

CODE OF PRACTICE AND ETHICS

Modern theory using hypnosis, ie., hypnotherapy, is largely based on humanitarian, holistic ideals.

Professional hypnotherapists / psychotherapy are dedicated to serve the welfare of their clients and to the disciplined use of a recognised body of knowledge about hypnosis.

It is a public trust that requires of its practitioners, integrity, compassion, belief in the dignity and value of human beings, a commitment to serve and a dedication to truth.

It requires mastery of a body of knowledge and skill gained through professional education and experience.

Each member of a profession carries the responsibility of maintaining and improving hypnotherapy / psychotherapy.

This Code of Practice and Ethics is intended to aid hypnotherapists / psychotherapists individually and collectively in maintaining a high level of ethical conduct.

They are standards and practices by which a hypnotherapist / Psychotherapist may determine the propriety of his conduct in his relationship with client, colleagues, members of allied

1. The principal objective of the hypnotherapy / psychotherapy profession is to render service to humanity with full respect to the dignity of man. Hypnotherapists must earn the confidence of their clients, offering to each a full measure of service and devotion.
2. Hypnotherapists should strive to improve their knowledge and skill and should make available the benefits of these skills to all their clients.
3. Hypnotherapists should observe all laws, uphold the dignity and honour of the profession and accept its self-imposed disciplines.
4. The hypnotherapist will not illegally practise medicine or psychology and must recommend that a client seek medical advice when this is prudent.
5. A hypnotherapist should never use the effects of hypnosis and suggestion within hypnosis to eliminate the effects of a symptom being displayed by another, whereby the origin of such symptoms is not readily apparent, unless authority has been obtained in writing from a qualified medical practitioner.
6. A hypnotherapist should at all times be cognisant of having a Duty of Care towards clients, never claiming skills which are not in fact possessed, and never offering assistance unless the presenting problem falls within the scope of the therapy being offered, to remain aware of their own limitations and wherever appropriate be prepared to refer a client to another practitioner (regardless of discipline) who might be expected to offer suitable treatment.

7. A hypnotherapist should forthwith discharge from treatment, at the earliest possible moment, consistent with the good care of the client, each and every client who present themselves for treatment.
8. A hypnotherapist should never use hypnosis or the effects of suggestion within hypnosis to gain benefit to themselves from another, unless such other person has been clearly apprised of the implications of such suggestions.
9. A hypnotherapist should avoid dual relationships with clients and should never offer his/her services under terms or conditions which might impair the free and complete exercise of his professional judgement and skill, reduce the quality of his service or risk exploitation.
10. A hypnotherapist must never say, do, carry out, or otherwise perform any word or action by deed or by inference so as to bring into disrepute the use of hypnosis as a form of therapy or the good name of the above.
11. A hypnotherapist should preserve totally and absolutely the client's right to anonymity and privacy, unless he/she is required to do so by law, or to protect the client's welfare, or that of the community. He should never publish or declare any information relating to any client or ex-client in any form or manner which is likely to identify such persons, except with the expressed permission of such persons.
12. Hypnotherapists should always comply with the current rules and regulations relating to advertising as laid down by The Advertising Standards Authority For Ireland and their advertising and other public representations should present a true picture.
13. A hypnotherapist should never be involved in any stage performance where hypnosis is used to provide solely a form of public entertainment and amusement.
14. A hypnotherapist should keep any interest in, or investigation of, the paranormal (para-physical matters) as totally separate from any work of therapy using hypnosis.
15. A hypnotherapist should freely consult with other professional hypnotherapists on a regular basis and in difficult situations or when it seems that the quality of service may be improved - ('supervision').
16. Hypnotherapists in private practice will maintain at their own expense, a form of malpractice insurance known as Professional Indemnity Insurance and they will only conduct a private practice in hypnotherapy upon receipt of clear evidence that they are being held covered by such a policy.
17. Hypnotherapists will never offer help or assistance to another via the use of hypnosis unless such insurance as referred to in (16) above is in force. Student Hypnotherapists need to have insurance coverage when working with clients and need to inform their insurance company once they become qualified.
18. Hypnotherapists should pay annual dues of the Institute on or before the due date of payment and accept in the absence of such payment that membership shall immediately lapse and that benefits of membership shall cease.

19. All certificates, diplomas, letters of accreditation or other written communications issued by the Institute shall remain the property of the Institute and shall be returned to the Institute as and when the associate membership, membership ceases or upon the written request of the Director if the Institute.

20. Hypnotherapists are committed to on-going training and undertake to participate in a minimum of 14 hours Continuing Training and Education each year.

