



**National
Register of
Hypnotherapists and
Psychotherapists**

**Spring
2008
Newsletter**

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EDITORIAL

Hello all,

This month's newsletter has been partly constructed in the office as I am on holiday as it is finished off – many thanks to all concerned!

We have an article by Adrian Blake giving his thoughts on Prudent Practice, a short piece by me on Supervision in advance of the NRHP CPD day that I will be facilitating in April and Jon Beilby has written about the Help for Health Programme that he is involved in.

I take this opportunity to ask you all to take up your pens and write something for the next edition of the Newsletter – what about reviewing that excellent book you read recently? Can you share any resources that you found on the internet that will benefit members or their clients? Have you been to any CPD training with providers other than NRHP that other members might enjoy? Any case studies to share? Or is there something that you just need to say about working as a hypnotherapist?

My thanks to Adrian and Jon for their contributions to this edition.

If you wish to contribute to our next edition, please send copy to me or the office by 30th May 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

News from Nelson

The period since my last report to the membership has been very interesting and eventful.

The most exciting is the decision by the Board and membership of the National Hypno-Psychotherapy Council (NHPC) to amalgamate with us. NHPC are the other listing organisation for Hypno-psychotherapists within the Hypno-Psychotherapy (HP) Section at the United Kingdom Council for Psychotherapy (UKCP). This amalgamation makes us a much stronger organisation and gives us an even greater capability to represent Hypno-psychotherapists in the run up to Statutory Regulation. In the amalgamation Jane Watson has been co-opted from the Board of NHPC onto the NRHP Board to ensure the smooth transfer and she is standing for full board membership in the forthcoming elections. I would like to officially welcome her and the Members of NHPC who have already taken advantage of the transfer on behalf of the NRHP Board and hope that Jane is successful and can continue to work with us for a long time to come.

A Board meeting was held in the Offices in Nelson on the 30th September and all the directors were able to attend. As most business is dealt with by e-mail, the Board meetings tend to be for ratification purposes. Andrew Waddington, the Company Secretary and Treasurer, reported that the finances were in a satisfactory state for the time of year but the future depends on renewals and we need a contingency to protect us from any unforeseen events. Therefore, increases in line with inflation were agreed.

A lot of discussion took place around the future of UKCP, the new structure options and recent difficulties within the HP Section. The HP Section used to consist of five member organisations and was therefore a small entity. Recent changes involved an organisation called Beeleaf joining HP Section from the UKCP NLP Section and one member, Centre Training School (CTIS), being sold to Awaken, again from the NLP Section. There were also the previously notified changes in the management of the National College of Hypnosis and Psychotherapy (NCHP). (Apologies about the acronyms, they are always complicated and exacerbated by NCHP and NHPC being so similar.)

After the discussions, Simon Clarke resigned as the NRHP delegate to Section. Simon first served as the NCHP delegate and then the NRHP delegate and I would like to thank him for all the work he has done over the years.

I was asked to take over as NRHP delegate and agreed, subject to me being released as NCHP delegate.

Further business included complaints which have all been settled informally and the nature of Supervision and Continuing Professional Development. It was agreed to hold a workshop on Supervision to coincide with the Annual General Meeting in April.

We also discussed the voting procedure for the Board which some members had expressed a dislike for and it was agreed to change the procedure as long as it still conformed to the Companies Act criteria in which the membership had to be given the opportunity to remove a Director. It now means that abstentions and negative votes will be recorded by non votes. Directors have to retire or be re-elected on a three year rotation and this year Sir Bill Connor (the Chair) and Simon Clarke are the Directors concerned. Various issues concerning membership were raised as were the implications of the increased

distancing between NRHP and NCHP.

The Board also agreed in this meeting to offer Jane Puckett a Fellowship for all the work she has done over the years and the sterling job she does in editing the newsletter. Jane will also be facilitating the Supervision workshop in April.

Since the Board meeting several events have happened, some good and some not so good. It is believed that some newer members of HP section at UKCP have queried the Training Standards and this has resulted in UKCP imposing a moratorium on any new members being registered via the HP Section until a full review of all registrants of the last five years have been undertaken. UKCP have contacted anyone who was registered in 2002, 2003, 2004, 2005, 2006 and 2007. I have queried this as being six years not five, but we have to comply with UKCP instructions. I have also requested the names of those involved but, as this is being written, have not yet been told.

