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*Submission to the Minister of Health regarding the  
proposed regulation of counsellors and psychotherapists  
under the Health and Social Care Professionals Act 2005*

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# Submission on proposed regulation of Counsellors and Psychotherapists under the Health and Social Care Professionals Act 2005

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## **Extract**

This document is a submission to the Minister for Health in Ireland and proposes the inclusion of hypnotherapists, hypnopsychotherapists and hypnotists in the regulatory framework which the minister intends to implement for psychotherapists and counsellors. It gives details of Clinical Hypnotherapy and Psychotherapy Association Company Limited by Guarantee registered in Ireland, which operates under the name The CHPA as a self regulating body for hypnopsychotherapists and Hypnotherapists, as well as its ties with the European Association for Hypno-Psychotherapy.

Provided also is some background on these psychotherapeutic modalities with along with the proposals to the minister. Indices give further detailed information.

## I. The CHPA - Who we are

- Self regulating body

The CHPA was founded in 2010 because, while there was a representative organisation only for practitioners from a particular training school, an organisation was needed which had broader representation. We are Clinical Hypnotherapy and Psychotherapy Association Company Limited by Guarantee, known as The CHPA, a self regulating non-profit organisation which comprises of members who practice as hypnotherapists and hypnopsychotherapists. We are dedicated to advancing the science and art of Hypnotherapy and Hypnopsychotherapy by achieving the highest standards in facilitating positive, empowering and lasting personal change for clients. We are the largest Hypnotherapy Association in Ireland and the only recognised registration body in Ireland for the European Association of Hypno-psychotherapy (EAHP), which is part of the European Association for Psychotherapy (EAP).

For membership we have a minimum standard of training required, a standard adopted by the unified profession of hypnotherapists in the United Kingdom. We have a code of ethics to which our members must adhere, and a procedure for complaints to be made regarding the behaviour of any member. We are able to demonstrate that our members comply with professional requirements of CPD and work under a system of Supervision, and can provide evidence that all our therapists are, and always have, since initial membership, been subject to a documented system of self regulation which is designed to ensure maintenance of standards and the protection of the public.

We are NOT a private business or organisation established for the financial benefit of any individual, group of individuals, or any other organisational entity. (See Appendix 1 for our Constitution and Articles of Association).

- Ethical Code summary (see appendix 1 for full code)

Each of our members is bound by our Professional Code of Conduct and Ethics, which aims to support the highest standard of ethical behaviour by therapists, and gives the clients of members assurances regarding the service offered and the opportunity to raise complaints (see complaints procedure appendix 2) should a

therapist contravene this code. The scope of this Code is to govern the relationship between:

- a. hypnotherapist and hypnopsychotherapist and clients;
- b. Hypnotherapist and hypnopsychotherapist and other healthcare professionals;
- c. Hypnotherapist and hypnopsychotherapist and the profession of hypnotherapy and hypnopsychotherapy.

- Membership guides summary (See appendix 2 for full versions)

The CHPA has firm guidelines for membership qualifications and provides guidelines for members on other matters

The CHPA Membership guides

- I. Requirements for Membership
- II. Guidelines on Disclosure obligations regarding children and vulnerable persons
- III. Guidelines for Supervision
- IV. Guidelines on Continuing Professional Development
- V. Complaints procedures
- VI. Guidelines for Directors

- Organisational member of EAHP )

The CHPA is an organisational member of The European Association for Hypno Psychotherapy (EAHP) which is in turn an organisational member of the European Association of Psychotherapy (EAP) (see appendix 3 for further information).

