

The General Hypnotherapy Register
PO Box 204 Lymington SO41 6WP

Clinical Governance and Care Plans

Care Aims

The Government, as part of its drive towards **clinical governance** and in particular *the measurement of clinical quality*, has initiated the practise of **care plans** within the NHS. A major part of this strategy is **CARE AIMS**. Although we as a profession already do most of what is required, **what we are not good at doing is demonstrating and recording our skills and duty of care to our clients in a form that is measurable.**

If the profession is to gain more acknowledgement and acceptability of its skills, then it is important that we, the practitioners, are **seen** to be utilising models of care in accordance with those operating within the NHS, even though we are not currently obliged to do so.

Consequently, we herewith include a list of the main care aims, the format in which they are recorded, and an example of how they can be implemented.

Such *reflective practice* should not be viewed as a negative exercise - it should be honest and searching but importantly constructive in its outcome.

Please note that Care Aims, whilst offering a measurable audit tool, should not replace clients' records but provide a valuable adjunct to them.

MAIN CARE AIMS

Assessment	To determine the nature and impact of problem, can Hypnotherapy help <u>AND</u> is the client suitable for such treatment..
Anticipatory	To prevent the development of an identified problem, or reduce the risk/effect or impact of it on the client
Resolution	To facilitate a lasting change in function to within normal limits
Rehabilitation	To facilitate improvement
Enabling	To maximise the use of existing function
Palliative	To alleviate symptoms of the condition (e.g. reduce pain / increase comfort) when no other change is possible or appropriate

FICTIONAL EXAMPLE ONLY

Ref. No. 123/ab

Client Name: Ms J.A.

Date of Assessment: 10/04/12

Episode No. 1

Episode Length: 2 weeks

CARE AIM: Resolution

EPISODE GOAL: To resolve nail biting habit

EVIDENCE: All fingernails very short and ragged. Bitten on a daily basis. Habit worse when stressed eg. exams

SHORT-TERM GOALS: Increase confidence. Reduce stress levels

OUTCOME: No longer biting nails

FINISH DATE: 28/04/12

REFLECTIVE: The client returned on 19/04/12 and reported feeling much less stressed. Had only been biting her nails occasionally. She had been practising the self hypnosis procedures taught to her - but not every day. A further session with ego boosting, analysis and age regression was given **but with a change of deepening technique, as the client reported she had difficulty with it the previous week.** The client returned on the 28/04/12 and was very much more positive. She had been practising self hypnosis and although had not bitten her nails, she had been aware of putting her fingers to her mouth.

The above fictional example assumes a female aged 16 with a long-standing nail biting habit that she wishes to stop as she is now embarrassed by it.

In this example, the **CARE AIM** was **RESOLUTION**. Over a time period of two weeks, the **SHORT-TERM GOALS** and **EPISODE GOAL** were achieved **within the episode length**. Therefore the **CARE AIM** was successful at its **FINISH DATE**.

This client admits to continuing to put her fingers to her mouth and would almost certainly benefit from another session. **However, that would be another care aim, with the AIM again being **RESOLUTION** and the GOAL being to stop putting her fingers to her mouth.** With regard to reflective practice, you would need to ask, 'Was there something different that I could have done to resolve this residual oral action?'

NB. ONLY ONE CARE AIM SHOULD BE OPERATING AT ANY ONE TIME

CONFIDENTIAL

Care Aims
Qualitative Assessment Form

Ref. No. _____

Client Name: _____

Date of Assessment: _____

Episode No. _____

Episode Length: _____

CARE AIM:

EPISODE GOAL:

EVIDENCE:

SHORT-TERM GOALS:

OUTCOME:

FINISH DATE:

REFLECTIVE: