the European Certificate of Clinical Hypnosis from the European Association of Hypno Psychotherapy may also be protected under European law if things change. I will continue to try to keep you informed as things happen so if we do not have your current e-mail address please contact the office. Whenever we send out information by e-mail we always get lots coming back when the address is not recognised so if you have not received e-mails from me, such as the one sent out by me on the 12th August, or the details of training events, and you want to be in the information loop, please let us know at admin@nrhp.co.uk

On the 27th July the directors had a face to face Board meeting in Nelson to

On the 27th July the directors had a face to face Board meeting in Nelson to discuss the report and address some of the matters arising from the UKCP report. Please remember that any member can stand for the Board and I would encourage you to think seriously about how you will be able to help and support NRHP as we move towards statutory regulation. This could be as an elected director or as a committee member on any of our statutory Committees. These are Membership, Ethics and Professional Practice and one of the issues which the UKCP investigation highlighted was the need for an Equalities and Diversity Committee. I would like to welcome Shahida Sidduqe as the first member of this new committee. I would also like to thank those members joining us from NHPC who have volunteered to serve on the membership and the Ethics and Professional Practice committees as well as all those members who serve NRHP in any capacity. If anyone wishes to volunteer their services for any of the committees please contact the office. For those who wish to apply for directorship of NRHP, the details will be in the winter newsletter ready for the nominations, elections and appointments at the next AGM on April 25th 2009.

One of the ways I have been trying to save NRHP members money is by trying

to negotiate a scheme which would give NRHP members cheaper insurance. Over the past few weeks I have been negotiating to that end with Towergate Professional Risks. One proposal was that of including the basic insurance premium with the membership fee which could reduce the insurance premium by about half. Some members will remember that paying a joint membership fee and insurance premium was the norm up to 2004 but changes in the Financial Services Act made it difficult to manage. These difficulties have now been overcome. Your Board felt that in considering whether or not to make such a change we would need to canvass the opinions of the membership before coming to any decision. As some members require extra cover because of the nature of their work this could also be arranged at a competitive price. Such a scheme has advantages for the office as well as the members. Some of the advantages are seen to be :-

- NRHP members would have the widest cover available with an established insurer
- NRHP members would be in a safe pair of hands with a respected insurance company with 50,000 customers in this field
- When necessary, NRHP members would have the help of an experienced

- When necessary, NRHP members would have the help of an experienced claims team who are used to dealing with these sorts of claims
- NRHP would no longer have to check whether members have “adequate” insurance
- NRHP members would be offered a very competitive rate for the cover given
- NRHP members’ clients can take comfort from all of the above
- NRHP would offer something of tangible value to win and retain members

If you have any comments on this please contact the office preferably by e-mail at admin@nrhp.co.uk

As you know, the website was recently re-designed and we’ve received lots of good comments from inside and outside the membership. Some members have contacted us with recommendations for further improvements and these are being considered by the Board. One thing we all need to do is to get the NRHP website higher up the search engines and to make sure that we get lots of hits. Members can help by using the website as their home page and encouraging everyone to visit as often as possible. We did advise this in a

previous newsletter but I wanted to ensure that all members had received the request to make NRHP easier to find when members of the public are searching for a therapist in their area.

Many of you will have been aware of the widespread press coverage of hypnotherapeutic interventions in dementia care and the work of Drs. Nightingale and Duff. This hit the headlines in the UK and worldwide to great acclaim. Dan Nightingale has agreed to put on further training for the Dementia Care Faculty and details can be found in this Newsletter.

At the office in Nelson we also get requests for all sorts of Continuing Professional Development training courses. Recent requests have included, Hypno-Chemo, Cancer Care, Irritable Bowel Syndrome, Help for Health and Dementia Care. As our membership is widespread across the UK we would hope that the providers of these courses could run them in the most popular areas to reduce the costs of overnight accommodation wherever possible. After the IBS course in Lancashire earlier this year a number of members requested that the course be run in the South East. The course will be held in London on 22/23rd November. If you would like to attend that or any of the other courses please let us know including where you live and we can forward your details on to be collated, and hopefully the right course can be run in the

other courses please let us know including where you live and we can forward your details on, to be collated, and hopefully the right course can be run in the right part of the country to suit as many members as possible.

