

Name: _____ Grade: _____ Date: _____

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Association Of Registered Clinical Hypnotherapists RCH Certification Examination

Read each question carefully. Answer only the question asked. There are no trick questions. If you have a question, please raise your hand and your instructor will come to you. If you require more space to answer a question, use a separate piece of paper and make sure your name is on that paper as well as the question number. Now, close your eyes and take a deep breath Good! Print your name and date on the top of the page and begin the exam.

Grading System:

The minimum score for certification is 80%. Answer all of the questions. In most cases, the examiners are not so much interested in specific wording or phrasing of your answers. They are interested in your answer as it indicates an adequate knowledge and basic understanding of hypnotic process and protocols and professional approach to the subject. Should a rewrite be required, this can be arranged through your instructor.

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Section A: Answer each of the following questions - True or False.

1. Hypnosis has its origins in the supernatural. True False
2. Hypnosis occurs because the Hypnotherapist has power over the client. True False
3. Under Hypnosis, the client has complete control over what takes place. True False
4. The medical profession condemns the use of Hypnosis. True False
5. Age Regression is used to determine what difficulties a client experienced in their previous lives. True False
6. Cataleptic state of hypnosis is the deepest state desired for therapeutic work. True False
7. Only a small proportion of people can benefit from hypnosis. True False
8. Hypnosis works best when the client completely surrenders their will over to the therapist. True False
9. For all practical purposes, a person must be willing to be hypnotized before hypnosis can take place. True False
10. Hypnosis enables people to do what they could not normally do? True False

11. Rapport is the most important consideration for success in the client's achieving deep hypnosis? True False
12. It is appropriate to leave a client alone once they are in a deep trance state? True False
13. It is not appropriate to attempt hypnosis without the person's permission? True False
14. Suggestibility is anchored in us by the "primary care giver" from our family of origin...this person is usually the father. True False
15. The first important goal of the therapist in establishing "Rapport" is the development of "Trust and Confidence." True False
16. The "Safe Place" must be established before any therapeutic work is attempted with the client. True False
17. Children are very hard to hypnotize because they move around a lot. True False
18. The "Rag Doll" or "Floppy Arm" Technique is only used as a deepening technique. True False
19. A person in the state of Somnambulism may be able to control involuntary bodily functions such as heart rate, breathing, blood pressure etc. True False
20. The Rapid Induction Method should always be used on the first session to test the hypnotic abilities of a client. True False
21. One's belief system is the combined influence of all others who have impacted their life. True False
22. The "Ideomotor Response" is controlled by the conscious mind. True False
23. Chronic Pain should always be completely removed. True False
24. Imagery is important for the release of symptoms and aiding the client in arriving at a new level of learning. True False
25. Dream Analysis is necessary to properly utilise the natural venting process of dreaming. True False
26. I. S. E. refers to the beginning or cause of a symptom. True False

27. The use of hypnosis for the treatment of acute pain and serious diseases should always be in conjunction with Licenced Medical Supervision of the Client. True False
28. There is a difference between suggestibility and gullibility. True False
29. The Morning Dreams are the most significant because venting of the subconscious mind takes place reducing the effects of trauma. True False
30. Refractory Clients love the hypnotic state and go into it easily. True False

Section B: Circle the correct answer in the following Multiple-Choice questions.

31. Catalepsy is:
A) an emotional release
B) a depth of hypnosis
C) the locking or rigidity of muscles
D) none of the above
32. What is the key to successful use of hypnosis for self improvement and personal growth?
A) self-motivation
B) believable suggestions
C) repetition
D) all the above
33. Hypnosis is dangerous because:
A) a person can be made to do anything
B) a person may never awake from a deep trance state
C) a person is vulnerable and can be taken advantage of under hypnosis
D) a person is never in danger - hypnosis is relaxing and therapeutic
34. Which of the following is NOT part of the “Physical Considerations” that we need to be concerned with when a client comes for Hypnotherapy? (Because it will not interfere with the client’s ability for successfully meeting their hypnotic goals.)
A) if there is something emotionally bothering them
B) if they are taking medication
C) if they are in pain or physical discomfort
D) if they are intoxicated in any way
35. Which of the following would NOT be considered a “Suggestibility Type”?
A) Indirect
B) Balanced
C) Direct
D) All the above are suggestibility types

