

# The Institute of Clinical Hypnotherapy & Psychotherapy



## Membership (Post Graduate) Association

*Inc. National Hypnotherapy / Psychotherapy Register*

## Article of Association Code of Ethics, Standards & Practice

# **Institute of Clinical Hypnotherapy & Psychotherapy PGA**

## **Articles of Association**

### **Code of Ethics, Practice & Standards**

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## **(1) THE INSTITUTE OF CLINICAL HYPNOTHERAPY & PSYCHOTHERAPY**

The Institute of Clinical Hypnotherapy & Psychotherapy (I.C.H.P.) is a totally autonomous association of like-minded therapists, I.C.H.P. Post-Graduate members and suitably qualified ethical hypnotherapists / psychotherapists. The I.C.H.P. is dedicated to the professional and ethical use of eclectic hypnotherapy allied to the practice of psychoanalysis, hypno-analysis, and psychotherapy, for the treatment of nervous disorders and emotional problems.

- Registered in Dublin Castle in 1990 (Est. 1979) under the Business Names Act 1963.
- The Institute of Clinical Hypnotherapy & Psychotherapy is associated to :-
- The Irish Hypnotherapy Examiners Board. (*Reg. 1993*)
- The National Hypnotherapy / Psychotherapy Register. (*Reg.1997*)
- The I.C.H.P is the official association of the :-
- The Institute of Clinical Hypnotherapy & Psychotherapy

The primary purpose of the Institute of Clinical Hypnotherapy & Psychotherapy is the advancement of the art, science and practice of ethical hypnotherapy / psychotherapy as a technique for the relief and rehabilitation of persons suffering from nervous disorders and emotional problems. The I.C.H.P. exists to promote widespread personal empowerment through therapeutic techniques, and to promote the training of its members and education for the general public.

## **(2) INTRODUCTORY STATEMENT**

- 1.** This Code of Ethics and Conduct is established in accordance with the By-Laws of the Institute of Clinical Hypnotherapy & Psychotherapy Post Graduate Association and the Irish Hypnotherapists Examiners Board, (I.C.H.P., I.H.E.B.)
- 2.** Expressions defined in the By-Laws and used in this Code shall have the same meaning unless the context otherwise requires. In this Code the expression 'Hypnotherapy Member' shall mean a member practising or training to so practice hypnotherapy.
- 3.** It is a condition of membership that each applicant for membership undertakes in writing to be bound by the terms of the Code of Ethics and Conduct.
- 4.** Breach or violation of the terms of the Code may lead to termination of membership of the I.C.H.P. PGA.
- 5.** 'Professional Misconduct' shall mean any action with regard to the pursuit of an ICHP PGA Member's profession which is unethical or which is contrary to the specific rules of conduct set out in the Code.
- 6.** In the absence of any evidence to the contrary, any breach of the Code shall be evidence of Professional Misconduct.

1 The resignation of an I.C.H.P. PGA Member shall not be allowed to impede the process of any investigation or disciplinary action as long as the alleged complaint or breach of the Code or alleged offence under the Association's Disciplinary Code took place during the I.C.H.P. PGA Member's membership.

2 A member whose conduct is under investigation and who resigns from the I.C.H.P. PGA, will not be allowed to re-join the I.C.H.P. PGA, without the satisfactory completion of the process of any investigation or disciplinary action.

### ***(3) ICHP -AIMS AND OBJECTIVES***

The purpose of both the Institute of Clinical Hypnotherapy & Psychotherapy and the above Board / Register / Institute is to encourage the highest standards of hypnotherapy / psychotherapy practice throughout Ireland. It sets out to achieve this objective by :

Assessing courses of study for hypnotherapy / psychotherapy and approving those courses (such as those provided by I.C.H.P.) which meet the highest standards of professionalism.

**2.** Conducting examinations for membership to the Institute or for those who wish certification from the Board and maintaining a Registrar of Members who qualify in this way.

**3.** Requiring registered members to observe standards of practice and codes of ethics as prescribed by the Institute.

**4.** Investigating and adjudicating on complaints against registered members. (Note any member found to be in default of prescribed standard of practice or code of ethics may be removed from membership).

**5.** Promoting the recognition of hypnotherapy / psychotherapy / hypno-analysts as a separate and distinct profession.

**6.** Publishing a directory of persons registered and certified and referring them to anyone seeking help through hypnosis / psychoanalytical therapy.

**7.** Promoting continuing education programmes e.g. conferences, lectures, workshops, seminars also printing and circulating journals on the practice of ethical analytical hypnotherapy / psychotherapy.

**8.** Maintaining a public information office that will provide information to the general public and other interested parties.

**9.** Providing a network which will allow professionals to share experiences with members of the I.C.H.P..

**10.** Raise the awareness of hypnotherapy / psychotherapy and the beneficial outcome of treatment amongst the general public.

**11.** Promote the I.C.H.P. as the most ethical and professional body in its field.

**12.** Attract new recruits to the profession and to the I.C.H.P. in particular.

**13.** To make the work of the I.C.H.P. therapists relevant to the ordinary person and to de-mystify the science.

**14.** To cooperate with any recognised body, association, either in Ireland, the UK, Europe, or the USA, who have similar aims and objectives. To federate, or affiliate, or become affiliated, whether incorporated or not, to promote the ICHP's aims.

**15.** To promote ICHP's interests in any proposed statutory registration or proposed act of Oireachtas, or proposed EEC Directives. To take any steps required either alone or jointly, to the acquisition of 'Hypno-Psychotherapy' as a completely separate and distinct profession.

#### ***(4) RESPONSIBILITIES TO CLIENTS***

1 ICHP PGA Members are expected to approach their work with the aim of resolving distress and promoting the well-being and potential to their clients. ICHP PGA Members should endeavour to use their abilities and skills to their client's best advantage without prejudice and with due recognition of the value and dignity of every human being.

2 ICHP PGA Members are required to inform clients or potential clients who so request information as to their training and qualifications.

3 ICHP PGA Members are required to discuss with clients the expected number and duration of sessions, the fees, if any, which will be charged and the method of payment.

4 ICHP PGA Members are responsible for discussing with clients the client's own expectations of the outcome or preferred outcome of the consultation; the methods which will be involved in attaining that outcome; relevant relationships with supervisors or others to whom the ICHP PGA Member owes accountability and methods of recording information including by electronic means.

5 ICHP PGA Members should confirm as far as possible with their clients what other professional therapeutic relationships or methodology their clients may be involved in or undergoing. The Client's permission must be obtained by the ICHP PGA Member if he/she wishes to contact other professional workers regarding any such relationships. This is to ensure protection of the client's best interests.

6 ICHP PGA Members who become aware of a conflict between their obligations to a client as set out in this Code and any legal or ethical obligation to another agency or organisation or other personal contacts will discuss with and make explicit to the client the nature of those loyalties and conflicts.

7 ICHP PGA Members must be aware at all times that there are limits to their own competence. ICHP PGA Members must therefore be prepared in consultation with the client to make an appropriate referral where necessary to another professional. Where possible, a choice of other professionals must be given to the client. In making such a referral, it is the responsibility of the ICHP PGA Member, as far as is reasonable, to verify the competence and integrity of the professional to whom the client is referred.

**8** If a client so requests, a chaperon may be present during the consultation. (This is possible at all times, e.g. Introductory talk, Suggestion Therapy, Dynamic Therapy, **except** Hypno-Analytical Therapy.)

**9.** An ICHP PGA Member shall not accept any form of commission or split fee relating to a client referred to, or by, her/him, by, or to, another member of the ICHP PGA or other professional relationship with the ICHP PGA Member.