This review has created a lot of work for both the office and the membership and some concerned members have contacted the office for guidance. If you have been asked for documentation please e-mail in to let us know, if you haven't done so already. I have been informed that the process should be completed by April. I have asked NCHP for access to as much of the relevant documentation as needed to help members complete the paperwork and their new Board have agreed.

Beeleaf and Awaken, who transferred into HP Section from the NLP Section, are now seeking transfers to another section.

Keith Bibby, who has been Chair of UKCP HP Section for the last eight years, has decided to stand down after the next UKCP AGM and Simon, who was due to stand down from the Board of NRHP, has decided not to seek re-election to the Board of NRHP. Simon has subsequently given his resignation with immediate effect. I would personally like to thank him

for his work and I am sure that will be echoed by the rest of the Board. Andrew Waddington (the Company Secretary) has volunteered to be the second elected Director to go forward into the rotation.

On a happier note, the Board has had some communication with Lord Aaron Ward-Atherton of Witley and Hurcott who was a Patron of the Register of Gastro-intestinal Psychotherapists and Hypnotherapists (RAGPH), now a faculty of NRHP, and President of NHPC and he is willing to act as a Patron of NRHP. He is a member of the House of Lords Committee which is overseeing the Statutory Regulation of Complementary Therapies and therefore he is a source of useful information and advice. With Lord Atherton and Sir Bill on our side I am sure that many organisations will be keen to listen.

Talking therapies are getting a good press at present with Cognitive Behavioural work being feted as more use than pharmacological interventions. We as Psychotherapists have been saying as much for many years and now the National Institute for Health and Clinical Excellence (NICE) and the NHS are agreeing, and they have the research findings to prove it. However, there is still a long way to go to be fully accepted by those who make the decisions. I remember being at a meeting with the NICE executive at the King's Fund when the Chair of NICE stood in front of a roomful of UKCP psychotherapists and said that they didn't know how many psychotherapists worked in the NHS, but they needed more, but didn't know where to find them. He got a sharp response from those present. That was a number of years ago and very little has changed, despite numerous interventions from NRHP. However, a number of pilot studies and initiatives are being funded by NHS Primary Care Trusts and Borough Councils. One of the primary movers in this is East Lancashire Integrated Health Care with programmes on Social Prescribing, Manage your Health, Building Life Skills and Training, Help for Health, as well as their long term work with the Hypno-Chemo and Irritable bowel Syndrome Programmes.

When the pilot studies are complete and their work is expanded into other areas they will need well trained therapists to work on the programmes.

Our close working relationship with them will ensure that NRHP members will be the first to know what is happening. With this newsletter you will notice details of the IBS training they are offering. This has been asked for by many of our members and they are now able to oblige.

Any work which increases the profile of NRHP members in the NHS and other government bodies has to be welcomed as being of benefit to all members. We at the office do all we can to raise the profile but there is only so much we can do. I invite all members to contact their MP and their Primary Care Trust and let them know that we are here waiting to help. As many of you know, we send copies of the Directory of Practitioners to Social Services, Libraries, media organisations, etc., to increase our public profile. Unfortunately, they do not always make it to public access areas. If you don't see one readily available, ask them. Let us know if you are aware of any others that are needed by anyone in your area.

As all members know, the National Register (NRHP) and the National College (NCHP) have shared the same office building for many years. The increased distancing of NRHP and NCHP which was requested by individuals both inside and outside the organisations can now be complete and we are moving to separate offices. From 1st April, 2008, the NRHP offices will now be at 18 Carr Road, Nelson, Lancashire, BB9 7JS, just round the corner from the current offices, and the telephone number will remain unchanged.

A further change will be in the office opening hours. More calls have

been received during the lunch hour in the recent past, and the office has been closed from 12.30pm to 1.30pm, to resolve this the office will be open from 10.00am to 4.00pm with no break in availability at lunchtime.

I hope that most of you will take the time to vote in the forthcoming elections and I hope to be able to see as many of you as possible at the AGM and the CPD at the Crewe Arms Hotel. The details are included elsewhere in this Newsletter. The topic of supervision is one which will be increasingly important as we approach statutory regulation and should be of interest to supervisors and supervisees.

Jon Beilby, NRHP Exec. Officer, February, 2008

PS: Since writing, UKCP have accepted that those who registered before 2002 need not be included in the HP review.