## II. Hypnotherapy Background

- Definition and scope of practice

- Hypnotherapy Defined

A form of psychotherapy based on hypnosis, using techniques such as helping the client to perceive or interpret things. (*Dictionary of Psychology 3<sup>rd</sup> Edition ; A.Coleman Publisher: Oxford University Press Print Publication Date: 2008 Print ISBN-13: 9780199534067 Published online: 2009 Current Online Version: 2014 eISBN: 9780191726828A Retrieved 2/11/16*)

“the use of hypnosis to help people with emotional and psychological problems”  
<http://www.merriam-webster.com/dictionary/hypnotherapy>. Retrieved 27/10/16

“the use of hypnosis in the treatment of emotional and psychogenic problems”  
<http://www.collinsdictionary.com/dictionary/english/hypnotherapy> Retrieved 2/11/16

“Hypnotherapy is a form of psychotherapy used to create subconscious change in a client in the form of new responses, thoughts, attitudes, behaviours or feelings. It is undertaken with a subject in hypnosis (*“What is Hypnotherapy and How Does it Differ From Hypnosis?”*. *Hypnos.info*. 2007-07-22. Retrieved 2011-11-28).

Hypnotherapy is defined by the Complementary and Natural Health Care Council (CNHC) in the UK as “a skilled communication aimed at directing a person’s imagination in a way that helps elicit changes in some perceptions, sensations, feelings, thoughts and behaviours.”

([http://www.cnhc.org.uk/index.cfm?page\\_ID=101&disciplineID=12&d=hypnotherapy](http://www.cnhc.org.uk/index.cfm?page_ID=101&disciplineID=12&d=hypnotherapy)  
Retrieved 11/11/2016)

A person who is hypnotized displays certain unusual behaviour characteristics and propensities, compared with a non-hypnotized subject, most notably heightened suggestibility and responsiveness.

In the USA in 1973, Dr John Kappas, Founder of the Hypnosis Motivation Institute, wrote and defined the profession of a hypnotherapist in the Federal Dictionary of Occupational Titles:

"Induces hypnotic state in client to increase motivation or alter behavior patterns: Consults with client to determine nature of problem. Prepares client to enter hypnotic state by explaining how hypnosis works and what client will experience. Tests subject to determine degree of physical and emotional suggestibility. Induces hypnotic state in client, using individualized methods and techniques of hypnosis based on interpretation of test results and analysis of client's problem. May train client in self-hypnosis conditioning." (*Dictionary of Occupational Titles: Hypnotherapist (079.157-010)*).  
*Occupationalinfo.org. Retrieved 2011-11-28.*)

In Ireland individuals practise as “hypnotists”, “hypnotherapists” and “hypnopsychotherapists”.

Hypnotherapists are those who generically practise using the power of suggestion with clients under the influence of the hypnotic state to help people achieve positive change  
Hypnopsychotherapist, is a title espoused by the European Association for Hypnopsychotherapy (EAHP) within the European Association for Psychotherapy, and is used by people who are trained to include in their techniques those used in psychotherapy and hypnotherapy.

Hypnotist is a title sometimes used by members of some organisations, primarily in America, to circumvent certain regulations which restrict the use of altered states such as hypnosis and the use of psychotherapeutic techniques to designated professionals such as psychologists. They deny that what they do is any form of therapy, and use a vocabulary designed to reflect this approach.

Hypnosis is also used by medical professionals, dentists, surgeons or by practitioners in conjunction with these medical professionals in dealing with medical issues. In this case the practitioners are referred to as clinical hypnotists who practise medical hypnosis.

The people whom these practitioners deal with are

- 1) people who have emotional or psychological problems which arise from many causes including abuse, depression, relationship difficulties, stress

- 2) people who may have physical issues which may arise out of emotional difficulties; for example, obesity, eating disorders, or addiction
- 3) people who suffer from physical issues such as chronic pain;
- 4) people undergoing medical or dental procedures (clinical hypnosis).

- Number of Practitioners

Although no accurate figure is available for the number of people who practise hypnotherapy of some sort, we estimate it to be around 500. This would include those who do so without advertising themselves specifically as hypnotherapists but use hypnotherapeutic methods and approaches in their practices, e.g. psychologists, but also various practitioners who offer alternative and complementary treatment modalities.

- The UK position

The Complementary and Natural Healthcare Council (CNHC) is a regulatory body in the United Kingdom which provides a voluntary register of complementary, rather than alternative medicine, therapists. The key purpose of CNHC is to act in the public interest and enable proper public accountability of the complementary therapists that it registers.