### ***(5) CONTACTS WITH THIRD PARTIES AND PUBLICATIONS***

**1.** The hypnotherapist relationship is confidential between the ICHP PGA Member and the client in two ways;

**2.** The fact that a person is or had been a client, or has enquired about becoming a client, must remain confidential.

**3.** The context of any interaction between the ICHP PGA Member and client is confidential and must not be disclosed

**4. Clinical Records** -Ensure that client notes and records be kept secure and confidential and that the uses of computer records remain within the terms of the Data Protection Act

**5. Confidentiality** -Obtain written permission from the client (or if appropriate, the client's parent/s or legal guardian/s) before either recording client sessions or discussing undisguised cases with any person whatsoever. ('Recording' in this context means cases in which material has not been sufficiently altered in order to offer reasonable anonymity to all relevant parties).

**6.** Contact by the ICHP PGA Member regarding the client's therapeutic relationship with the ICHP PGA Member with third parties including relatives or friends of the clients should happen only with the express knowledge and consent of the client.

**7.** Exceptions may only be made in the following circumstances:

**8.** Where minors (under 18) are involved.

**9.** In the case of clients who the ICHP PGA Member has reason to believe would be a danger to themselves or to others.

**10.** If disclosure is ordered by a Judge, Coroner or other similar official having such powers.

**11.** Personal information about the client, whether obtained directly from the client, or indirectly or by inference, must at all times be regarded as confidential and where possible the client must be informed before any disclosure (as regulated by this Code) is made. Where the client is a minor, any action taken by the ICHP PGA Member must be in accordance with applicable legislation. Death of the client shall not terminate this obligation.

**12.** ICHP PGA Members must obtain where possible the verifiable consent of the client for the publication of clinical material. The anonymity of the client shall be preserved unless prior written consent has been obtained. The ICHP PGA Member shall not publish or use material which the client has requested should not be so used.

**13.** ICHP PGA Members are required to clarify with clients the nature, purpose, and conditions of any research in which clients are to be involved and to ensure that information and verifiable consent is given before commencement.

**14.** Material about clients held in computer files shall be secure and conform to the requirements of relevant legislation.

**15.** Should the ICHP PGA Member be faced with a conflict between responsibility to the client and any legal obligations, the ICHP PGA Member must conform to legal requirements.

**16.** In a case where notes are kept about a client, the notes, including any case history or correspondence, shall be retained in safe custody by the ICHP PGA Member for not less than six years.

**17.** ICHP PGA members when making statements of when involved in public activity, or involved in the media, should make it clear whether they are acting as members of specific organisations, or groups, or as representatives of a discipline of psychotherapy / hypnotherapy.

**18.** The ICHP member's primary concern is to the client and to ensure that any third parties, e.g. families, etc., are aware of this.

**19.** Hypnotherapists seek to promote ethics, integrity in the art and science of hypnotherapy / psychotherapy. They shall not participate, condone, or allow themselves to be associated with stage hypnosis, dishonesty or fraud.

**20.** ICHP members should act to stop or offset the consequences of professional activities of a colleague or a member of another discipline which are clearly harmful or apparently unethical. Where such an activity comes to the therapist's attention in the course of a confidential client's relationship with the professional, they use their professional judgement on whether to break confidentiality. If there is any doubt they should contact their supervisor and/or disciplinary committee and complaints procedure who will further advise the therapist on the best course of action given the facts presented.

**21.** ICHP members should avoid conflict of interests and not exploit any professional relationship to further their own personal, political or business interests.

### ***(6) NON-EXPLOITATION***

**1.** The client / ICHP PGA Member relationship is a professional relationship, ICHP PGA Members must not exploit clients in financial, emotional, sexual or other ways, or use the effects of suggestion in hypnosis to gain benefit to themselves from another. The Hypnotherapist must not touch the client in any way that may be open to misinterpretation. In social situations, a clear distinction between personal and professional relationships must be maintained and it is the responsibility of the ICHP PGA Member to maintain that distinction.

- 2. ICHP PGA Members shall not sell to clients products to such an extent that he/she derives a significant proportion of his/her hypnotherapy income from such sales.**
- 3. During the professional relationship and on ceasing the professional relationship between the ICHP PGA Member and the client, the ICHP PGA Member should not have sexual relations or sexual contact with the client.**
- 4. ICHP PGA Members should recognise the importance to them and to their clients of a good working relationship and, in addition, the power and influence which this relationship can give the ICHP PGA Member. The ICHP PGA Member must act accordingly in the client's best interests.**
- 5. Physical violence must not be used against clients although, exceptionally, physical restraint is permissible for the protection of person or property in accordance with the law.**
- 6. ICHP PGA Members must continually appraise for themselves and with their supervisor/s the effectiveness of their approach. ICHP PGA Members have an obligation to seek appropriate advice if they feel unable to perform effectively and appropriately.**
- 7. An ICHP PGA Member shall not solicit or in any way disclose without the consent of the writer receipt of any testimonial or commendatory letter.**
- 8. ICHP Members must ensure, as far as reasonably possible, that whenever an aspect to the client's condition is either known or suspected of being the treatment of which is beyond their training and expertise, the client be advised to seek medical or other appropriate advice.**
- 9. ICHP Members must maintain strict confidentiality within the client/therapist relationship, always provided that such confidentiality is neither inconsistent of the laws of the land.**
- 10. ICHP Members must take reasonable steps to ensure the safety of both the client and any person who may be accompanying the client.**
- 11. ICHP Members must not permit considerations of religion, nationality, gender, age, disability, politics, or social standing to adversely influence client treatment.**
- 12. Hypnotherapists should 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.**



## **(7) CONFIDENTIALITY**

ICHP Members must ensure that client notes and records be kept secure and confidential and that the use of computer records remain within the terms of the Data Protection Act.

Confidentiality is to be maintained in all but the most exceptional circumstances. Those can only include: legal action (*criminal or civil court cases where a court order is made demanding disclosure -includes coroners courts*) and where there is good cause to believe that not to disclose would cause danger or serious harm to others. **Most standards of confidentiality applied in professional contexts are based on the Common Law concept of confidentiality** where the duty to keep confidence is measured against the concept of 'greater good'. A stronger form as advocated, may be provided by the use of a written contract containing a confidentiality clause. The sharing of anonymous case histories with supervisors and peer-support groups is not a breach of professional confidentiality. The sharing of open case histories with supervisors and any referring to a medical practitioner is also not a breach, in the context of the above, i.e., client's safety and duty of care, etc.

### ***PROVISION OF A CONTRACT***

All therapy is undertaken as a result of a contract between the client and the therapist. It is preferable that this should not be a verbal contract which is loose and open to abuse and misinterpretation or dispute. It should preferably be a written contract. Such a contract should include statements of cost per session or whole course of therapy, confidentiality, the clients right of access to the complaints procedure of the ICHP and the fact that there can be no guarantee of a 'cure'. The inclusion of a clause that defines the scope of confidentiality, within therapy raises it from a Common Law duty to Contractual Limitations and duty to deliver. (Thus it becomes easier for all parties to understand their rights and duties within the therapeutic relationship and lowers any risk of abuse or misunderstanding.) These contracts are outlined in this Code of Ethics & Standards under *Explanatory Brochure* and *Client-Therapist Contract Form* -See also *Techniques Check-List*.