36. How many laws of suggestion are there?
A) 6
B) 3
C) 5
D) None of the above
37. The “Safe Place” could be described as . . .
A) A place of refuge
B) A place of transition from the ISE and back again
C) A Client-created subconscious haven
D) All the above
38. “Secondary Gain” is when....
A) a client invests heavily in something then diversifies in order to increase their gain
B) a client acts to protect themselves from losing or gaining something materially or physically
C) a client gains an additional benefit to therapy
D) a client discovers the secondary causal effects of Regression Therapy
39. In the establishment of Rapport, a therapist should:
A) project confidence and not arrogance
B) listen and show empathy
C) be non-judgmental
D) all the above
40. A Progressive Relaxation can be repeated more than once in the same session to:
A) make more money if you charge by the hour
B) increase the level of relaxation in a very tense client while at the same time deepen hypnotic experience
C) confuse a client into a deeper trance state
D) none of the above
41. Practice of inductions and scripts is very important so that you:
A) can rattle off any script or induction at any time
B) impress your colleagues with your repertoire
C) are comfortable with the flow of words and can watch your client closely
D) none of the above
42. In the therapeutic management of pain, it is recommended that pain be completely removed from:
A) Surgical Clients
B) Terminal Ill Clients
C) Clients experiencing Phantom Limb Pain
D) All the above

43. When a person has misconceptions about the nature of hypnosis, this can cause:
- A) Deep Hypnosis to occur
 - B) Fast therapeutic change to occur
 - C) Resistance to occur
 - D) Regression to occur
44. When Hypnotherapists talk about the “duality of the mind” we mean:
- A) Spiritual/ Material
 - B) Conscious/Subconscious
 - C) Thought/Action
 - D) All the above

Section C: Complete the Following With the Correct Title, Term or Definition

45. What is it called when a person is day dreaming or in a “road trance”?
46. When a person is in the state of Somnambulism and suggestions are given for change. What “filter” are we actually modifying so that the client thinks and understands differently?
47. When a person listens to repetitive radio or television commercials (for example: ”Like a Rock”- “For those who think young”), preachers, actors or anyone or anything that heightens the attention span and the suggestibility of a person, that person is said to be in the state of ____?
48. In what depth of hypnosis does a person experience spontaneous amnesia, receive the greatest benefit from Regression and/or Parts Therapy and is able to control the involuntary functions of their body?
49. When “Facilitating the Hypnotic Trance”, what six (6) important conditions does the therapist aim for?
50. What are the “Two Rules” you tell a client for the creating of a safe place?

51. What two therapeutic protocols/techniques “require” the use of a Safe Place so that the client is able to deal subconsciously with the I. S. E. experiences and find healing?

52. What are the following types of words or phrases?
“Try”, “Hope”, “Subject”, “Have To”, “Can’t”, “Quit”, “Must”, “Should”

53. Give three (3) characteristics of an Indirect Suggestible person.

54. Give the Definition of “Aphasia.”

55. Give three (3) characteristics of a Direct Suggestible person.

56. When you increase the time a client spends in hypnosis, you effectively _____ the client.

57. Systematic Desensitization is a form of Programmed or Direct _____ .

58. There are several types of Indirect Hypnotic Suggestions, name four (4).

59. An attempt by suggestion to have a client experience events which have not yet happened is known as:
60. Give the Definition of "Psychosomatic".
61. Give the Definition of "Psychogenic".
62. Give the Definition of "Psychosuggestive".
63. Give the Definition of "Resistance" and its primary cause.
64. What is a "Double Bind" and why would you use it?
65. Any suggestion given to a person while in a state of hypnosis, which is to be carried out after the person leaves hypnosis, is known as _____.
66. Name TWO (2) of the four (4) "Contradictions and Precautions" in the use of Hypnosis.
67. What is another name for Ego-State Therapy?