The CHNC was founded in 2008 with government funding and support and became fully operational in early 2009. In 2013 it was approved as the holder of an 'Accredited Voluntary Register' by the Professional Standards Authority for Health and Social Care (PSA). In December 2014 it became an 'Accredited Register', for the PSA.

Within the CNHC there is an accredited register for hypnotherapists. General Medical Council (GMC) guidance confirms that doctors are able to refer patients to practitioners on Accredited Registers.

### III. Hypno-Psychotherapy Background

- Definition

Hypnotherapy can be defined as the use of recognised psychotherapeutic techniques and procedures accompanied by the use of hypnosis. Appendix 3 offers a more detailed overview. The scientific validity of hypnotherapy has been assessed by the European Association for Psychotherapy.

- Our Relationship with European Association for Psychotherapy (EAP)

The CHPA is an organisational member of The European Association for Hypno Psychotherapy (EAHP) (see appendix 4 for further information), which is the European umbrella organisation uniting Professional Organisations/Bodies and/or Training Institutes for this modality of Psychotherapy. The EAHP is an organisational member of the European Association for Psychotherapy (EAP) Vienna.

EAHP underlines the aims of EAP to promote high standards of ethics, training and education for the benefit of the general public. The EAP establishes a European Certificate of Psychotherapy Document (ECP Document) to provide guidelines for the procedures and criteria of training and qualifications. EAP endeavours to influence the development and regulation of psychotherapy standards in European countries and the European Union and to make available information and documentation to political organisations and Government Departments.

In February 2004 EAHP gained the status of a European Wide Accrediting Organisation (EWAO) within EAP, which implies that EAHP is competent to recognise Hypnotherapy Training Organisations to ECP-standards, in particular to the four years specific hypnotherapy training.

#### **IV. Our position in relation to regulation**

We welcome regulation and inclusion of all therapeutic modalities, such as clinical hypnosis, that may fall within the realm of psychotherapy. We note that the minister is consulting with respect to the regulation of psychotherapists and counsellors. Given that the primary purpose of regulation is protection of the public we, The CHPA, are very much in favour of regulation, and look forward to being included in a regulatory framework. We desire this to ensure both the safety of the public and the quality of training for hypnotherapists and hypnopsychotherapists. Because of its nature, the use of hypnosis needs to be approached in a responsible manner. Our concern is that there are organisations in Ireland providing courses which claim to give people the hypnotherapeutic skills to help people with physical and psychological problems. Most of these courses are really inadequate, some consisting of only a few weekends. We are anxious that the exclusion of our therapy modality from regulation will leave the public still exposed to the very poorly qualified, and sometimes unscrupulous, practitioners whose behaviour can and does endanger the vulnerable people who seek their help, as we know from the calls received from members of the public who have been ill served.

There is a distinct need for specialist training and experience in the provision of hypnotherapy. The specialist training, both technical and theoretical, which is required to properly and ethically use hypnosis and hypnotherapeutic techniques, is something that falls outside the training of the majority of psychology and psychotherapy courses. But, owing to its psychotherapeutic components, especially in the case of hypnopsychotherapists, both training and practise must be adequately represented in any regulation of psychotherapy to ensure adequate scope.

Regulation by the State under the Health and Social Care Professionals Act 2005 would be the option favoured by The CHPA. State regulation would, in our opinion, provide the public with the maximum assurance that they will be protected in the event of their using the services of hypnotherapists and hypnopsychotherapists.

We are agnostic when it comes to the matter of whether there should be one or two boards, but would be anxious that any board or boards include a person with adequate knowledge of what the hypnotherapeutic modalities involve.

## V. Our Proposal

- For Hypnopsychotherapy practitioners to be considered in the Regulation of Psychotherapists.

The appropriate level of training for “grandparenting” existing practitioners recommended would be a course for qualification which comprised not less than 450 hours, made up of interpersonal interactive tuition (120 hours minimum), supervised practice, homestudy and assessment preparation. Plus an element of personal therapy and a minimum of 5 years practice under supervision. These elements to be substantiated through contemporaneous documentary evidence.