## **(8) STRUCTURE OF THE INSITUTE OF CLINICAL HYPNOTHERAPY & PSYCHOTHERAPY**

- 1 The Institute consists of; (1) The Hypnotherapy / Psychotherapy School, (2) The ICHP Post Graduate Association Administration and Offices, (3) The Post Graduate Association of the ICHP School. The Articles of Association deal only with 2, and 3 above.
- 2 The ICHP school's responsibility is for training hypnotherapists / psychotherapists and it's function is to organise ongoing post-graduate training which includes biannual conferences, masterclasses, workshops, seminars, in hypnotherapy / psychotherapy. On going training is imperative to ensure a minimum of 14 hours continuous training each year (Code of Practice No.20) and also to give graduates an opportunity to prolong their therapy studies to meet any future EEC Legislation which may arise.

## **(9) ARTICLES OF THE ASSOCIATION**

### **Post Graduate ICHP Association The Institute of Clinical Hypnotherapy & Psychotherapy**

1. (a) The Principal office of the Membership Institute shall be located in a county and town as determined by the P.G.A. Committee.  
(b) The registered office of the Institute shall be I.C.H.P.,  
Therapy House, 6, Tuckey Street, Cork City, Ireland. Registered in Dublin, Registration No. 203483.
2. The Institute is under the control of of the P.G.A. Committee drawn from the membership. All officers of the Committee shall be unpaid.
3. The P.G.A. Committee will consist of not less than three members. All officers shall have not less than three years of professional experience in a profession in which the use of hypnosis / psychotherapy is an integral part. The majority of the Committee must be made up of non-licensees who are identified publicly by the primary professional titles of hypnotherapist, hypnoanalyst or psychotherapist. The election of Committee members shall take place at the annual general meeting of the Institute. The P.G.A. Committee shall meet at least twice annually to discuss the affairs of the Institute Membership and all decisions of the Committee must be ratified by the Director of the Institute and shall be binding and absolute upon all of the membership.

4. All meetings of the P.G.A. Committee shall be recorded in the form of minutes and such minutes shall be available at the Institute headquarters to any of the membership upon request.

5. The ICHP shall appoint a full-time paid Director / Administrator to look after the welfare of the members. The Director / Administrator's duties shall be as follows;

- Organising On-going Hypnotherapy / Psychotherapy training.
- Bi-annual Conferences on Hypnotherapy / Psychotherapy. Supervision.
- Referral of inquiries to members countrywide.
- Processing new applications for membership.
- Establishing and implementation of complaints and disciplinary procedures.
  - Accreditation procedures for hypnotherapy / Psychotherapy training courses on a national basis.
- Block insurance scheme. Golden Pages corporate advertising scheme.
- Maintaining and constant updating of all records with respect to Annual Subscriptions -insurance payments -members contact addresses Membership grades, etc.
- Annual subscriptions.
- Insurance payments.
- Members contact addresses.
- Membership grades, etc.
- Issuing membership certificates.
- Dealing with the constant flow of general inquiries from the general public who seek their services.
- Accounts and financial matters
- 'The HypnoAnalyst' issued quarterly to all members.
- Representing ICHP in matters pertaining to public interest.
- Encouraging public awareness of all the benefits of Hypnoanalysis / Hypnotherapy / Psychotherapy.
- Implementing and acting on the decisions of the P.G.A. Committee.

1 All meetings of the P.G.A. Committee shall be quorate when three of its membership attend and all decisions shall be arrived at by a simple majority of Committee members present and ratified by the Director of the Institute. All Committee members shall be of equal standing and shall have equal voting rights with the proviso that one Committee member shall be elected by the wish of the majority to the post of Chairman to have control of the conduct of the Committee meetings and to ensure that any decisions of the Committee are implemented and that any employee of the Institute is made aware of such decisions. Individuals co-opted onto or invited to meetings of the Institute, its Committee or sub-committees, which they would otherwise not be entitled to attend, shall not vote. If at any meeting, the chairman or committee members are not present, then the ICHP administrator will be chairman of the meeting.

2 The Institute shall hold a meeting each year known as the Annual General Meeting.

The date and venue of this meeting shall be notified to all fully paid-up associates and members of the Institute whose membership remains in good standing not less than one calendar month before the date set for the meeting. The venue of the meeting shall be decided by the Director of the Institute in consultation with the P.G.A. Committee.

The P.G.A. Committee shall also be empowered to convene or establish such additional general meetings, committees and subcommittees as are considered useful to the conduct of the affairs of the Institute, at the Council's absolute discretion.

8. The Director / Administrator shall prepare and keep an accurate and full set of books of accounts, showing every detail of the Institute's financial accounts and all other receipts and disbursements. All monies received by or on behalf of the Institute (i.e. membership fees) shall be paid into a bank account maintained by the Institute's Director / Administrator which shall be used for Administrative purposes only.

9. All finances raised separately by the Committee (other than 8 above) shall be paid into a bank account maintained separately to the Administration account, which shall be at the discretion of the P.G.A. Committee. The Committee may elect a treasurer who is responsible for maintaining a bank account, and financial records of this separate ICHP Committee account.

10. Any change in any rule or article in the document, may be effected by the

P.G.A. Committee in consultation with the Director of the Institute acting in accordance with the conduct of businesses set down elsewhere in these articles. Such a change may be implemented forthwith, but shall be submitted to the whole eligible membership for ratification at a general meeting or by postal vote. It shall also be open for changes in rule or article (as described above) to be initiated and effected by a general meeting at which a minimum of fifty per cent of the eligible membership is present. All decisions (within the context of this clause) of a general meeting or a postal vote shall be deemed carried by a single majority of those present, or (in the case of a postal vote) of those responding, and must then go before the Director of the Institute for ratification.

#### **ADMINISTRATION INCOME**

1. The income to run the Administration shall come from the Annual Membership Fees of the ICHP and the Bi-annual Conferences, and shall be used for the follow expenditure;

- Telephone & Communications.
- Printing, Postage & Stationary.
- Golden Pages.
- Consultants fees.
- Journal expenses.
- AGM & Conference expenses.
- Equipment.

- Bank charges.
- Indemnity Insurance.
  
- Advertising (website).
- Office rental.
- Use of equipment.
- Heating & lighting.
- Insurance administration.
- Management fee.
- Employees / Labour costs.

#### ***BENEFITS***

- 1 **M**embers and associates are entitled to use the appropriate designatory letters (or wording) of accreditation after their names on all official correspondence or professional and promotional material, e.g., Mr Smith M.I.C.H.P.
- 2 **S**eminars, workshops, conferences, etc., at reduced fees for I.C.H.P. members.
- 3 **R**egister of practitioners will be supplied, without charge to individuals and organisations enquiring about the Institute and its work.
- 4 **T**elephone referral service.
- 5 **A**nnual conference.
- 6 **R**esearch assistance.

#### ***MEMBERSHIP ANNUAL DUES***

- 1 The annual dues shall be determined by the Director of the Institute in consultation with the P.G.A. Committee in accordance with the exigencies of the Institute.
- 2 **A**s and from August 1st, 2004 the Membership Year shall run from January 1st to December 31st of each year. (*Updated 1/3/04*)
- 3 **I**f application for membership is made after January 1st in any year, Membership fees shall be pro-rata, and an additional fee of €50 will be required for additional late administration procedures including, website listings, office listings on referral services, certification, labour, etc.

(*Updated 1/3/04*)

4. There shall be a once only joining/accreditation fee for membership decided by the Director of the Institute.

#### ***ICHP ADVISORY BOARD***

The ICHP Advisory Board consists of recognised professionals in the field of hypnotherapy / psychotherapy who have been selected to advise the ICHP on all aspects of the practice of therapy performed by graduate. The board is also a mechanism by which the ICHP can confer a 'Fellow' of the ICHP for achievement in the profession. Advisory Board members are exempt from the ICHP Committee Office because of possible conflicts of interest.