**NRHP PRINTING SERVICE FOR LEAFLETS,
LETTERHEADS AND COMPLIMENT SLIPS**

NRHP can print your personalised letterheads, compliments slips and information leaflets, all bearing the distinctive NRHP logo.

The paper used is white, high-quality A4 100gsm laid paper (compliments slips can be supplied 3 or 4 to an A4 page, uncut). All the stationery can be ordered in batches of 100 so you can kit yourself out with 100 of everything necessary to give you a set of professional stationery for just £37.

PLEASE CONTACT THE OFFICE FOR FULL DETAILS

Tel: 01282 716839

Email: nrhp@btconnect.com

THE HELP FOR HEALTH PROGRAMME

(Group Cognitive Behaviour Therapy in the Management of Chronic Incapacity)

Announcements in the NRHP newsletter asking for Support Workers and Therapists to work on the Help for Health Condition Management Pilot Programme with Holistic Resources in East Lancashire raised lots of interest from individuals wanting to know when such innovative programmes would be introduced to their area.

I have been lucky enough to recently become involved in the programme and with the enormous interest shown I thought that members would want to know more about it and its possible future development.

The Pathways to Work programme is part of the Government's Employment Strategy which aims to help Incapacity Benefit (IB) claimants return to work. Mild mental disorder, such as stress related anxiety and depression, and muscular-skeletal problems account for 60% of work absenteeism. Long term unemployment can lead to psychological distress, social exclusion and financial deprivation and many long term claimants of IB never return to work.

As part of the Pathways to Work initiative an 8 session Cognitive Behavioural Therapy (CBT) programme entitled Help for Health has been provided in East Lancashire since November 2004 and in West Lancashire since April 2006 for recipients of IB.

The Help for Health Programme aims to:

- Provide structured group therapy in which individuals with diverse mental and psychological conditions can learn to manage their various disorders, support each other and return to realistic functioning and thereby improve their Quality of Life, (QoL).
- Encourage, motivate and empower recipients of IB to return to supported and meaningful employment.

Since completion of the inaugural pilot, study three hundred and sixty three clients have started the programme which consists of an initial “get to know you session” of 3 hours. This is followed by 8 sessions lasting 2.5 hours and includes exploration of the relationships between thoughts, feelings and symptoms (physical and psychological) via CBT interventions. The sessions also included supplementary exercises on systematic desensitisation, stress management, assertiveness training, pain management, problem solving, regulation of breathing and risk taking. Topics such as the effects of unemployment on psychological well being and physical health, the links between the mind and the body, the physiology of emotion, pain and hyperventilation, maladaptive thinking patterns, life events and physical symptoms and goal setting are also addressed.

The last part of each session usually includes a progressive muscle relaxation or visualisation. After each session individuals are encouraged to practise cognitive-restructuring and relaxation on a daily basis and behavioural assignments according to individual needs.

Throughout the whole programme participants are encouraged to take responsibility for managing their condition themselves to enable them to reclaim their locus of control and ownership of their own lives.

The success of the Pilot programme is such that it is hoped that many more people will be able to get involved in the programme in many more areas of the country in the future.

NRHP and Holistic Resources will keep you informed so look out for details in future Newsletters and e-mails.

Jon Beilby
February 2008

With Thanks to Elizabeth Taylor, Patricia Hewitt, Caroline Platt and Fiona Ford

NRHP 2008 AGM

Will be taking place at :

The Crewe Arms Hotel
Nantwich Road, Crewe, CW2 6DN
(Opposite Crewe Railway Station)
Saturday, 19th April 2008 at 1.00pm

All members are welcome to attend the AGM and the event is free of charge. However, in order for us to know how many to expect and how much space we will require we will need all members who are intending coming to register and get a ticket. The application form for the free tickets is included in this mailing. Please take the time to complete and return (or e-mail NRHP@btconnect.com to let us know to expect you).

The AGM is on the same day and in the same venue as the CPD on Supervision and this is expected to be of interest to supervisors and supervisees alike with the probable changes necessitated by the forthcoming statutory regulation. I therefore encourage you all to attend both events. We are setting the £40 cost of the CPD at a level to just cover costs (including lunch).

NB: The AGM is free, but lunch will have to be paid for if you're not attending the CPD.

The venue is easily accessible by rail and motorway from all parts of the UK and has parking for 120 vehicles.

Remember, the organisation is only as strong as its members and the more who get involved the stronger we become.