68. What is “Hyper-suggestible” and how would you facilitate a client to no longer be in such a state?

69. What are the Five (5) Laws which govern hypnosis?

70. What are the three (3) factors to consider in “Interpersonal Communication?”

71. What does S. S. E. Stand for and how is it different from I. S. E.?

72. Define “Symptom Producing Event (SPE).” – A Symptom Producing event is...

73. Name the “Ten” (10) elements that make up a typical session and give a “brief” description of each.

74. When is the following intervention used?

“The scene fades as you focus on your breathing and you see yourself moving toward your safe place.”

75. When a person can't remember the therapeutic process while under hypnosis, they are understood to have experienced _____ .

Section D: Provide a Short Answer or Description to the Following.

76. What does the word “Hypnosis” mean and who coined the phrase?

77. What is hypnosis good for?

78. Define “Trance Type Hypnosis.”

79. Define Hypnoidal.

80. Define Esdaile.

87. Why is “Centring” a client important?

88. What is meant by Rapport?

89. Give Four (4) of the Seven (7) Rules which are important to follow when giving a client a “Post-Hypnotic Suggestion?”

90. What is an abreaction?

91. Explain at least one (1) thing you must never do when a client experiences an abreaction. Why is this important?

92. When facilitating a client in Regression, what very important aspect of the process must the therapist be constantly vigilant about? Why is this important?

93. In the therapeutic process there are professionals that have concluded one should never do "Past-Life Regression on purpose." Discuss briefly this position.
94. A simple "Progressive Relaxation" has six (6) elements or steps from start to finish It begins with the "Establishment of Rapport" and concludes with the "Exit". What are the steps or the elements in between?
95. Why is it important to ask permission to touch a client before you begin the induction? Explain how and when you would do this?
96. Name Four (4) of the Eight (8) "Principles of Induction and Suggestion."
97. What are some to the words or phrases you can use in inductions and deepening which can replace the trigger word "**relax?**"

98. Once a client is exited from the hypnotic state, they are still very suggestible for several minutes ... what can you continue to do during this time?
99. Why should we consider counting “up” from 1 to 5 during the “Exit”?
100. What can you do during the "Exit Count"?
101. Explain how “Amnesia” occurs and what this phenomenon means when it does occur.
102. Write out the Numbers Challenge which Dave Elman pioneered and explain briefly the purpose of the challenge.

103. Give at least two methods for reducing Client Spectatoring and distraction.

104. What is the “Hypnotic Equation”?

105. Write out one complete “Rapid Induction Method”.

106. List the four (4) conditions in which the complete removal of pain would be recommended.

107. In the hypnotic process of pain management what word or phrase should you avoid using?
108. Write out a script for the reduction of pain using a "Control Panel Metaphor".
109. List the Five (5) major Body Syndromes, name the affected body area and give one (1) symptom and one (1) reason for the syndrome's manifestation.
110. When we are working with Clients, imagery is a very helpful technique to use. When beginning to use "Imagery," what is critical for the therapist to remember in order to achieve the desired success in therapy.

111. What are the Three (3) types of Dreams we can expect Clients to experience as part of their healing process? As Hypnotherapists, which dream type do we consider important and why.

112. Yapko in his book “Essentials of Hypnosis” says: “Since hypnosis is, in some ways, an everyday experience, all a good hypnotist does is create hypnotic phenomena deliberately instead of waiting for them to occur randomly.” Explain what he means and why you do or do not agree with him.

113. List five common misconceptions or myths we should discuss with clients during the pre-talk or intake interview.

114. How is the “need for acceptance” played out in the therapeutic relationship between Client and Therapist and how can the therapist use “reward” as an effective tool in the hypnotic process?