#### ***MEMBERSHIP ELIGIBILITY***

The Institute comprises two main classes of membership, namely :

1.

MEMBER (Designatory letters M.I.C.H.P.)

- (a) This class of membership is open only to those persons who are holders of both the advanced diploma and ordinary diploma in hypnotherapy /Psychotherapy issued by the Institute of Clinical Hypnotherapy & Psychotherapy.
- (b) Membership is open to those who have attained satisfactory standard in a written and/or oral examination set by the Irish Hypnotherapy Examiners Board.
- (c) Membership is open to those who have gained a diploma from a training school in hypnotherapy / Psychotherapy approved by the Irish Hypnotherapy Examiners Board.
- (d) Membership is open to those who have completed a minimum of two years in full-time private practice in hypnotherapy / Psychotherapy and are willing to abide by the Articles of Association and Code of Practice of the I.C.H.P..

2.

Members who have completed 450 supervised client hours are qualified to become accredited ICHP members and are entitled to use the letters MICH Accredited. (Accreditation procedure updates 2001, details & outlines in this Code under the Supervision Section.)

NOTE: In order to be accepted as member the person must be established in or be proposing to establish a practice in hypnotherapy, utilising analytical techniques and must be proposed for membership by a member of the association in good standing. The Director of the Institute in consultation with the P.G.A. Committee may refuse to admit any person to membership or associate membership and their decisions enacted as a quorum shall be binding and final.

3.

ASSOCIATE MEMBERS (Designatory letters M.I.C.H.P. Assoc.)

(a) This class of membership is open to those who are students of the I.C.H.P. or who have received the ordinary diploma in hypnotherapy / psychotherapy from the I.C.H.P..

(b) Associate membership is available to those students who, although not wishing to enter private practice, study with I.C.H.P., in order to pursue a particular interest. Many of the students, wishing to retain contact with the Institute and to obtain information on up to date developments in the field of hypnosis and psychotherapy, are enabled to do so by attending association functions. The Committee of the Institute may at it's discretion, also award fellowship.

## **(10) 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 professions and with the general public.

- 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 appraised 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.      **ICHP Hypno-psychotherapists are not allowed to offer (advertise, communicate, suggest, publish, promise, etc.) lifetime guarantees, cures, or any guarantee, warranties or 100% (95%, 90%, etc) effective cures within the therapeutic process that commits the therapist to unrealistic expectations that cannot be scientifically proven. (29/1/05)**
  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](http://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 nonattendance 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 brings 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

— 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.

— 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).

— 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

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

— 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.

— 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.

## (11) THE NATURE OF SUPERVISION

1 The primary purpose of supervision is to optimise the therapeutic purpose of addressing the client's needs.

2 Supervision is a formal collaborative process whereby the supervision monitors, develops and supports the therapist in his/her work.

3 Supervision is therefore concerned with:

(a) Maximising the effectiveness of the therapist.

(b) Monitoring and supporting the therapist in his/her work.

- (c) The relationship between the supervisor and the therapist, is built from mutual rapport, so that the therapist is enabled to develop his/her professional identity.
  - (d) The ability of the supervisor to be both critical and supportive of the therapist.
  - (e) The supervisor needs to be able to clarify the relationship between therapist, client, supervisor and (if any) other relevant organisations.
  - (f) Ensuring that both validity prerequisites and ethical standards are maintained throughout the therapeutic relationship.
4. Supervision is not primarily concerned with:

- (a) Training.
- (b) Personal therapy for the therapist.
- (c) Line management.

(Although the skills associated with these activities are central to competent supervision.)

- 1 The supervisory relationship must be confidential unless specified in the initial contract.
- 2 A therapist must not work without regular supervision at least once a month.

#### ***ISSUES OF RESPONSIBILITY***

- 1 It is the therapist's responsibility to explore his/her therapeutic work openly and honestly with the supervisor.
  - 2 Supervisors are responsible for helping the therapist/s to reflect critically upon their work.
  - 3 Both supervisor and therapist are responsible for ensuring the most effective use of supervision time.
  - 4 Both supervisor and therapist are responsible for setting and maintaining clear boundaries between working relationships, friendships or other relationships and making explicit the boundaries between supervision, consultancy, therapy and training.
  - 5 Supervisors must recognise the value and integrity of all therapists as people, irrespective of origin, status, sex, sexual orientation, age, belief or contribution to society.  
Both supervisor and therapist should consider their respective legal liabilities to one another, the employing organisation, if any, and to the client.
7. Therapists who are in private practice are responsible for finding their own supervisors.

#### ***COMPETENCE***

##### **PRACTICE:**

- 1 A supervisor should ideally be a practising hypnotherapist (unless otherwise stated) of at least 3 years experience (within the last 10 years), and have had at least 500 hours of supervised client work within the previously stated time.
- 2 (a) A supervisor should have been in supervision (as above).  
  
(b) Supervisors should monitor and maintain their own effectiveness and are strongly encouraged to arrange for regular evaluation of their work by appropriate supervision.

##### **TRAINING:**

1. A supervisor needs to have either;

- (a) A Diploma in Hypnotherapy, or;
- (b) Less formal training than above, but be able to provide evidence of 3 years experience in a hypnotherapy practice, as well as holding a Certificate in Hypnotherapy.

- 1 Supervisors should, whenever possible, seek further training that is relevant to their work in order to update their learning.
- 2 Supervisors should take account of the limits of their competence and to know when to seek help and/or withdraw from the practice of supervision, whether temporarily or permanently.
- 3 Therapists need to consider carefully the implications of choosing a supervisor who is not a practising therapist. This applies especially to inexperienced therapists.
- 4 **Supervision After Training:**  
  
6 450 Supervised client hours are necessary prior to full ICHP accreditation, the supervisor for these hours must be an experienced therapist who, is either, and ICHP accredited supervisor, and accredited therapist who fulfils ICHP criteria for supervision, or an accredited member of another recognised therapeutic body. It is important, if there is any doubt, to check with the ICHP before starting work with a supervisor.

#### ***THE MANAGEMENT OF THE SUPERVISION WORK***

**For an effective contract of supervision the following points require consideration and action:**

- 1. Supervisors should inform therapists about their own training, theoretical approach, qualifications and the method they use.
- 2. Supervisors must clarify the practical arrangements for supervision, particularly with regard to the privacy of the venue, length of the contract, the frequency of contact, and dates for review of the supervision contract.
- 3. Fees should be arranged in advance.
- 4. Both supervisor and therapist should clarify the expectations and requirements they have of one another, and each accesses the value of working with one another.



5. Before embarking on a supervision contract, supervisors should ascertain what experience, if any, the therapist has had, or is currently engaged in, to determine the variety and effect of the supervision.
6. If, during the supervision, it appears that the therapist needs therapy, the supervisor should discuss the issue and, if appropriate, make a suitable referral to a third party.
7. Supervisors should ensure that therapists are given regular opportunities to evaluate their supervisor.
8. Supervisors should review frequently how the therapist engages in self-assessment, peer assessment and self-evaluation of the therapist's own work.
9. Supervisors should encourage the therapist to improve their professional and personal development.
10. Where personal disagreements cannot be resolved by discussion, the supervisors should consult with a fellow professional and, if appropriate, offer to refer the therapist to another supervisor.