The future qualifications would be a university degree or equivalent professional training in subjects relevant to hypnopsychotherapy or psychotherapy plus modality training as outlined in Appendix 5.

Title to be protected: “hypnopsychotherapist”.

We would be very much in favour of each qualified individual wishing to operate as a practitioner, whether independently or as an employee in an institutional environment, being required to undergo an assessment as to his or her suitability to be a therapist before being licensed to operate.

- For Hypnotherapists and hypnotists to be considered for Regulation

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The appropriate level of training for “grandparenting” existing practitioners recommended would be a course for qualification which comprised not less than 450 hours, made up of interpersonal interactive tuition (120 hours minimum), supervised practice, homestudy and assessment preparation. Alternatively an assessment through portfolio of the practitioners’ understanding and practice to obtain the Hypnotherapy Practitioner Diploma, a UK Level 4 qualification (see Appendix 6 for full details). Admission to any register for hypnotherapists on this basis should be allowed for a period of three years from the date of regulation commencing.

The future qualifications would be a university degree or equivalent professional training in subjects relevant to psychology or hypnotherapy or psychotherapy plus modality training as outlined in Appendix 7.

Titles to be protected “hypnotherapist” and “hypnotist”.

We would be very much in favour of each qualified individual wishing to operate as a practitioner, whether independently or as an employee in an institutional environment, being required to undergo an assessment as to his or her suitability to be a therapist before being licensed to operate.

# Appendices

## **Appendix 1 The CHPA**

### **I. Clinical Hypnotherapy and Psychotherapy Association CLG Constitution and Articles of Association**

#### **CONSTITUTION**

#### **OF**

#### **CLINICAL HYPNOTHERAPY & PSYCHOTHERAPY ASSOCIATION COMPANY LIMITED BY GUARANTEE**

#### **MEMORANDUM OF ASSOCIATION**

1. The name of the company is: Clinical ‘Hypnotherapy & Psychotherapy Association Company Limited by Guarantee (“the Association”).
2. The company is a company limited by guarantee, registered under Part 18 of the Companies Act 2014.
3. (a) The principal objectives for which the Association is established are:
  - (i) To continue raising the standards and advancing the field of hypnotherapy in Ireland.
  - (ii) To maintain a code of ethics and practice and a complaints and disciplinary procedure to deal with complaints and issues from all sources.
  - (iii) To ensure ongoing professional development and professional supervision; encouraging high training standards.
  - (iv) To promote the development of a nationally recognised qualification in hypnotherapy; making representation to the government and other appropriate educational bodies.
  - (v) To educate the public about the efficacy of hypnotherapeutic techniques conducted by properly qualified practitioners; bringing the practice of hypnotherapy further into the mainstream.

(vi) To promote, within the profession, the latest information and techniques in hypnotherapy through our journal, workshops, seminars and conferences and our continuous professional development

(vii) To assist in the advancement of hypnotherapy worldwide through affiliation with other national and international associations.

(viii) To seek to fulfill the legislative requirements of the Health & Social Care Professionals Act 2005 for the designation of the profession of Hypnotherapists, Hypno-psychotherapists, Hypno-analysts, and the protection of these titles under the Act

3. (b) As a subsidiary objective of the Association, exclusively for the purpose of attainment of the principal objectives, the Association shall do all such other lawful things as are necessary to the attainment of the principal objectives, and shall apply all income generated thereby to such purpose.

4. The Association adopts the following powers:

a) To enter into contracts, arrangements and agreements concerning the business of the Association with individuals, companies, associations and bodies of all kinds including governmental, statutory and local authorities, organisations and agencies.

b) To make, draw, accept, endorse, issue, discount and otherwise deal in cheques, promissory notes, and other mercantile instruments.

c) To accumulate capital for any purpose of the Association and to invest it in such manner as may be thought fit.

d) To enter into any partnership, joint venture or international network, and to participate in the establishment or incorporation of any company or other association or organisation calculated to serve, directly or indirectly, the interests or purposes of the Association.

e) To engage locally, nationally and internationally in fundraising; to acquire sponsorship and to solicit and accept monies, grants, donations, subscriptions and any material or other benefit calculated to serve any purpose of the Association.

f) To give grants, bursaries, scholarships and other awards designed to encourage the development of hypnotherapy and psychotherapy.

g) To act as publishers, printers and producers of material in all media on topics related to hypnotherapy and psychotherapy, but not for profit.