(If you are coming to the AGM, make a day of it and include the CPD event)

Supervision Matters

A one day course to stimulate enthusiasm for supervision

19th April 2008

Crewe Arms Hotel

Nantwich Road

Crewe

CW2 6DN

10.00am to 5.00pm

Cost £40 including Buffet Lunch

Is supervision an important part of your practice or something that has to be endured?

Is it supportive, challenging or just a waste of time and money?

This one day course/discussion forum will cover aspects such as:

- **Definitions of “Good” Supervision**
- **Tasks and Responsibilities of Supervision for the Supervisor and the Supervisee**
- **Creative Supervision**
- **Models of Supervision and Important Considerations, Experiential Exercises**

It will help supervisors give, and ensure that supervisees get, good value for money. As we move towards statutory regulation, more formal training and supervision may become a pre-requisite to offering your services and experience as a supervisor.

(Break for NRHP AGM at 1.00pm)

PRUDENT PRACTICE

I have never had a complaint made against me, although have come close to it a couple of times. This is against the perspective of having been in practice 23 years and those near misses are a tiny proportion of the thousands of clients who have sat in my consulting room since 1985.

But important not to get defensive about it. Clients may be justified in feeling angry and the issue then is not only how we cope with this but, ideally, how a client's anger can even be used in a positive way. Sometimes a formal complaint hearing is justified but bear in mind this is not an ideal solution, either for therapist or client. Having myself served on a disciplinary tribunal I have seen how stressful, even traumatic, it can be for both parties, whatever the eventual outcome.

Unhappy clients are inevitable as are, at times, misjudgements and clumsiness on our part. It is a reality that therapists will make mistakes. In this we are in an even more uncertain boat than doctors who also constantly make decisions but have a stronger foundation of empirical evidence on which to base that decision-making. Even so, neither they nor we can get it right all the time. As, I believe, Michael Eigen succinctly says of, in his case, psychoanalysis: "The job of course is impossible, but we do our best".

Psychotherapy is an ocean of controversy in which a lot of the time we base our interventions on formal or informal assessments that are always flawed and limited. We have expertise but there are no experts in psychology. After all, who with any sense of humility would claim to be an expert on human beings?

In my long experience (not only as a therapist but as a counselling tutor and supervisor), I have met very few therapists who are deliberately malevolent. Most mistakes happen through inexperience, lack of awareness, an excessive need to 'get results', or over-identifying with a client and getting sucked into the maelstrom of transference and projections that are part of the daily life of therapy sessions.

Sometimes we cause harm, however unwittingly. Simply by the laws of statistics if we are in practice long enough and see enough clients it is bound to happen at times. With most therapists it's unintentional, but still harm is harm and clients are likely to feel angry. Our best may not have been good enough or we may have been negligent, or perhaps we were good enough but not seen as such by the client.

Supervision minimises (but not eliminates) the risk because if it is good supervision it should help us see the warning signs early on and we can address whatever needs to be addressed. How else to minimise the risk of a formal complaint?

There are several aspects to a client's anger. There is the intent behind the anger, the anger itself, and there is the client's desired outcome. Intent-Anger-Outcome. On the receiving end of a client's anger – often more aptly described as rage if old primal issues are stirred up in the client – we can feel scared and make an assumption. That assumption is that the client's intent is to wreak revenge, that they want to make us pay for what they perceive us to have done. We imagine their anger is the expression of that, and that their desired outcome is to see us punished.

One assumption leads to another, but if the original one is wrong then so are the others.

Most clients in fact do not want revenge – they want to be heard. This means being *really* heard, which means being understood and seeing unmistakable evidence of that. The force of their anger is to try and make themselves heard and for you to understand, to feel their anger or pain. Thus the desired outcome – rather than revenge – is more often a desperate desire to be understood, for their feelings to be validated.

This means the most effective and respectful way of dealing with a client's anger, and in the process minimising the risk of a complaint, is to validate their anger, to listen patiently, to reflect back their feelings so they have evidence of being truly heard. This does not mean you necessarily have to agree with their view that you have done something wrong. It may be you don't agree with that, but it is essential to agree that their *feelings* are real and true to them and to provide evidence to them that you believe those feelings have value.

If you feel you *have* made a mistake or been negligent, best to fully acknowledge that and agree they have reason to feel angry. Contrary to what we might imagine (or fear) this is unlikely to make us more vulnerable. It is more likely to have a positive benefit. We can act as a good role model, someone who has made a mistake and is honourable and honest enough to openly acknowledge that. Far from the client feeling more enraged they are likely to view us with respect.