### **CONFIDENTIALITY**

1. As a general rule, supervisors must maintain confidentiality with regard to the therapist and to the client with the following exceptions:
  - (a) If there is to be more detailed discussion of a client (so that the client is recognisable) then the supervisor and therapist must have clearly agreed this from the onset. However, in order to do this, agreement must be sought from the client concerned as well as those on whom the supervisor relies for support, supervision or consultancy. There must also be clarification, at this stage, about the boundaries of confidentiality regarding people (other than the therapist) to whom the supervisor is accountable.
  - (b) When the supervisor considers it necessary to prevent serious emotional or physical damage to the client confidentiality may be breached. However, it is imperative that the supervisor informs the therapist that the supervisor intends to breach their confidentiality agreement.
2. Confidentiality does not preclude the disclosure of confidential information when relevant to the following:
  - (a) Recommendation concerning therapists for professional purposes.
  - (b) Pursuit of disciplinary action involving therapists in matters pertaining to ethical standards.
  - (c) Legal requirements.
3. Information about specific therapists or their client may only be used for publication with prior written consent and should be purposeful and constructive.

### **MODELS OF SUPERVISION**

**There are different models of supervision. This Code applies to all arrangements for supervision.**

#### **1. One-to-one.**

A single supervisor provides the supervision for one therapist less experienced than himself when all the points contained within the Code of practice should be considered.

#### **2. Group supervision with identified supervisor/s.**

This can be with the supervisor, acting as leader, taking responsibility for apportioning the time spent between the therapist, and then concentrating on the work of the individuals, in turn, or, the therapists allocating supervision time between themselves, using the supervisor as a facilitator. There are also many different ways of working between these alternatives. This is also a model when a supervisor of a different orientation might be chosen.

- 1 All the participants in group work should have had sufficient group work experience to be able to engage the group process in ways which facilitate effective supervision.
- 2 Explicit consideration should be given to deciding who is responsible for providing the supervision, and how this supervision will be implemented.
- 3 It is advisable that these groups are visited from time to time by a consultant to observe the group process and monitor the quality of the supervision.

### **4 MODELS OF SKILLS DEVELOPED**

**5 The following models may be used in conjunction with the foregoing, but not instead of them.**

#### **6 1. Peervision.**

7 This takes place when three or more therapists of broadly equal status, training and/or experience share the responsibility for providing each other's peervision within a group context. Particular care needs to be given to developing the necessary rapport for sharing, questioning, and challenging each other constructively. This model is not recommended for groups that consist only of trainee or newly qualified therapists. It is also essential for a clear understanding of where the final responsibility for the clients well-being rests.

#### **8 2. One-to-one consultation.**

9 This involves two participants providing case consultation for one another by alternating the role of consultant and therapist. Ideally, the time spent in each role is divided equally between them.

#### **10 3. Therapist's supervisor.**

11 Confirmation form should be lodged with the therapist's association on an annual basis.

## 12 ***(13) DISCIPLINARY COMMITTEE & COMPLAINTS PROCEDURES***

13 ***One member of the ICHP P.G.A. in addition to the ICHP Administrator to be appointed.***

14 One member of the ICHP P.G.A. Committee in addition to the ICHP Administrator shall be appointed by the full Committee to have responsibility for complaints and discipline. That Committee member is subsequently empowered by the Committee to investigate and to attempt to bring complaints and infringements of the Rules or the Code of Ethics to a conclusion acceptable to all parties. If this proves impossible or is considered serious enough to warrant it, the matter will be referred to a Disciplinary Committee formed to hear the evidence.

15 A Disciplinary Committee consisting of the Chair and two other members of the committee, who shall be appointed by the ICHP, shall constitute a Disciplinary Committee which may investigate and hear complaints concerning the conduct of members and the Disciplinary Committee may make such rules of procedure at its hearing as it deems fit. Any member requested to attend such a hearing shall have the right to be accompanied by a fellow member of the Committee or membership as supporter. In the event the member declines to attend such a hearing, the hearing will proceed in their absence. The Disciplinary Committee will hear the evidence and come to a decision based on the balance of probabilities.

The Disciplinary Committee may terminate a practitioner's membership if such member is either held to have been in breach of the Rules or Code of Ethics & Practice, or by serious ill health, judged incapable of fulfilling their role as a therapist, but the member shall have the right of appeal to the full Committee present at its next scheduled meeting. Any person whose membership is terminated shall forfeit all the privileges of membership. Certificates of Membership remain the property of the ICHP and shall be returned upon demand if a practitioner's membership is terminated.

ICHP PGA Members must, where it is reasonable to so do, raise any concerns which s/he has regarding the conduct of another ICHP PGA Member with that ICHP PGA Member first. If the matter cannot be resolve satisfactorily it should then be reported to the Disciplinary Committee of the ICHP PGA, where the concern relates to serious professional misconduct, ICHP PGA Members have a clear duty and obligation to act accordingly.

### ***COMPLAINTS BY CLIENTS (ICHP No.7:1 Code Of Practice & Ethics)***

ICHP members have an obligation at the start of the therapeutic relationship to make available to their clients how and to whom a complaint can properly be made. If required by the client, the ICHP member must in addition provide the client with all necessary and relevant information to enable the client to make the complaint including names, addresses and telephone numbers of relevant persons within the association if the ICHP members knows, or it is reasonable for the ICHP member to obtain, such information.

### ***ICHP COMPLAINTS, LEGAL & DISCIPLINARY PROCEDURES***

#### **(1) THE COMPLAINTS PROCEDURE: (AVAILABLE TO ANY MEMBER/CLIENT/STUDENT WHO FEELS THEY HAVE A COMPLAINT BY ANY OTHER MEMBER OR OFFICIAL OF THE ICHP)**

A complaint may concern the general conduct or manner in which they carry out any formal process of the ICHP PGA. The intention is to conciliate issues and problems without resort to sanction. It aims for resolution by negotiation and mediation. Unless the accused person(s) request then the complaint shall be treated as confidential. Any person raising a complaint or assisting with information in connection with a complaint must not be victimised nor harassed in any way, by any party (any such harassment shall be dealt with as a disciplinary matter). This procedure does not limit the accused's rites (as an ICHP Member) or access to any other procedure, e.g., Tribunal. The complaint shall be dealt with as quickly as possible and each level shall be limited to 28 days except in exceptional circumstances. Information gathered during the course of the complaint procedure shall be assessed on the balance of probabilities. If at any stage it becomes clear that the grievance is of such a serious nature that it may constitute a breach of discipline then the full Complaints Procedure shall be made available.

##### **(1.1) LEVEL 1**

16 The members concerned will be invited to meet with the Administrator and/or a senior member of the ICHP to air their differences and try to achieve a

resolution of the complaint. Where possible the senior member should ascertain beforehand whether there is any misunderstanding or other minor issue that can easily be clarified by the parties involved and resolved amicably.

If this is not possible then the complaint should move to Level 2.

##### **(1.2) LEVEL 2**

A written account of the complaint shall be sought and a response invited from the complainant, as explained. The written response from the complainant shall then be offered to the accused member for comment. If the response does not satisfy the accused member then any further comments, or any shortcomings of a response, may be offered to the accused member. If either party are unable to offer any supplementary response that answers all the issues raised, then the parties to the complaint shall be given the choice of (1) arbitration, or (2) the complaints procedure, or (3) termination of the complaint.

#### **(2) COMPLAINTS & DISCIPLINARY PROCEDURES**

##### **(2.1) AIM**

The aim of this procedure is to afford protection to the Members of the ICHP and to the patients/clients who attend practitioners of the ICHP and to protect the name of the profession of Hypnotherapy as conducted by members of the ICHP.

##### **(2.2) BRINGING A COMPLAINT**

A complaint may be brought by a member of the public seeking or using the services of a member of the ICHP, either in person or via a third party acting on their behalf and with their authority, OR by a member of the ICHP in respect of another member.