I've also been asked to inform you that a 20% discount is offered to NRHP members attending the Mnemodynamic Therapy Weekend Masterclass, details are enclosed.

So finally another request for you to put www.nrhp.co.uk as your home page or visit it regularly and add admin@nrhp.co.uk to your address book, if it is not there already.

Jon Beilby, NRHP Executive Officer, September 2008

STOP PRESS

On 22nd September and after writing the above I received the following from the Chair of UKCP Hypno-Psychotherapy Section:

"I am also pleased to report that the Section Registrant Audit results are in. Of the 82 Registrants audited, only 7 have failed, and at this moment, it appears that all 7 have not yet re-registered with UKCP."

I do not know who the individuals are, but I have been informed that those concerned have been asked for further information.

NRHP 2008 AGM

Saturday April 19th 2008 at 1.30pm

Crewe Arms Hotel, Crewe

Welcome from the Chair Sir Bill Connor who expressed a desire for NRHP to reach a settled place for the benefit of all, following an interesting if challenging year. In the light of serious discussion at Government level, the NRHP has a model of integrity necessary for proper training and regulation of therapists, providing quality of registration and cohesion of CPD and AGM.

Results of Election of Directors announced, Sir Bill Connor and Andrew Waddington returned and Jane Watson elected.

Executive Officer's Report from Jon Beilby. Jon explained that the contents of his report were in the main published in the latest Newsletter, a subsequent addition being the transfer of NRHP offices to 18 Carr Road, Nelson, very close to the previous address. Jon praised the tireless efforts of all Staff at Nelson and their willingness at all times to go beyond the call of duty in service of the register. It is hoped that the new offices can be made to more

Nelson and their willingness at all times to go beyond the call of duty in service of the register. It is hoped that the new offices can be made to more adequately support their excellent work.

UKCP Report from Jon Beilby. This has been a problematic year. Delegates can confirm problems within Section. Register has been informed that training standards have been queried but not by whom. Hypno-Psychotherapy Section has been required to jump through more hoops, which has been onerous and frustrating in that the requirement could not be queried. A quinquennial inspection is scheduled for May/June 08. Jon is hopeful that the difficulties can soon be resolved. All involved are dissatisfied with UKCP methods but must comply in order not to compromise candidates. Sir Bill Connor expressed concerns regarding the way the whole episode had been handled and we may need to ask some questions when the current difficulties have been resolved. There is a need to belong to a listing organisation post UKCP Registration to maintain CPD and supervision regulation. Delegates were reminded of the need to perceive ourselves as one organisation following the merge. Shaun Brookhouse made a point of clarification regarding distinction between training and listing organisations,

the latter enabling students to become independent of training organisation post graduation, unaffected therefore by commercial considerations associated with training providers.

Financial Report from Andrew Waddington, Company Secretary. A question was raised concerning the management charge shown in the accounts. The management charge relates to shared expenses that had been paid by NCHP, and a proportion needed recovering from NRHP. The management charge will disappear from 1 April 2008 following the move to new premises. A question from the floor queried the balance at end of year. Andrew explained that this level represents less than one year's expenses and constitutes a necessary surplus. Sir Bill added that other organisations maintain an even larger contingency surplus. Andrew stated that the Board constantly monitors the surplus in order to balance security and expenditure, ensuring that the surplus remains sufficiently robust to withstand unexpected costs.

Jon gave thanks to Andrew Waddington for his much appreciated voluntary two days' accountancy work each week for NRHP.

Jane Puckett was presented with a Fellowship award for services to NRHP in editing the Newsletter. Jane gave thanks for this recognition.

Jane Pickett was presented with a Fellowship award for services to NRHP in editing the Newsletter. Jane gave thanks for this recognition.