- h) To acquire, develop and protect any copyrights, patents, trademarks and licences and any other form of intellectual property which may seem capable of being used to further the purposes of the Association.
- i) To acquire, hold and sell property of any kind and to deal in any fashion possible with all or any of the property and rights of the Association.
- j) To defend and protect the property, interests and reputation of the Association in all appropriate ways, including by the prosecution or defence of any legal proceedings.
- k) To constitute any trust, act as trustee and generally to transact all kinds of trust and agency business either gratuitously or otherwise.
- l) From time to time to raise and borrow money for the purposes of the Association on such terms as may be thought fit.
- m) To give, advance and lend money, with or without security and to subscribe or guarantee money for any purpose compatible with the objectives of the Association.
- n) To do all such other things (whether or not for gain), and carry on any business incidental or conducive to the attainment of the principal objects, or any of them, or calculated directly or indirectly to contribute to the welfare or improvement of the Association.
- o) To do all of the above things in any part of the world as principal, agent, or in any other capacity.

5. The liability of the members is limited.

6. The income and property of the Association shall be applied solely towards the promotion of its objectives as set forth in this Memorandum of Association, and no portion thereof shall be paid or transferred, directly or indirectly, by way of dividend, bonus or otherwise, to members of the Association. No director of the Association shall be appointed to any salaried office of the Association, nor receive any remuneration or other benefit in money or money's worth from the Association for acting as a director. However; nothing herein shall prevent the payment in good faith by the Association of reasonable and proper remuneration to any member, director; officer or servant of the Association for any services actually rendered to the Association, nor any reasonable and proper out-of-pocket expenses incurred by any director in connection with attendance to any matter affecting the business of the Association.

7. Every member of the Association undertakes to contribute to the assets of the Association in the event of its being wound up while he or she is a member, or within

one year after he or she ceases to be a member, such amount not exceeding ten euro, as may be required.

8. If upon the winding up or dissolution of the Association there remains after the satisfaction of all of its debts and liabilities, any property whatsoever, the same shall not be paid or distributed among the members of the Association but shall be given or transferred to some other institution or institutions having objects similar to those of the Association, and which shall prohibit the distribution of its or their income and property among its or their members to an extent at least as great as that imposed on the Association by clause 6 hereof, such institution or institutions to be determined by the members of the Association at or before the time of dissolution, and if and so far as effect cannot be given to such provisions, then to some non-profit organisation operating in the field of hypnotherapy or psychotherapy

9. Annual accounts shall be kept and made available to the Revenue Commissioner on request.

## ARTICLES OF ASSOCIATION

1. The following regulations shall apply to the company

### INTERPRETATION

2. In these Articles:

“Association” shall mean the company known as Clinical Hypnotherapy & Psychotherapy Association CLG, incorporated in Ireland No. 490738 in the Register of Companies.

“Acts” shall mean the provisions of the Companies Act 2014 which are hereby adopted, and as may be amended or augmented by subsequent Acts of the Oireachtas.

“Directors” shall mean the directors for the time being of the Association, being the members of the National Executive Committee.

“National Executive Committee” shall mean the board of directors of the Association, acting collectively in accordance with the provisions of these Articles.

“Company Secretary” shall mean any person appointed to perform the duties of Company Secretary of the Association.

“Seal” shall mean the common seal of the Association.

“Registered Office” shall mean the registered office for the time being of the Association.

Unless the contrary intention appears:

(a) expressions referring to writing shall be construed as including references to any mode of representing words in a visible form

(b) words or expressions contained in these Articles shall bear the same meaning as in the Acts or any statutory modification thereof in force at the date at which these Articles become binding on the Company.