21. Hypnotherapists - Psychotherapists undertake to treat clients within the recommended 10 sessions. Should treatment extend beyond the optimum number of sessions to 20 sessions then a written report must be submitted to the therapist's Supervisor and to ICHP Headquarters. (Updated 1/3/04)

22. Hypnotherapists accept the principle of Supervision and are committed to regular supervision with a designated member of the I.C.H.P..

23. Hypnotherapists agree to undergo hypno-analysis with a therapist designated by the I.C.H.P..

24. Never to visit the house of a client or potential client for hypnotherapy, unless such visit is with the knowledge and consent of a Doctor of medicine and only if an observer is present.

25. Never to induce hypnosis in a juvenile under the age of 16 years unless with the knowledge and approval of the parents or guardian and then only if an observer is present.

26. All members of ICHP are requested to print on their explanatory brochure and client's contract form the following wording.

If any member of the general public has a genuine cause for concern, the client at all times has the right of recourse to the Institute of Clinical Hypnotherapy & Psychotherapy Complaints, Disciplinary and Ethical Committee at ICHP Headquarters, Therapy House, 6 Tuckey Street, Cork City, Ireland.

27. Each member is to print the ICHP website details on their explanatory brochure, i.e., www.hypnosiseire.com.

28. ICHP students are advised to become Associate/Student Members of the ICHP Post-Graduate Association in order to take full advantage of all workshops, conferences, seminars organised for the membership and also to receive the Association Journal. Involving the student at this early stage enables them to speedily orient themselves on the ethos, ethics and spirit of the ICHP

29. In advertising their services as an ICHP PGA Member, ICHP PGA Members shall limit promotional and other material to details of their name, relevant qualifications, address, telephone, consultation hours, and a brief listing or summary of services being offered.

30. ICHP PGA Members must not display any affiliation with or hold themselves out to be connected with an organisation in a manner which falsely or misleadingly implies the sponsorship or endorsement of that organisation. (See Responsibilities to Clients No.2)

31. An ICHP PGA Member shall be free to choose whom he/she accepts as a client.

32. Any ICHP PGA Member who wishes to practice in partnership with or share clerical or reception facilities with another health professional who is not a member of the ICHP PGA shall satisfy himself

or herself that the other person is qualified in his/her profession specifically and that the association is in no way detrimental to the profession and practice of the ICHP PGA Member and that the other person maintains adequate insurance cover under a policy of professional indemnity.

33. An ICHP PGA Member shall inform the ICHP PGA of the practice name if it differs from the name and surname as registered with the ICHP PGA.

34. Hypnotherapists shall make no claim that they hold specific qualifications unless such claim can be fully substantiated. (In the absence of appropriate medical qualifications, no Member shall utilise the title 'Doctor' in a manner that may mislead any member of the public to believe that they are medically qualified and any use of this title must be clearly defined by a suitably qualifying statement.

35. Hypnotherapists must explain fully to clients in advance of any treatment, the fee levels, precise terms of payment and any charges which might be imposed for non-attendance or cancelled appointments. The ICHP Graduate is recommended to use a Client-Therapist Contract Form (Sample on ICHP Techniques Check List), written material is preferable to verbal statements as this is less likely to give grounds for misunderstandings should any dispute between client and therapist subsequently develop.

36. Hypnotherapists must produce an Explanatory Brochure which the client has read and understood prior to the commencement of the Therapeutic process. Hypnotherapists must present all services and products in an unambiguous manner (to include any limitations and realistic outcomes of treatment) and ensure that the client retains complete control over the decision to purchase such services or products.

37. Hypnotherapists recognise the need for informed consent and freedom of consent which is outlined in points 35 and 36 above, and the obvious need for an explanatory brochure and consent form ensure, in the process of obtaining informed consent, that at least the following points are understood: purpose and nature of the activity; mutual responsibilities; likely benefits and risks; alternatives; the likely consequences of non-action; the option to refuse or withdraw at any time, without prejudice; over what period of time the consent applies; and, how to rescind consent if desired.

38. Hypnotherapists should conduct themselves at all times in accord with their professional status and in such a way as to neither undermine public confidence in the process or profession of hypnotherapy nor bring the ICHP into disrepute.

39. (a) Hypnotherapists should inform the ICHP, in writing, of any disciplinary action taken against them by any professional body, or by members of the public.

(b) Hypnotherapists should inform the ICHP, in writing, of any criminal offence of which they have been convicted.

40. Hypnotherapists should inform the ICHP, in writing, of any alteration in circumstances which would affect their position or ability as practitioners, for example, long term illness, trauma, drug or alcohol abuse, or any other reasons.

41. Hypnotherapists should where applicable, make available all relevant information requested as a result of investigation by an appointed Complaints and Disciplinary Committee, or Administration,

without hindrance (whether implied or actual) or unreasonable delay and comply fully with all requirements inherent within any Complaints and Disciplinary Procedure to which they subscribe.