Sir Bill Connor summed up by stating that the NRHP is in a healthy financial state. He expressed a hope that the offices can be suitably improved for the benefit of staff and registrants alike, and that there will be an increase in membership of what is now an integrated, co-operative organisation. Sir Bill formally closed the meeting at 2.30pm.

NB. The next AGM is scheduled for 25th April, 2009.

Jean Chesworth
April 2008

OBITUARY

MADELEINE BANBURY

I think it was in 1993 that I first met Madeleine Banbury. I was already trained as a spiritual healer and, for reasons I don't still fully understand today, the librarian on duty at the College of Psychic Studies in Kensington, pointed me in the direction of hypnotherapy as a useful way forward. From that chance encounter I decided that it would be interesting to experience what hypnotherapy was like. With the help of the Yellow pages for my area at the time, Portsmouth, I found Maddi's telephone number, and made an appointment. I must have been impressed as I then signed up at the National College.

That appointment with Maddi was the start of a friendship that lasted until her recent death from bone cancer. We both learnt much from each other. She quickly became interested in healing and showed herself to be very sensitive to 'energies'. A few years ago, she became ill with cancer and also lost her husband from a brain tumour, yet she remained positive and

sensitive to 'energies'. A few years ago, she became ill with cancer and also lost her husband from a brain tumour, yet she remained positive and continued working for as long as she could. A few years ago I moved from Portsmouth to Devon, where I recently retired. However, we kept in touch and I continued to act as her supervisor until she was forced to stop practicing. She will be missed by many people.

David Clegg
May 2008

MEMBER RESEARCH AND INNOVATIONS

THE TRIADIC APPROACH TO PERSON CENTRED CARE

Developed by Dr Daniel J Nightingale

The triadic approach to caring for people living with dementia and residing in a care facility is aimed at removing the historical clinical and task orientated practices and replacing them with true, individualised person centred care approaches that leads to each person being afforded dignity, respect and value.

This approach has 3 components:

- Training, research and development

- Environment

- Holistic, individualised care based on existing knowledge, skills and competence rather than simply need

I have developed this approach with the aim of breaking the **vicious circle** of delivering care that is malignant through education and awareness

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How Does This Triadic Approach Work?

Training, research and development:

I have worked closely with the National Alzheimer's Society for some time now, supporting their aims and objectives and assisting with the development of educational resources. I facilitate the Yesterday Today Tomorrow (YTT) training course developed by the society and encourage each and every member of the in-house team to attend this course. This includes those working in the kitchen, administration service and house keeping department. Everyone needs to develop the same level of knowledge, skill and competence to adequately support those experiencing that unique journey through dementia. Additionally, this philosophy of care involves the whole family; therefore, family members are also encouraged to attend YTT training.

I incorporate other educational materials and activities into this course and the end result is that enablers become equipped with the knowledge, skills

and competencies to make the shift from clinical, task orientated care to true person centred approaches. During the course, participants are also reassured that this philosophy is ingrained throughout the whole care service.

For over 4 years now I have collaborated with Dr Simon Duff on a research initiative that makes use of hypnotherapy to help reduce anxiety and further enhance the quality of life of those living with dementia and their closest relatives, family members and friends. This work has so far resulted in 3 publications in 2 major journals: ***The European Journal of Clinical Hypnosis*** published 2 papers in 2005 and 2006 and ***Alzheimer's Care Today, Best Practices in Dementia Care (USA)*** published our work in 2007. We are currently continuing to seek funding to embark on an additional research project in this area.

Environment:

Picture the scene: Your best friend has moved from the city to a small, obscure village out in the country. You have never left the city. You drive a car. Your friend invites you to stay for the weekend. You have no exact address. You are to find your way WITHOUT the environmental cues you have

address. You are to find your way WITHOUT the environmental cues you have grown dependant on throughout your life: for example, there is no pub, no post boxes, no telephone boxes, no street signs, no pedestrian crossings and you don't know where you're going so can't ask for directions.