### **(2.3) COMPLAINTS AGAINST NON-ICHP MEMBERS**

The ICHP cannot deal with complaints against individuals or organisations that are not members or accredited to the ICHP.

### **(2.4) TIME SCALE**

A complaint shall be lodged within 5 years of the event(s), which form the substance of that complaint. All documentation records of complaints that are informally resolved shall be kept for 5 years from the initial date of the complaint. All records of formal complaint procedures shall be kept for a period of 5 years, unless the member or accredited organisation is found against and then they shall be kept for 5 years or as long as the individual remains a member or the organisation remains accredited, whichever is the longer.

### **(2.5) EXPENSES**

The ICHP is not responsible for travel or any other expenses incurred either by the Complainant or the member complained against in connection with any stage of the complaint.

### **(2.6) DUAL ACCOUNTABILITY**

The ICHP may decide to investigate a complaint against a member that may be involved in a similar process with another body if it arises from the same material circumstances. Members of the ICHP and accredited organisations have to accept that membership / accreditation involves obligations to observe the ICHP Codes of Ethics and Practice, and as such these obligations must be considered in their own rights.

### **(2.7) RECEIVING COMPLAINTS ETC.**

On receipt of a serious report or complaint of a breach of the Code of Conduct and Ethics of the ICHP, the Administrator shall forward it to the Complaints Committee **within 72 hours of receipt** along with any letters or notes or audiotapes, etc. relating to that complaint, will complete Part I of the Complaints Form and register the complaint.

**N.B. All daily record sheets, client attendance notes and pertinent records, whether be side notes or otherwise must be preserved!**

### **All Complaints Procedures Shall be Conducted in Confidence**

On receipt of the Complaint the Complaints Committee shall contact the complainant / informant within 14 working days, unless the complainant / informant has been made themselves unavailable. The Committee will then clarify any ambiguity and assess the seriousness of the complaint. If it appears suitable then informal resolution will be sought. If the Complaint is of such a nature that it appears a criminal act may have been committed then the procedure will be suspended pending the outcome of any Garda enquiry and all parties shall be informed of the suspension. If a member is to be suspended then that Member should be allowed a period of 28 days to suspend their client list. This being time to organise their personal and financial affairs to defend their presumed innocence until proven otherwise).

### **(2.8) INVESTIGATION**

If the Complaint is of a sufficiently serious nature and informal resolution is not possible then an investigation will be initiated. At the earliest practical opportunity, the member, subject to the complaint, shall be served with a Complaint Notification in writing. This shall contain information in plain language of the nature of the report, allegation or complaint, an official form of caution -allowing any response to be taken within the Rules of Evidence -and information of their rights to legal / friendly representation. At the same time, they should be given the ICHP Code and Complaints Procedures detailing their rights and explaining the procedures. In the process of any Formal Investigation of a Complaint all enquiries shall be carried out within the Rules of Evidence and the provision for evidence gathered as used by the Garda/solicitor/private investigator/medical professional and/or other legal bodies. All enquiries and interviews shall be fully documented and all unused materials, e.g., notes, messages, audio and videotapes, etc., shall be preserved and held on file for a period of 3 years.

If an investigation is not completed within 120 days of the receipt of the complaint then an interim report shall be completed and interested parties shall be advised of the state of the enquiry.

### **(2.9) INDICTMENT**

On completion of the Investigation a file will be prepared and a Discipline Sub-Committee will be convened to assess the file and its recommendations. If the committee decides that there is/are allegation(s) to answer then a Form detailing the allegation(s) or charge(s) will be prepared and served upon the accused. The accused will also be summoned to appear before a sub-committee to answer the allegation(s) and a copy of the file of evidence will be served on the subject no less than 7 working days prior to the hearing, to allow proper legal representation and defence.

### **(2.10) HEARING**

The hearing of the allegations with evidence presented supporting the allegations and the defence shall take the form of an informal tribunal. The Rules of Evidence shall apply though the Committee may hear any evidence presented and shall give the evidence what weight it considers correct, on the basis of the Best Evidence Rule.

The Committee will base its findings on the balance of probabilities and will state its reasoning for its findings. Its findings should be given to the subject on completion of the hearing, though a statement of reasoning may be given in writing within 14 days. Any sanction applied by the committee will be notified in its findings.

The refusal or failure of either the Complainant or the Member Complained Against to attend the hearing without good reason or prior notice (at least 15 days) shall be noted by the chair of the Sub-Committee. The Sub-Committee may either adjourn the hearing to a date not less than 28 days after the date of the hearing or it may hear the matter in the parties absence or it may terminate the procedure.

### **(2.11) APPEALS**

The subject of the proceedings will have 28 days in which to lodge notice of appeal. Having lodged notice they will have 21 days to give their grounds for the Appeal. The Appeal will then be heard by the next scheduled meeting of the Full ICHP PGA Committee after receipt of notice and grounds. At that Appeal hearing the Defence may present any new evidence, subject to it having been notified in writing to the committee 7 days prior to the hearing. The Appeal shall be heard under the same Rules of Evidence and again shall be decided upon the balance of probability.

On hearing the Appeal, the Committee may confirm, vary or set aside the findings of the Sub-Committee. Its findings shall be notified to the subject on completion of hearing the appeal and its reasoning may be given in writing within 7 days of the Hearing.

All parties will also have recourse to appeal to ICHP or any Association accredited to the ICHP on questions of failure to apply the procedures correctly.

**(2.12) WITHDRAWAL**

A report, allegation or complaint may be withdrawn at any stage of the procedure by the complainant(s) / informant(s) (*Under complete agreement, if more than one party, is involved -i.e., if one decides to continue the complaint it will be carried to completion.*)

**(2.13) PRE-EMPTIVE RESIGNATION / LAPSED MEMBERSHIP**

Any member subject of a Complaint Under Investigation that tenders their resignation from the ICHP should have their resignation received but not accepted until the procedure is completed or the complaint withdrawn. The resignation shall be on file until completion of the procedure. Also, if a member fails to renew their membership while under investigation it shall be treated in the same manner as a resignation and held over till the procedure is complete.

**(2.14) PRESENCE OF A 'FRIEND'**

At all stages of the procedure, a 'friend' may accompany both the Complaint and the Member Complained Against. That 'friend' may be a fellow member of a legal advisor or any person the Party wishes to be there to support them. Each party will be limited to one 'friend'.

**(2.15) SUB-COMMITTEE**

Sub-Committee will be drawn up with a chair from the management committee, two members of the Legal and Disciplinary Committee (or two ICHP members with some experience in legal and discipline area), to examine the file and determine if there is sufficient evidence to support an allegation (Prima Face Case). Members of any Sub-Committee appointed to sit on a hearing committee have a duty to declare any interest they may have in the case or in persons involved in the case before allowing themselves to be so appointed to adjudicate should they be considered to compromise their impartiality in any way. The views of all parties to the complaint shall be considered when deciding if the impartiality of a Sub-Committee member is so compromised and requires their replacement.

**(2.16) CONDUCT OF THE HEARING**

— The Chair of the Sub-Committee hearing the Complaint is responsible for ensuring that the hearing is conducted in a manner which shows due regard to the gravity of the situations will be open and available to all parties to the complaint.

**(2.17) WRITTEN EVIDENCE**

All written evidence and submissions by either party or witnesses must be submitted at least 28 days in advance to the Chair of the Disciplinary Committee. All evidence and submissions will be open and available to all parties to the complaint.

**(2.18) NEW EVIDENCE**

Any new evidence may be considered by the Sub-Committee if it deems that this new evidence is pertinent to the Hearing. This evidence may take the form of an Affidavit or other documentary proof or Statement of Matter.

