



AMERICAN SOCIETY OF CLINICAL HYPNOSIS

## ASCH Learning Contract

### About the Learning Contract

Completion of this Learning Contract is the first step in meeting the required 20 hours of Individual Consultation. The candidate will identify learning objectives, to be shared with their selected Approved Consultant. Through this contract the following objectives: a.) provides the candidate and the Approved Consultant a plan and direction for their individualized program and ensures the use of their contact hours are maximized; b.) enables a focused approach in monitor progress as each objective is addressed and met.

This document includes:

- Example: Comprehensive Completed Learning Contract
- Learning Contract Worksheet
- Consultation Contract
- Consultation and Learning Contract Verification Form

### Rules for Individual Consultation

- Contact hours between the candidate and Approved Consultant must be individualized instruction.
- Face-to-face training is strongly recommended, although not required.
- The twenty-hour training requirement can be done with one Approved Consultant or split among two or more Approved Consultants.
- This training cannot be provided or received as part of psychotherapy or professional treatment services.
- This training does not constitute clinical supervision and should not be represented as such by either the learner or Consultant.

### Steps in Development of a Learning Contract

**Step 1: Evaluate your learning needs.** Define the gap between where you are and where you want to be.

**Step 2: Specify learning objectives.** You will find that some of what you need to learn involves the absorption of cognitive material, some involves attitudinal/affective change, and some requires you to master specific skills.

**Step 3: Specify learning resources and strategies.** List the precise resources that you will need to establish the desired competencies.

**Step 4: Specify evidence of accomplishment.** List what will demonstrate your accomplishment.

**Step 5: Review your Contract with you ASCH Approved Consultant.** Review is for the purpose of ascertaining that your contract addresses your needs in an optimal manner.

## Example: Comprehensive Completed Learning Contract

<b>STEP 1: Learning Needs</b>	<b>STEP 2: Learning Objectives</b>	<b>STEP 3: Resources &amp; Strategies</b>	<b>STEP 4: Evidence of Outcome</b>	<b>STEP 5: Review of Contract</b>
<p>1. Learn inductions.</p> <p>2. Overcome anxiety in completing inductions.</p> <p>3. Learn about hypnotizability scale.</p>	<p>1. Learn Chaisson, Eye Roll and Fractionated Inductions.</p> <p>2. Overcome anxiety and resistance to completing inductions.</p> <p>3. Learn to administer and integrate the HIP.</p>	<p>1. Read textbook descriptions of Chaisson, Eye Roll and Fractionated Inductions.</p> <p>2. Read <i>Trance and Treatment</i>.</p> <p>3. Obtain HIP scoring sheets.</p> <p>4. Ask Dr. X to demonstrate the HIP.</p> <p>5. Practice the HIP.</p> <p>6. Read text on resistance to hypnosis.</p> <p>7. Discuss my apprehensions with Dr. X.</p>	<p>1. Perform five Chaisson, Eye Roll and Fractionated Inductions.</p> <p>2. Perform twelve HIPs.</p> <p>3. Ascertain resistance in three patients.</p> <p>4. Experience reduced anxiety.</p>	<p>1. On or before August 11, 1997 will review and update my Learning Contract with Dr. X.</p>



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## Learning Contract Worksheet

<b>STEP 1: Learning Needs</b>	<b>STEP 2: Learning Objectives</b>	<b>STEP 3: Resources &amp; Strategies</b>	<b>STEP 4: Evidence of Outcome</b>	<b>STEP 5: Review of Contract</b>



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## Consultation Contract

- I acknowledge that this training is for \_\_\_\_\_ hours and does not constitute clinical supervision. I agree not to represent this training as clinical supervision.
- I have completed a learning contract specifying learning needs, objectives, resources and strategies, outcomes and review.
- I verify that I maintain professional liability coverage and that documentation of such coverage is on file in my office.
- Date training is to begin \_\_\_\_\_ and end \_\_\_\_\_.  
Number of one-to-one training hours: \_\_\_\_\_.  
Number of small group training hours: \_\_\_\_\_.

\_\_\_\_\_  
Candidate/Learner

\_\_\_\_\_  
ASCH Approved Consultant

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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## Consultation and Learning Contract Verification Form

This form verifies the completion of the required consultation and individualized training with an ASCH Approved Consultant. This completed form should be attached to the Application for ASCH Certification.

Candidate/Learner Name with Credentials

\_\_\_\_\_

Consultant's Name with Credentials

\_\_\_\_\_

Candidate/Learner Email

\_\_\_\_\_

Consultant's Address Email

\_\_\_\_\_

Candidate/Learner Phone Number

\_\_\_\_\_

Consultant's Phone Number

\_\_\_\_\_

This is to verify that the above-named Candidate/Learner has completed a learning contract and demonstrated evidence of completion of the contract.

This verifies \_\_\_\_\_ hours of one-to-one training and/or \_\_\_\_\_ hours of small group training with the above-named ASCH Approved Consultant.

\_\_\_\_\_  
Signature: Candidate/Learner

\_\_\_\_\_  
Signature: ASCH Approved Consultant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date