Finally, it is important to acknowledge there are occasions when a formal complaint certainly *should* take place, when a therapist has done serious harm to a client, especially if it is deliberate and the therapist doesn't acknowledge they have done harm. The issue then is of protecting not only that client but other clients as well, i.e. there is a wider social responsibility. Thankfully scenarios such as these are rare.

Validating the client's feelings means we can travel without fear. Then it can be a journey based on mutual trust. Few clients really want to crucify us but they do want to be heard, an especially powerful need if their feelings were never allowed or heard in the past. Validation can free and empower clients and be a turning point in the therapeutic journey.

Adrian Blake
February 2008

Eigen M. (1992) Coming Through The Whirlwind. USA: Chiron Publications

SUPERVISION MATTERS!

I like a good question, don't you? A good question from a supervisor is probably at the heart of high quality supervision, designed to help us reflect on our therapeutic practice and process. A good supervisory question stimulates us to identify our blind spots, deaf spots and dumb spots and over time such questions develop the "inner supervisor" that becomes part of an experienced, ethical practitioner.

It is easy to treat supervision just as something that must be done to comply with requirements of the bodies that award us membership, registration and accreditation. But this creates either a perfunctory process that is mind-

numbingly dull or ends up being a cosy little chat over a cup of coffee - neither is helpful to our practice.

Supervision is expensive, I calculate that I spent £900 or more on it last year. I am happy to say that I got my money's worth. I was supported, challenged, encouraged, stretched and provided with a safe space to explore some of the difficult bits that arise in the therapeutic relationship.

The supervision that I receive is creative too – we might get down on our hands and knees experimenting with sand-tray techniques to explore an aspect of my work with a client, or my supervisor might resource me with an introduction to a new technique or a refresher on an old one. Occasionally unexpected benefits emerge when she helps me confront some of the moments I would rather forget - the “mistakes” I make that can be valuable opportunities if given attention.

Through my supervisor I have links to books I otherwise wouldn't have read, DVDs I wouldn't otherwise have seen (no not movies!!! - therapy related DVDs), information about upcoming training days that I may find helpful. Basically she is on my team, I am not alone even though I am an independent practitioner. It is good stuff - inspiring, refreshing and rejuvenating and I wouldn't swap it for a cosy chat or a perfunctory process!

Hopefully this brief description of ethical, creative supervision has whetted your appetite to learn more - either if you are considering becoming a supervisor or you want to get more out of supervision. If so, why not come along to the one day workshop NRHP is running in April (yep, it's me that is facilitating the day!). It will be an introduction to a longer course for prospective Supervisors that NRHP is planning to develop if we, the membership, would like it.

Hope to see you there!

Jane Puckett
February 2008

What Have the Europeans Done for Us?

(Apologies to the Romans)

NRHP have always been able to see the advantages of being members of both the European Association of Psychotherapy (EAP) and the European Association of Hypno Psychotherapy (EAHP). I attended the EAP conference in Vienna this February (at no cost to NRHP, I hasten to add) and it was wonderful to see so many different nationalities working in unison for the benefit of our profession. Even delegates from Kosovo who didn't know what type of country they were returning to participated fully to gain recognition for their members. The riots in the news on my return focussed my attention having met the Kosovans and hearing how dedicated they were to moving the profession forward in their currently unstable country.

The opening statement from the EAP website says:

The EAP represents 128 organisations ([28 national umbrella associations](#), [17 European-wide associations for psychotherapy](#)) from [41 European countries](#) and by that more than 120.000 psychotherapists. Based on the "Strasbourg Declaration on Psychotherapy of 1990" the EAP represents high training standards and stands for a free and independent practice of psychotherapy.

The EAP was originally founded as a platform for the discussion of Psychotherapy in Europe and its main qualification the European Certificate of Psychotherapy (ECP) was created mainly as a political tool to convince governments of the need for highly professional standards and legal recognition. Different laws in different countries make it difficult for psychotherapists and in some countries laws are such that only the medical professions can practice psychotherapy.

Many eastern European countries want to join EAP because it gives them a level of regulation in unregulated areas and with that, a credibility with national bodies. It gives Europe wide rights even if those rights are denied by National Bodies. In

our constantly moving world who knows what the situation will be in the light of Statutory Regulation of Psychotherapy in the UK. Perhaps it is not just the Eastern Bloc countries who need to look to the future. But whether the ECP is a diploma or a professional licence to practice, that has still to be decided.