**(2.19) ATTENDANCE OF WITNESS**

Witnesses may be requested to attend if either party indicated they might wish to question points in their respective statements. If no party makes such a request or accepts the Witness's evidence then their attendance will not be requested.

**(2.20) FAILURE TO ATTEND**

The refusal or failure of the Complaint or Member Complained of without good reason, or without at least 15 days notice, at any Hearing the Chair of the Disciplinary Committee may, after considering any representations from any other party involved that is present, **either**;

- (a) Terminate the proceedings and bring the Complaint to an end, Or
- (b) Adjourn the Hearing to a date not less than 28 days hence, Or
- (c) Hear the evidence offered, if admitted by the other party(s) and reach adjudication.

**(2.21) ACCUSED MEMBER'S RIGHT TO LEGAL REPRESENTATION / ADVOCATE**

I feel that the accuse Member should be accorded the facility to have himself/herself represented at all times by their chosen advocate and when the final decision is to be made that the chosen advocate be present. The accused Member's advocate could plead on his client's behalf at the final hearing if it was felt necessary before the final decision would be handed down to the accused member. This would show transparency on behalf of the ICHP that all proceedings were conducted in a proper manner, in accordance with the Code of Ethics and Rules of the ICHP.

**(2.22) PUBLICATION**

The ICHP reserves the right to publish such details of complaints, as it considers appropriate. Any notification that the ICHP, under these procedures, is entitled to publish in its Journal may, at its discretion, be published elsewhere by the ICHP/

**The Termination of Membership Under the Complaints Procedure will be Reported in the ICHP's Journal.**

— (2.23) During the process of investigation or hearing in respect of an allegation, every effort shall be made to ensure that as few people as possible become aware of the allegation, and all those who are aware of it shall treat any information they may have as **completely confidential**.

(2.24) Any member who's membership has been terminated or whose name has been removed from the ICHP's register may re-apply after twelve months for reinstatement, and if refused may apply at yearly intervals thereafter. When a member is applying for reinstatement, the complaints and disciplinary committee must satisfy themselves of the therapist's fitness to practice and the final decision will be made in consultation with the ICHP PGA Committee.

#### ***(14) TRAINING COURSES, CRITERIA FOR ACCREDITATION***

To apply for Accreditation for a Course in the training of Hypnotherapy, a Course provider must produce evidence that the course provided will meet the following requirements:

Establishments must:

- (a) Have been in existence in their current form for not less than 24 months and have graduated five students.
- (b) Accept the principle that the ICHP may inspect their course facilities, administrative offices and a class in progress with due notice given.
- (c) Run training course(s) of not less than 450 hours, made up of interpersonal interactive tuition (minimum of 120 hours), supervised practice, home study and assessment preparation.
- (d) Have at least two trainers.
- (e) The ICHP will not, under any circumstances, accredit a course which is in any way associated with stage hypnosis or whose teachers, either now or in the past, have worked with, or associated with, hypnosis for entertainment.

And those of any curriculum requirements provided by ICHP as the Professional Core Curriculum.

#### ***(15) GUIDELINES FOR SPEAKERS, PRESENTERS AT WORKSHOPS SEMINARS ETC.***

- 1 Speakers and presenters agree to remain focused on their announced subject and avoid digression.
- 2 Speakers agree to teach methods and principles and to provide 'hands-on' exercises when appropriate and where possible.
- 3 Speakers agree to provide handouts and notes for each delegate.
- 4 To avoid marketing products or services during the allotted time for the presentation.
- 5
- 6 5. To agree to allow the presentation to be recorded for ICHP resource library for distribution to the membership and to further the educational purposes of the ICHP.
- 7 6. The presenter agrees to show professional and ethical courtesy in respecting the dignity of other therapeutic professionals and professionals either living or dead, although their views may be in direct variance with that of the presenter.
- 8 7. The presenter agrees not to criticise, rubbish, ridicule other therapeutic concepts, modalities, or professionals in the field either living or dead, to bolster or fortify their own therapeutic position, even though their criticism may seem to be justified from a scientific perspective.
- 9 8. Agrees not to abuse his/her position of trust as a speaker to advance his/her therapeutic political viewpoint in the metaphorical therapeutic wars and battles that currently exist in the therapeutic community worldwide.
- 10 9. Agrees not to rubbish the religious beliefs of fellow therapists or their client and the therapeutic value they place on them, e.g. past-life therapy, transperson, etc.
- 11 10. To be sensitive to the ICHP therapeutic approach whose methods are mainly focused on solution-focused hypnotherapy and experimental techniques, which fall into the category of finding the causes and alleviating the effects of symptoms through hypnopschotherapy and suggestion therapy.
- 12 11. If the presenter feels s/her must preach a 'Gospel' contrary to (10) above then it is best that s/he find a different audience. Although the ICHP are open to other ideas and concepts, they do not appreciate their work being rubbished by well-meaning presenters who have agendas other than that of healing.
- 13 12. As ICHP hypno-psychotherapy is a much-misunderstood subject, it is imperative that the ICHP has in place guidelines that will enable both the student and post-graduate to grow and develop in a positive framework and atmosphere of love, healing and positive affirmations.

#### ***14 ICHP Regional Peer Support Groups (R.P.S.Gs)*** ***15 (ICHP Code updated—29/1/05 AGM)***

16 (1) The Primary purpose of the ICHP Regional Peer Support Groups is to involve each member in the organisation, to meet their therapeutic needs in an informal atmosphere of genuine trust, support and cooperation.

17 (2) ICHP Regional Peer Support Groups are constituted in accordance with ICHP's Articles of Association, Code of Ethics, Practice and Standards, to fulfil ICHP aims and objectives as outlined in the said Articles.

18

Chapter 3, No. 9 - "Provide a network which will allow professionals to share experiences with members of the ICHP"

Chapter 3, No. 10 - "Raise the awareness of hypnotherapy/psychotherapy and the beneficial outcomes of treatment amongst the general public."

- (3) To increase the awareness for hypno-psychotherapy throughout Ireland, e.g. [www.hypnosiseire.com](http://www.hypnosiseire.com), [www.hypnotherapyassociation.ie](http://www.hypnotherapyassociation.ie), [www.ichp-hypnotherapy.com](http://www.ichp-hypnotherapy.com)
- (4) ICHP's philosophy, in the context of these articles, is for the R.P.S.Gs to remain autonomous, to be self-governing, self financing according to committee procedures and answerable in the first instance to the P.G.A. Committee.
- (5) As an initial guideline for constituting R.P.S.Gs in the provinces, it is proposed to use Eircom *Area Code* map and to use the postal code system in the Dublin and northern Ireland area.
- (6) (a) That the P.G.A. will have a central coordinator to ensure that each ICHP member has a R.P.S.G. to attend and to coordinate the formation and administration of required number of groups to facilitate the process.
- (7) (a) The function of the R.P.S.G. is to fulfil the primary purpose of the ICHP as outlined in these articles. To fulfil these aims the R.P.S.G. will focus on the tasks of developing public awareness, group advertising (Golden Pages, etc.), local and regional events, public awareness, exhibitions, P.R., etc. The groupings will have a strong educational component aimed at developing evolving techniques and approached in dynamic solution focused hypnotherapy. Also, to build a support system for developing personal and therapeutic skills and expertise amongst the membership.
- (b) The R.P.S.G. will also have an educational component consisting of guest speakers, lectures, videos and discussion, audios with discussion, techniques and inductions, book reviews, case histories, revision, etc.
- (c) The R.P.S.G.s should not become a venue for supervision requirements, however the R.P.S.G. may also assist in coordinating supervision, group supervision and one-to-one supervision. However, supervision is the responsibility of each ICHP member and R.P.S.Gs are encouraged to discover unique methods to fulfil this requirement for each member. Whenever possible ICHP designated supervisors should be employed to coordinate this task within the R.P.S.G.
- (8) (a) Each ICHP R.P.S.G. member is required to be a member in good standing with the ICHP to be eligible to participate, and it is the responsibility of each R.P.S.G. chairman to ensure compliance with this ruling.
- (b) It is mandatory that ICHP membership subscription be paid up to participate in R.P.S.G. meetings.
- (c) Any interested person (non ICHP member) may attend a R.P.S.G. more than three times before submitting an application for approval as a member or 'associate member' of the ICHP.
- (d) Students in ICHP training who wish to attend their local R.P.S.G. meeting should be encouraged to attend and supported by the membership.
- (9) Each regional group is responsible for the Annual Golden Pages Corporate ICHP Block Advertisement within their area.