115. What is meant by the “Hypnotic Paradox?”

116. Describe the “Sway Test” and explain when and how it would be used.
117. What is the purpose of “Dissociation” and how does this phenomenon take place?
118. Give several reasons that can cause “Resistance” in clients during the therapeutic process?
119. What is the most important aspect for the successful treatment of any client issue?

Section E: General Knowledge of DSM and Skilled Helper

120. What role does the DSM-VI-TR play in the therapeutic process?
121. What defines mental health and mental disorder?
122. What is the difference between a mental problem and mental disorder and mental illness?
123. What is a "Multiaxial Assessment Form" and what role can it play in Treatment Planning, Outcome Prediction, and referral?
124. What is the difference between GAF, CGAS and SOFAS and how are they used?

125. Name and describe (3) three AXIS 1 Clinical Disorders that can be effectively treated with Hypnosis.

126. What are the constraints regarding the use of Hypnosis with Psychotic Disorders?

127. What do we mean by "Absolute Positive Regard"?

128. In the skill of Physical Attending with a client - what does the acronym "SOLER" mean?

129. What are the three components of an empathic response?

130. What is the difference between "Empathy" and "Sympathy"?

131. When is it appropriate to use "Self-Disclosure" and give an example?

132. Give three objectives of the "Clinical Assessment".

133. During the "Clinical Assessment" what indicators communicate that the client should be referred to a "Medical Practitioner" for diagnostic?
134. Describe the profile of a type of client who is a high suicide risk.
135. Outline the steps to be taken should a client exhibit "Suicidal Ideation" during the Session?
136. What is a suicide contract and provide the wording for one?
137. What do we mean by the phrase - "Confidentiality is absolute"?

138. Why is it important to maintain clear and concise client records?
139. What information must be included in a client's records?
140. What information should be excluded from the client's records?
141. Who has the access to the client's records and what is the therapists responsibility?
142. All helping professionals occasionally encounter what is known as "Transference." What is the proper response to such an occurrence?
143. What is the meaning of "Countertransference" and how can this be resolved?

144. Most professional hypnotists will, occasionally, provide taped sessions for the client's home use. Give one suggestion that should be on EVERY such tape that helps to protect you and the client.
145. Give an example of a positive suggestion, which, because of improper wording could have a negative effect upon the client.
146. Give an example of a negative suggestion, which, because of it's wording and placement in the over all script has a positive result.

This concludes the question and answer portion of the exam. The final portions are Case Management, Clinical Assessment, Treatment Planning using five (5) individual Clients - It is very important that you complete each case study and are thorough (this represents 25% of the exam) - Lastly, providing basic Treatment Protocols for specific behaviours.

Section F: Develop a Four Step Treatment Plan for each of the Following Scenarios.

(Step 1: Define the Issues; Step 2: Establish the Goals; Step 3: Focus on Objectives; Step 4: Define the Therapeutic Interventions)

The following are a series of client profiles. Read them carefully and develop a client treatment plan to go with each profile. Make sure you give reasons for your decisions (tell us why). Use a separate sheet of paper for each client. If appropriate, provide a Multiaxial Evaluation Report.

Mary:

Mary is a 41-year-old white female. She appears very agitated at the initial interview. She has been in a relationship for eight months and is involved in a very emotional break up. Her boyfriend is eight years younger and a drinking alcoholic. Mary discovered that he was lying to her about his drinking six weeks into the relationship, but he promised to stop. The boyfriend, John is very romantic in nature, and Mary describes herself as being madly in love with him. John, has been living in Mary's home since the third month of the relationship and has been paying rent. He now wants the rent money back. Mary is very confused; she is having problems sleeping and eating and is crying most of the day. In your intake you discover that Mary's father was also a drinking alcoholic and used to beat her mother.

Judy:

Judy is a 28 year old single, Black (Jamaican) female. During the intake you learn that over the past year she has been experiencing the following problems: exhaustion, even after sleep; decreased concentration at work; muscle tension, apprehension; irritability; dizziness; "being on edge all the time" (her words) also "feeling smothered" and diminished job performance.