How does that make you feel?

Isn't this what we do to people with dementias that move in to a large care facility? Don't we rob them of their natural ability to read an ecological inventory – to follow environmental cues? Does this have an impact on the way in which the dementia impacts on that person? The short answer to all these questions is **YES**.

This can so easily be prevented by developing the living and leisure environment into a community within a community. Help make the person's room into their home. Make the bedroom door their front door – paint the door, affix door furniture and personalise it with something the person can identify, recognise as theirs. This will afford a sense of wellbeing, of personhood.

We now know that colour and light can accelerate the speed in which dementia progresses. Many older people with dementia often have difficulty identifying colours on the low end of the spectrum. This leads to increased levels of fear and anxiety. To overcome this, make use of colours on the high end of the spectrum, i.e. primary colours.

Use lots of traditional signage and develop lounges, dining rooms and leisure areas so they are once again traditional. Think about the furniture in the communal areas – do you use wing backed chairs? If so, picture this:

You are 86 years of age and you find it difficult to lean forward due to general aches and pains and some arthritis. The person sitting next to you is in a similar situation. How are you going to communicate with each other? Quite simply, you're not! One of the challenges faced by someone with dementia is a loss of confidence and a withdrawal in to self. By sitting a person in a chair like this, with the chairs in a centrifugal position, will serve to enhance this withdrawal. So think about positioning. Think about the furniture being used. Why not have sofas? Why not arrange in small, informal groups of 3 or 4?

If you provide an environment conducive to the everyday needs of people living in the care facility you will go a long way to reducing behaviours labelled as challenging; you will help reduce the fear and anxiety each and every individual with dementia experiences at some point. You will go a long way to promoting a person's wellbeing, personhood and self preservation. What's more, you will make a significant contribution to de-accelerating the rate in which dementia progresses. A stimulating, interactive environment with colour schemes based on primary colours and lots of light should also significantly reduce any Sundowning that many people with dementia experience as night begins to draw near.

Holistic, individualised care based on existing knowledge, skills and competence rather than simply need:

Person centred training teaches everyone to see the person as a whole being. Having dementia is just a part of that person.

By doing this, we train ourselves to fall into the mindset of focussing on what the person brings with them to the care facility: **a wealth of knowledge, life**

experience and skills that are to be maintained rather than removed.

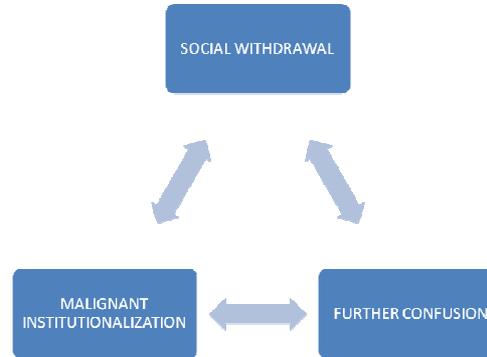
We learn that certain aspects of language become personal detractions – they diminish people, belittle them and make them feel insignificant. Terms such as EMI is demeaning to people, and yet our own regulatory and funding bodies, i.e. CSCI and Social Services use it liberally. In fact, on the CSCI website it is blatantly written next to the word Dementia! Other descriptive words like wanderer, feeder, walker and resi are also demeaning.

The houses in care facilities are often described as Units – why is this? Who actually lives in a unit? Why can't we simply think of **people living in the house requiring everyday support by enablers who visit each day?**

The later Professor Tom Kitwood, seen as the father of Person Centred Care, coined the phrase ***Rementia***. This was meant to mean the opposite of dementia. It's all about giving people some of the skills and independence back. So, if you think in terms of rementia in future, maybe all that I have written here will have more meaning, more impact and help you enhance the quality of life of those people you support.

quality of life of those people you support.

The vicious circle of a malignant lifestyle in a care home: A cycle that can be broken through the implementation of the above Triadic Approach to Person Centred Care



Dr Daniel J Nightingale
Consultant in Dementia and Learning Disabilities

PRUDENT PRACTICE

WHEN CLIENT RELATIONSHIPS TURN SOUR

It's a commonly held view that "talking therapists" do not have claims for compensation made against them by their clients. However, Towergate Professional Risks has been providing professional liability insurance to talking therapists for 20 years, and has handled claims settlements totalling £2.76m in the last 4 years alone.

This article has been contributed by a client of Towergate Professional Risks to raise awareness of their situation, their experiences and emotions over a period of several years whilst a significant claim for compensation was being made against them.

Though anonymous, it gives real details of the claim, how it came about and more importantly what lessons were learned which might help fellow professionals avoid similar claims being made against them.

I am an integrative psychotherapist who has been practicing for over twenty

professionals avoid similar claims being made against them.

I am an integrative psychotherapist who has been practicing for over twenty years. I take seriously the need for regular and varied supervision and am committed to continuing personal and professional development. I have always had professional indemnity insurance. This is a requirement of my professional organisation and I wrote the cheque somewhat grudgingly each September as I could not imagine circumstances in which I would need to pay even half as much as the minimum option of a million pounds to a client.

My client and I

Five years ago a client with whom I had been working two to three times weekly for nearly four years made a complaint to the ethics committee of one of the organisations with which I am registered. The complaint was 11 pages long and cited something like 17 points of my code of ethics that I allegedly had transgressed. An investigating panel decided to refer 2 of the points to an adjudication panel. The panel was convened, the date set and I felt confident that I would be able to address their concerns and that all would be well. A week before the hearing my former client withdrew her complaint. She submitted an elaborated, 56 page version of the first complaint six months

later but it was not taken up by the organisation. Undeterred she took it to another organisation that also rejected it. Six months later I entered into a lengthy correspondence with the Information Commissioner who wrote to me asking for my notes. I took the view, supported by my insurers' legal helpline, that my notes were not medical records but, rather, were written for or after discussion with a third party, my supervisor(s). The Information Commissioner agreed that I was not required to release these notes to my former client who then attempted to get the health authority who took over paying for the treatment after the first 18 months to investigate me for fraud. Even though I felt as though I was being somehow stalked I did not anticipate that five years later I would be sitting in a court room waiting for my former client to be called to the witness box.

How did this happen?

How this all came about is not simple to explain. I realise now that my former client fits the profile of the sort of client who is more likely than others to leave the therapy and attack it from the outside rather than stay to work through the negative transference that will inevitably develop (Harris 1995; Kearns 2007). A year into the work she came back after a break and told me

Kearns 2007). A year into the work she came back after a break and told me that she had been sexually abused and was going to make her abuser pay. I wish now that I had taken that opportunity to make an onward referral but I was naively not alert to the real possibility that this was someone who would someday turn her desire for revenge against me.

In the US, Harris (1995) found a direct correlation between the number of civil actions taken against practitioners of the talking therapies and the increase in the activities of victim support agencies. In the UK clients who want to complain against a practitioner are referred as a matter of course to such a support agency who, in turn, refer them to a firm of solicitors. One of our colleagues, a psychotherapist who is also a psychiatrist, has been willing to act as an expert witness and to write a report based solely on the client's - or I should say - the claimant's point of view. And that is why I needed a million pounds worth of insurance. By the time this civil action against me got to the mediation stage there were 6 lawyers present at the proceedings, two from my side, three from the complainant's side and the mediator. My presence was not really necessary. A settlement was discussed and costs were mooted. The other side anticipated that their costs would amount to upwards of

750,000 before trial. Add that to the cost of the excellent legal team provided by my insurer and the claimant's claim for damages and it's not hard to see that even at £1 million my professional indemnity policy could have been inadequate. In the end it did not come to that but it easily could have done. Please be warned and be careful. In the current climate it is becoming more and more advisable to familiarise yourself with the psychopathology of potential complainers and to make careful and ongoing contracting a focus of the work. Keep a version of session and supervision notes that you would feel comfortable showing to your client and other professionals. My notes were in the end submitted as 'evidence' and the experience of having them interpreted and used against me by the claimant's expert was very, very difficult to put it mildly.