The Chairman of each group is responsible for contacting the Golden Pages before the closure of the directory and ensuring each member is listed under the corporate banner.

The Chairman may also liaise with the Group Leaders Representative Body in order to amalgamate all the therapists in the region under the corporate banner in the Golden Pages.

## (10) ICHP R.P.S.G. Meeting Guidelines

- (a) It is essential that R.P.S.G. meetings do not become 'political', however they may introduce proposed changes following the usual protocols at AGMs.
- (b) Operating a R.P.S.G. meeting should be kept as simple as possible utilising normal committee procedures -KISS (Keep it so simple).
- (c) The R.P.S.G. should not infer that they are the ICHP. *(R.P.S.Gs are regional groupings of the ICHP, and particular care should be taken when dealing with the media.)*
- (d) Any or all concerns relating to point 7(c) above will be the responsibility of the R.P.S.G. Chairman who will notify the PGA Coordinator of R.P.S.Gs in advance of any media event which may effect the ICHP as a whole.
- (e) To have a sign in sheet for each R.P.S.G. meeting and to ensure every participant signs in.
- (f) Also the minutes and contents of each meeting should be kept on record and a copy sent annually to the PGA Coordinator of R.P.S.Gs.
- (g) The optimum number of delegates per meeting should be 6 to 8 members on average. *(guideline)*

## **Proposed Structure/Agenda/Framework**

The following guidelines for each Regional Group meeting, is to provide a framework to use time effectively to meet the needs of each member. The following is a "pattern" for each Regional Group to follow and it is up to each group to choose which points to focus on. The Chairperson has the responsibility to allocate topics and time to each point e.g. ten minutes uninterrupted to each member; twenty minutes open forum/educational slots; ten minutes feedback from the group etc. The emphasis is on a proposed structure or suggested format to follow, and each group is free to interpret and act in accordance to the wished of the membership in their group.

1. Meetings will take place once a month with a duration of two/three hour's maximum.
2. Group leader opens meeting and welcomes everyone.
3. Chairperson ensures each member is signed in for each meeting and records minutes and emails to each member/Administration/RPSG's Central Coordinator.
4. Read the aims and objectives of the ICHP Code of Ethics i.e. the aims and objectives or the code itself, or part thereof.

5. Focus on the needs of each member of the group i.e. ask each member of the group, “what are his/her needs”, make a list and discuss each one in turn.
6. Focus on who needs support/assistance in a therapeutic context.
7. Focus on the implementation of the “ICHP Decade Plan” or parts thereof or any National initiative endorsed by the PGA Committee that effect the group in their locality
8. Update on agreed RPSGs group projects and outcomes initiated by that group.
9. Focus on how to increase public awareness and to increase clients for each member in the group.
10. Supervision is a separate process to Group Meeting’s, however the Chairperson should ensure all members are in Supervision, and to avoid wasting time on matters best dealt within the context of supervision.
11. To focus on “Hypno-Psychotherapy Day” April 26th annually—professional hypnotherapists all over Ireland to take a stand to promote hypnotherapy positively and professionally.
12. Focus on developing Hypnotherapeutic skills; Case Studies, Metaphors, Scripts, Techniques, Inductions, Symptoms etc.
13. Member(s) would be delegated an agreed project for the next meeting.
14. To invite guest speakers e.g. more advanced Hypno-psychotherapist, specialist,

open forum education slot, etc. To view a video/cd, listen to audio session, and have a discussion afterwards.

15. Any other business.
16. Set date, time and venue for the next meeting. (e.g. first Tuesday of every month in the Chairperson’s Hypnotherapy Clinic)
17. Close meeting.

### **Regional Groups Link on Website**

Establish an internet support network and system to focus solely on all aspects of the Regional Support Groups. The Chairperson of each grouping will update the members by email and each member in turn will network and communicate with each other.

## *ICHP Regional Group Organisational Structure*

- The ICHP RPSG’s *Central Coordinator* falls under the direct responsibility of the PGA Chairperson who will appoint an ICHP member to coordinate all aspects of the Peer Support Groupings in the 32 counties of Ireland, and in countries where the ICHP is established. The PGA Committee will appoint a *Central Coordinator* for the administration and registration of R.P.S.G.’s and it is the PGA’s Committee’s responsibility to oversee all aspects of the R.P.S.G.
- ICHP Administration will cooperate with the *Central Coordinator* in the smooth running of the RPSG’s by setting up whatever agreed system of registration and networking required.
- Regional Area Representatives are appointed by mutual agreement between *Group Leaders* and *Central Coordinator* and will report directly to the *Central Coordinator*.
- The Group Leaders Representative Body will consist of all the *Chairpersons* of the sub-groupings in an area. One person will be elected to represent this body, who will report to the *Regional Area Representative*. In the absence of an Area Representative he/she will report directly to the Central Coordinator.
- Regional Peer Support Groups outlined in this Code consist of 6-8 members on average, and the Chairperson of each sub-group is to report in the first instance to the Chairperson of the *Group Leaders Representative Body*.

### • **Registration / Administration of ICHP R.P.S.G.’s**

It is the PGA Chairpersons responsibility to ensure that every member of the ICHP has a local RPSG to attend.

The Chairperson will appoint a RPSG’s Central Coordinator who will take total responsibility for registration implementation and administrating all aspects of RPSG’s.

- (1) The registration form (RPSG Form A1) will be forwarded to the Central Coordinator consisting of the Chairperson / Group Leaders contact details together with the 6-8 members of that specific grouping. The Central Coordinator will then allocate :
  - (a) RPSG’s Group number and Area Title.
  - (b) Appoint an Area Representative for that group.
  - (c) Issue a Certificate of Registration.
  - (d) Ensure this Grouping is listed with all other ICHP Groupings and RPSG pages on the website, and ICHP structures in general.
- (2) Ensure that each member is in compliance with the ICHP Code as outlined in this document.
- (3) To receive and record minutes of each RPSG’s either annually or on the designated website.
- (4) To disseminate information on behalf of the PGA Committee to each Regional Peer Support Group.
- (5) To organise a minimum of two annual meetings with all the area representatives and Group Leaders (Chairperson of each RPSG), either separately or amalgamated, to review updates and further the aims and objectives of each member.
- (6) To give an Annual Report on RPSG to the ICHP AGM, based on minutes and meetings from each grouping and Area Representative.

All questions, problems, difficulties, issues arising from these articles are resolved in the first instance by Central Coordinator in cooperation with the Area Representative and the PGA Chairman and Committee when appropriate. In an intractable situation, members have recourse to the *Complaints and Disciplinary Committee*. ICHP Administration may be called up to adjudicate in matters when all other avenues have been exhausted.