In her history she states that she was an only child whose parents had divorced when she was little, and she has had only occasional contact with her father. She had lived in the same house with her mother until her recent move to Toronto, Ontario Canada about a year ago. She describes herself as "above average" in school, was very popular and graduated college with a Business Degree. She says she has lots of friends, male and female, but has not really dated since coming to Canada. She does not see herself as really "attractive" or "sophisticated" compared to the people she has met in Toronto.

The company she works for is based out of the US and her job is to establish a new market in Canada. Because of this she works mostly from her home. Judy says that she feels "uneasy" at home and when calling on new clients, and is increasingly putting off her client visits and necessary paper work. She expresses that she now feels inadequate in representing her company in Canada.

Ching Lui:

Ching Lui is a 28-year-old Chinese female. She is a Reiki/Bodywork Therapist who struggles quite a bit about money. She asks for a reduced rate at her initial interview and talks quite a bit about her lack of resources. Ching Lui lacks confidence and has very poor self esteem. She is the youngest of six children raised in a single parent home in Toronto, Ontario after her father was killed in a car accident. Her parents were immigrants from Mainland China. She experiences excessive guilt every time she does something for herself. She has been in Vancouver for ten years and misses her family but feels that they "bring her down." She talks about negative beliefs and self talk and has heard that hypnosis can help change belief systems.

Jaspal:

Jaspal is a 63-year-old Canadian born East Indian male. He appears very angry at the initial interview. He has recently broken up with a woman named June who he describes as leading him on, and then dumping him. In your interview you discover that Jaspal was married for 40 years to his high school sweetheart who died of cancer 5 years ago. The marriage was very successful and they raised two children together. The death of Jaspal's wife was devastating, but he has not done any therapy about it, in fact he has never done therapy before. Jaspal is now afraid that he hates women and will never be able to have another partner. His son suggested that he talk to a therapist. Jaspal is having problems sleeping and is afraid that he may be getting depressed. He feels that his confidence has been shaken and that his self-esteem is damaged. He had dated June for two years and assumed that they would marry some day.

Mike:

Mike is a married white male, late 40's. In relating his history he states that at about 18 he first noticed that most of the time he "just felt down." Through college he found that he was often distracted by thoughts that he didn't measure up to his classmates. On graduation he was hired by a leading company in Calgary Oil Business, but turned down promotions because he felt he simply could not cope with the added responsibility. He states that the harder he works the more tired he felt and struggled with physical tension headaches often. Even when he first married, the birth of his children and his three week annual holidays only relieve the ever present feelings of doom. He complains that his self-confidence is so low, that his wife makes all the decisions by common consent.

Now in his late 40's Mike explains that the "knows" life has passed him by and over the last several months he has become deeply depressed. Even when his older son visited from college, it failed to cheer him up.

What has brought him in for therapy is the insomnia, loss of appetite and weight loss. He confesses to you that he sometimes thinks his family would be better off without him.

Section G: Treatment Protocols *(Use a separate sheet of paper for each protocol)*

- A. Write out the Treatment Protocol for a Client dealing with Substance Addiction. Include the relapse time-line and preventative protocol.
- B. Write out the Treatment Protocol for a Client dealing with Depressive Behaviour.
- C. Write out the Treatment Protocol for a Client dealing with Anxiety.
- D. Write out the Treatment Protocol for a Client dealing with PTSD.

This concludes the Exam. Please make sure your name is on any additional pages and that the question number appear with you answer. You will be notified as to the end result.

Grading of the exam is as follows:

- 80% or higher is a passing score.
- 70%-79% will allow you to receive "Candidacy" status for RCH with the recommendation of courses to take to receive full professional membership. You will have one year to complete the up-grade at which time you may be requested to rewrite the certifying exam.
- 69% or below will not allow you to receive RCH status at this time.

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