42. Hypnotherapists must accept the need and obligation to study and understand the provision of the ICHP Professional Code of Ethics and Practice. To use a systematic procedure for making ethical decisions and resolving ethical dilemmas. It's the ICHP PGA Member's responsibility to use his/her initiative to make whatever enquiry necessary (Supervisor, Administrator, medical advice, legal, health board, ICHP code, Disciplinary, Ethics, Committee) to resolve an ethical dilemma to avoid entering into agreements or contracts which might oblige ICHP PGA Members to contravene provision of this code of professional ethics.

43. Hypnotherapists are required to maintain or improve their level of skills and professional competence by;

(i) Undertaking final continuing training, by attending workshops, conferences, courses and seminars of the ICHP.

(ii) Hypnotherapists should keep themselves up to date with relevant knowledge, research methods, and techniques, through the reading of relevant literature, peer consultation, and continuing education activities, in order that their services or their research activities and conclusions shall benefit and not harm others.

(iii) The sharing of experiences and exploring such with supervisors, peer-support groups, post-graduate training, etc. They should also maintain an awareness of research and developments in the field of hypnotherapy and other linked fields.

44. Hypnotherapists should act in emergencies (for example, where a client threatens suicide) on the basis of their professional judgement, if necessary without consent, but if possible obtain fully informed consent at a later stage.

45. Hypnotherapists should do everything reasonably possible to stop or offset the consequences or actions of others when these actions are likely to cause serious physical harm or death. Action may include reporting to appropriate authorities (for example, the police) or an intended victim, and may be carried out even when a confidential relationship is involved.

46. Hypnotherapists should make every reasonable effort to ensure that hypnotherapy knowledge is not misused, intentionally or unintentionally, to harm others or infringe human rights.

47. Hypnotherapists should ensure that all therapeutic outcomes will benefit the client and not harm them. To make whatever inquiries necessary so as not to damage the client's interests. This includes recommending professionals other than hypnotherapists if appropriate.

48. Hypnotherapists should satisfy themselves that discontinuation of therapy will cause no harm to the client and to contact their supervisor and/or administrator if in doubt and if extra sessions are required.

49. Responsibility to Registered Medical Practitioners - Referrals - Contracts

1. Ensure that wherever a client is seeking assistance for the relief of physical symptoms, unless having already done so, that the client be advised to contact a registered Medical Practitioner.

2. To confirm that they will never knowingly offer advice to a client which either conflicts with, or is contrary to that given, by the client's registered Medical Advisor/s. (If they have doubts or concerns with regard to a client's prescribed medication, they should, always with their client's permission, contact the medical advisor personally).

3. To accept that any client referred to them by a registered Medical Practitioner (or other relevant agency) remains the clinical responsibility of the Medical Practitioner (or agency) and thereby agree to keep that Medical Practitioner (or agency) suitably informed of the client's progress.

50. To notify the ICHP in writing, of any change in practice name, contact address, telephone number, or email address, at the earliest convenient moment.

51. Client / Patient and Third Party Safety

1. To take all reasonable steps to ensure the safety of the client and any person who may be accompanying them.

2. To ensure that their workplace and all facilities offered to both clients and their companions will be in every respect suitable and appropriate for the service provided.

3. Not to touch the client in any way that may be open to misinterpretation. (Before employing tactile hypnotic induction or deepening techniques, both an explanation should be given and permission received from the client or parent / guardian).

52. Equal Opportunity & Boundaries Issues

To not permit considerations of religion, nationality, gender, marital status, age, disability, politics, or social standing to adversely influence client treatment.

53. False Declarations

Use no claim or title connected with the ICHP or its associated Register NHPR other than that they are members of the ICHP with appropriate designated letters.

RESEARCH ETHICS

For all practical purposes, a 'research subject' should be considered synonymous with a 'client' and consequently, all relevant Clauses within the ICHP 'Code of Ethics & Practices' remain applicable.

Of extra importance is the need on the part of the 'research' to:

- ICHP PGA Members must accept that all participation by 'subjects' must be on a completely voluntary basis and that no 'pressure' of any type should be exerted in order to secure participation.
- ICHP PGA Members must ensure that proper consent has been obtained prior to the commencement of any research project. (This is especially so in the case of 'minors' or persons with special needs.)
- ICHP PGA Members must maintain complete openness and honesty with regard to both the purpose and nature of the research being conducted.
- ICHP PGA Members must consider any potential adverse consequences to the 'subject' as a result of any intended research project provide, where relevant, for the ongoing care of participants with regard to any adverse effects that might arise as a consequence of and within a reasonable time period after, their involvement within any research project.

Remember The psychological well-being of the individual subject is always more important than the research itself.