How I was affected

The emotional cost of the last five years has been high. My client could be said to have had a diagnosis of Complex PTSD and I certainly have experienced at times severe symptoms of vicarious traumatisation. I felt persecuted and stalked. The substance of the civil action called into question aspects of my practice that were not seen as questionable by my

aspects of my practice that were not seen as questionable by my professional organisation. As much as I wanted to be able to defend myself I soon realised that this whole wretched business was more about my former client's sense of entitlement and desire to make me pay than it was about what I did or did not do.

Once my insurers had investigated the facts, they saw that the claim against me was spurious and were incredibly supportive. Prior to that my main support was from a few cherished colleagues and my insurer's legal helpline

Ruptured therapeutic relationships do not belong in court but, increasingly, they are being taken into the legal arena. As long as this continues to be the case I believe there is a need across disciplines to address other possibilities for conflict resolution and not leave it to the law. I believe that the process of seeking 'justice' was damaging to my former client and I very much wish there had been other options available to us both.

Towergate Professional Risks

www.towergateprofessionalrisks.co.uk

NRHP CPD EVENT

**SUPERVISION MATTERS!
HELD AT THE CREWE ARMS HOTEL
19TH APRIL 2008
FACILITATOR: JANE PUCKETT**

The need for ongoing improvements in our professional standards, the public's security and our own development, calls for regulated supervision. I have been in peer supervision for about 18 years but just recently offering supervision to two recently qualified College students. Peer supervision and 'student' supervision, in my opinion, are different, as in one there is an understanding of experience and the other of recently acquired knowledge. It was therefore fortuitous timing when the Register provided a seminar on Supervision by our newly honoured 'jobbing' therapist Jane Puckett.

The venue of the Crewe Arms Hotel was well situated for both train station and car park, the room was light and reasonably spacious with good

and car park, the room was light and reasonably spacious with good acoustics. The lunch at £8 for a few sandwiches and chips was a rip off.

The seminar was well presented with good visual aids, gone are the days of upside down OHP's, now computer projection provide excellent results and Jane's relaxed manner and non-dogmatic style allowed debate at all times to ensure Supervision was fully understood.

It was clarified at the start that Supervision should not just be a friendly cup of tea with a colleague but is needed to be a structured meeting. Jane provided that structure, backed up with references and handouts. It would be unfair to write about the detail as my interpretation may be flawed but it is essential, at some near future date to achieve some CPD in this subject. Some Supervision 'scenarios' were distributed for discussion and provided a variety of interpretations. These interpretations demonstrated the need for a more formal, structured and knowledgeable approach to supervision and I will take on board the structure she provided. One point she did touch on was the need for therapists, of any experience, to have a safe place to express their feelings without criticism.

Jane did mention a few times that a Supervision Diploma course will be provided by NRHP if desired by members. If you are planning to become a Supervisor, Supervision training is not mandatory at the moment, however, it is possible that in the future Supervisors may be required to have undertaken appropriate training before being able to offer Supervision. So watch this space.

Thanks Jane for an interesting day!

Allen Langley
June 2008

FORTHCOMING CPD EVENTS

DIARY

Training in Sports Hypnosis - Next course 3/4th October 2008
www.sportshypnosis.org.uk Please see ad on page 22

Mnemodynamic Therapy - Weekend Masterclass

Preston: 1st/2nd November 2008;

Leeds: 6/7th December 2008;

Aberdeen: February 28th & 1st Mar 2009:

Leeds: 6/7th December 2008;

Aberdeen: February 28th & 1st Mar 2009;

Londonderry: 21/22nd March 2009;