(c) words importing the singular number shall include the plural, and vice versa; words importing the masculine gender shall include the feminine gender and the neuter gender; and any reference to persons shall include a corporate body.

### MEMBERSHIP

#### Members

3. The Association shall have a minimum of seven members. There shall be no maximum.

4. The members of the Association shall be those persons who shall be admitted to membership of the Association pursuant to its membership application procedure.

Subject to acceptance of their application, membership shall be open to all graduates (and students) of such training institutions as may be recognised by the Association PROVIDED THAT that on becoming members they agree to be bound by the constitution (including these Articles) rules, regulations and standing orders of the Association.

5. There shall be five classes of membership, as follows:

a. Hypnotherapist membership, which shall be open to practising hypnotherapists holding qualifications in hypnotherapy recognised by the Association; such a member may use the designation MCHPA(Hyp).

b. Hypno-psychotherapist membership, which shall be open to practising hypnopsychotherapists holding qualifications in hypno-psychotherapy recognised by the Association; such a member may use the designation MCHPA(HyPsych).

c. Student membership, open to students studying for a hypnotherapy or hypnopsychotherapy qualification at training institutions recognised by the Association. Such a member may not use any designation

d. Non-practising Membership, open to qualified hypnotherapists and hypnopsychotherapists who are not practising but wish to retain membership for a limited period after ceasing practise or during a break in practice. The time permitted for a member to remain a non practising member will be determined by the National Executive Committee from time to time. Such a member may not use any designation.

e. Honorary membership which may be granted by resolution of the National Executive Committee to such persons as the committee judges to have made a significant contribution to the development of Hypnotherapy and Hypno-psychotherapy in Ireland or elsewhere. Such a member may use the designation MCHPA(Hon).

6. There shall be an annual subscription payable by members who are not Honorary members, the amount of which shall be fixed by the National Executive Committee from time to time.

7. Membership shall be from calendar year to calendar year, subject to payment of the annual subscription.

### **Cessation of membership**

8. (a) A member may, by notice in writing to the Company Secretary, resign his or her membership of the Association.

(b) Membership of the Association shall cease in the event that a member's subscription is overdue for payment for a period in excess of three months.

(c) Membership of the Association shall automatically cease upon the death of a member.

(d) If any member shall refuse or wilfully neglect to comply with these Articles of Association, or shall be guilty of such conduct as in the opinion of the National Executive Committee renders the member unfit to remain a member of the Association, such member may by ordinary resolution of the Directors be expelled from membership provided he or she shall be given notice of the hearing of the intended resolution and shall be afforded an opportunity to give orally or in writing to the Directors an explanation or defence of his or her conduct.

## **GENERAL MEETINGS OF MEMBERS**

9. The Association shall in each year hold a general meeting as its Annual General Meeting in addition to any other meetings in that year and shall specify the meeting as such in the notices calling it and not more than 15 months shall elapse between the date of one Annual General Meeting of the Association and that of the next.

10. The Annual General Meeting shall be held at such time and at such place in the State as the National Executive Committee shall appoint.

11. All general meetings of the Association other than Annual General Meetings shall be called Extraordinary General Meetings, and shall be held in the State.

12. The Directors may, whenever they think fit, convene an Extraordinary General Meeting of the Association. The Directors shall convene an Extraordinary General Meeting upon the requisition of the members of the Association representing not less than one tenth of the total number of members having a right to vote at general meetings;

### **Notice of General Meetings**

13. An Annual General Meeting and a meeting called for the passing of a special resolution shall be called by 21 days' notice in writing at the least, and a meeting of the Association (other than an Annual General Meeting or a meeting for the passing of a special resolution) shall be called by 14 days' notice in writing at the least. The notice shall be exclusive of the day on which it is served or deemed to be served and of the day for which it is given, and shall specify the place, the day and the hour of meeting and, in the case of special business, the general nature of that business, and shall be given to such persons as are, under these Articles, entitled to receive the same.