The STRASBOURG DECLARATION ON PSYCHOTHERAPY OF 1990 states:

In accordance with the aims of the World Health Organisation (WHO), the non-discrimination accord valid within the framework of the European Union (EU) and intended for the European Economic Area (EEA), and the principle of freedom of movement of persons and services, the undersigned agree on the following points:

1. Psychotherapy is an independent scientific discipline, the practice of which represents an independent and free profession.
2. Training in psychotherapy takes place at an advanced, qualified and scientific level.
3. The multiplicity of psychotherapeutic methods is assured and guaranteed.
4. A full psychotherapeutic training covers theory, self-experience, and practice under supervision. Adequate knowledge of various psychotherapeutic processes is acquired.
5. Access to training is through various preliminary qualifications, in particular human and social sciences.

Strasbourg, October 21st, 1990

We must surely all agree with these principles especially number 5 which stops the restrictive practice of only medics and psychologists to train and work as psychotherapists. Also number 3 which assures the recognition of many different modalities, which fits in well with our eclectic and integrative approaches. We, in the UK, often only think ourselves part of the larger European Community when it suits our immediate aims. I say that we need to think wider, not only to support those working in less fortunate circumstances, but also to make sure that we have a voice in the decision making at a higher level than national boundaries.

The European Association Of Hypno Psychotherapy (EAHP) is the Europe Wide Accrediting Organisation for our modality of Hypno-Psychotherapy within the EAP. The EAHP recognised qualification is the European Certificate of Clinical Hypnosis (ECCH). This is available to all members of NRHP who have achieved the standards required for UKCP registration. This does not mean that you have to be registered with UKCP but you meet their standards of the Hypno-Psychotherapy Section of UKCP. Such a qualification gains membership to EAHP Chamber of Members and gives a level of protection via Europe whatever happens with statutory regulation in the UK.

If you want to know more about Europe and what you can do or what you are entitled to e-mail the office at nrhp@btconnect.com.

On a final note, I must say that it is because of the work of Peter Savage that we at NRHP are so strongly involved with, and have the protection of, both the European Association of Hypno Psychotherapy (EAHP) and the European Association of Psychotherapy (EAP). Peter had the foresight to get involved at the highest level in the UK, and in Europe, at the outset and most hypno-psychotherapists will never really know how much gratitude they owe to him for what he has done to give legitimate recognition to our profession both here and abroad.

Jon Beilby March 2008

**Psychological Approaches in the
Management of
Irritable Bowel Syndrome**

A Two Day Workshop
Saturday & Sunday, 26/27th April 2008

Holistic Resources
St James' Centre
8 St James Street
Bacup
Lancashire
OL13 9AA

Correspondence and Enquiries to
Gill Knott
01706 871730

E-mail: gill.knott@realtd.co.uk

**Further details and an application
form are enclosed with this
Newsletter**

From the National College:

It is the end of an era. Many NRHP members are graduates of the National College and we value you all. Because of the recent UKCP Section situation, the decision has been taken for the College and Register to cease sharing space at 12 Cross Street and be more obviously seen to be what we have always been, two separate distinct organisations.

The good part of this is how little will really change, the College will be administered from Loughborough, with Education and Accreditation policy to be taken at our Manchester office with an additional office to handle some teaching, meetings and clinical work in London.

The postal address for all matters relating to National College is PO Box 5779, Loughborough, LE12 5ZF. For general enquiries you can ring 0845 2578735 or if you want to speak to me direct, we have installed a Freephone number which is 0800 8496328.

The Board of Directors of National College want to pay tribute to Julie Young and Susan Dixon, these dedicated professionals have served the College above and beyond what their job descriptions were and we shall miss them. The good news is that they will now working exclusively for NRHP. So you won't really be losing them.

Be assured that the College and NRHP will continue to work together in order to ensure the advancement of the Hypno-Psychotherapy Modality.

Best
Shaun Brookhouse
Principal, National College

The views communicated in articles published in this Newsletter are those of the individual authors and are not necessarily the views of the NRHP. The NRHP accepts no responsibility for any goods or services advertised by individuals or other organisations in this newsletter.

The National Register of
Hypnotherapists and Psychotherapists
Address as from 31st March 2008
(see page 8 for information)

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E&OE