Birmingham: 25/26th April 2009

See enclosed leaflet and flier * **20% discount for NRHP members** *

REBT and Hypnotherapy - Become Your Own Coach/Counsellor

Edinburgh: 1st November 2008 Please see ad on page 22

www.exclusivehypnotherapy.com

Use of Clinical Hypnotherapy to Improve the Life of People Living with Dementia

Nottinghamshire: 8/9th Nov 2008

Please see pages 20 and 21 of this Newsletter

Ideodynamic Therapy

Coventry: 22/23rd November 2008

www.n-shap.org.uk 01223 235127

Use of Hypno-Psychotherapy in the Treatment of IBS

London area: 22/23rd November 2008

Please contact the NRHP office: 01282 716839

**The Faculty of Dementia Care of the National Register
of Hypnotherapists and Psychotherapists Presents
An intensive 2 day workshop**

**Use of Clinical Hypnosis to Improve the Quality of Life of
People Living with Dementia**

A Training in Person Centred Approach to Dementia Care, CBT and
Hypno-Psychotherapy Techniques for Practising Clinicians

**November 8th and 9th 2008
at the Nightingale Kneesall Clinic
Nottinghamshire**

Course designed and facilitated by:

**Dr Daniel J Nightingale PCSC; RNMH; PhD; LD(doc); ADHP(NC); MNRHP; UKCP(H)
Consultant in Dementia and Learning Disabilities
Consultant Hypno-Psychotherapist in Dementia**

*(Many members will be aware of the recent worldwide publicity of the work of
Drs Nightingale and Duff.)*

Drs Nightingale and Duff.)

This course has been accredited by the National Register of Hypnotherapists and Psychotherapists and the Alzheimer's Society.

It is facilitated over two intensive training days and is aimed at graduates in Hypno-Psychotherapy wishing to further develop their existing clinical skills, knowledge and competence in older care or those wishing to develop a new clinical interest.

Currently, there is very little provision in terms of psycho-social interventions for people living with dementia. However, with the Government National Dementia Strategy due to be published in the autumn, we expect this to change. For this reason, it is in the best interests of practitioners to be equipped and ready to provide services when called upon.

This course has been designed under the guidance of Dr Daniel Nightingale, an eminent consultant in the field of dementia who has contributed greatly to the Government National Dementia Strategy. He has worked for almost 5 years on empirical research in the use of hypnotherapy with people with

dementia. His work, done in collaboration with the University of Liverpool, has thus far resulted in 3 separate publications – 2 in Europe and 1 in America **(these publications will be made available to students undertaking this course)**. This makes him a pioneer of this approach.

The first day of this course will focus solely on dementia and present person centred care approaches. The Nightingale Model of Enriched Care will be the basis of this day with the addition of the Alzheimer Society's 'Yesterday Today Tomorrow' training package culminating in a multiple choice exam paper at the end of the day. This is then sent off to the Alzheimer's Society who mark the paper – you are then issued a certificate and badge from the Alzheimer's Society.

Day 2 will focus on evidence from the published work in the field by Drs Nightingale and Duff, the assessment process, ethical issues and use of hypnotherapy and psychotherapy in clinical practice.

In addition to the multiple choice question paper at the end of day 1, continual assessment and observation during group work will be initiated throughout.

Successful completion of this course carries the entitlement to membership

throughout.

Successful completion of this course carries the entitlement to membership of the Faculty of Dementia at the National Register.

This Faculty is newly established and open only to those who complete this course.

Future plans for the Faculty, led by Dr Nightingale, include a monthly newsletter updating members on all matters relating to dementia care and a Frequently Asked Questions page on the NRHP website.

The course will be strictly limited to a maximum of 16 therapists and will cost **£350 (NRHP members will be offered a £30 discount)**. This will include all training materials and buffet lunch on the training days. Some limited accommodation will be available at the training venue for early applicants.

Please apply to NRHP, by telephone, e-mail or post to: First Floor, 18 Carr Road, Nelson, Lancs., BB9 7JS. Include your name, address, telephone number and e-mail and please make cheques payable to 'NRHP'. Last date for bookings: 31st October 2008.

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