14. The accidental omission to give notice of a meeting to, or the non-receipt of notice of a meeting by, any person entitled to receive notice shall not invalidate the proceedings at that meeting.

### **Proceedings at General Meetings**

15. All business shall be deemed special that is transacted at an Extraordinary General Meeting, and shall be specified in the notice convening the meeting. At every Annual General Meeting, all business shall be deemed special and shall be specified in the notice convening the meeting with the exception of the election of Directors in place of those retiring at the meeting; the appointment and remuneration of auditors; consideration of the accounts, the balance sheets and the reports of the Directors and auditors; consideration of recommendations made in the reports of Directors and auditors and any matters arising in relation thereto.

16. No business shall be transacted at any general meeting unless a quorum of members is present at the time when the meeting proceeds to business. Eight members present in person shall be a quorum.

17. If within half an hour from the time appointed for the meeting a quorum is not present, the meeting, if convened upon the requisition of members, shall be dissolved; in any other case it shall stand adjourned to the same day in the next week at the same time and place, or to such other day and at such other time and place as the National Executive Committee may determine, and if at the adjourned meeting a quorum is not present within half an hour from the time appointed for the meeting, the members present shall be a quorum.

18. The Chairman of the National Executive Committee shall preside as chairman at every general meeting of the Association. In his absence, the Vice-Chairman of the National Executive Committee shall preside. If there is no such person present and willing to act within 15 minutes after the time appointed for the holding of the meeting, the Directors present shall elect one of their number to be chairman of the meeting. If there are no Directors present and willing to act, the members present shall elect a chairman from their number, by simple majority vote.

19. The chairman may with the consent of any meeting at which a quorum is present (and shall, if so directed by the meeting), adjourn the meeting from time to time and from place to place, but no business shall be transacted at any adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place. When a meeting is adjourned for 30 days or more, notice of the adjourned meeting shall be given as in the case of an original meeting. Save as aforesaid, it shall not be necessary to give any notice of an adjournment or of the business to be transacted at any adjourned meeting.

20. At any general meeting, a resolution put to the vote of the meeting shall be decided by a show of hands unless before the declaration of the result of a show of hands, a poll is demanded:

- a. by the Chairman ; or
- b. by at least three members present.

Upon a show of hands, the votes shall be counted by the Company Secretary, or, in the absence of the Company Secretary, by a person appointed by the meeting for the purpose. When counted, the number of votes for and against the resolution shall be announced by the Chairman and verified by the person who counted them, and thereupon shall be entered in the minutes of the meeting as a record of the decision. Such record shall be conclusive evidence of the outcome of the vote.

21. If a poll is duly demanded it shall be by secret ballot. The votes shall be counted by the Company Secretary, or, in the absence of the Company Secretary, a person appointed by the meeting for the purpose. When counted, the number of votes for and against the resolution shall be announced by the Chairman and verified by the person who counted the votes and thereupon entered in the minutes of the meeting as a record of the decision. Any business, other than that upon which a poll has been demanded, may proceed pending the taking of a poll.

### **Votes of Members**

22. At every general meeting of the Association, every Hypnotherapist and hypno-psychotherapist member shall each have one vote. Non-practising members, Student members and Honorary members shall be entitled to attend and speak at general meetings but shall not be entitled to vote.

23. Where there is an equality of votes, whether on a show of hands or on a poll, a casting vote may be exercised by the Chairman of the National Executive Committee; in his or her absence by the Vice-Chairman, and in his or her absence by the chairman of the meeting.

24. Votes must be given in person, and not by proxy.

25. A member may not vote if the subscription of such member is unpaid and in arrears for more than three months.

### **DIRECTORS**

#### **The National Executive Committee**

26. There shall be a minimum of three Directors and a maximum of nine. The Directors shall comprise the National Executive Committee of the Association.

27. Up to seven members of the Association may be elected as Directors by the members of the Association, acting in general meeting.

28. Up to two additional persons (who may or may not be members of the Association) may be co-opted as Directors by the National Executive Committee for a specified period of time not exceeding two years, to serve a specific temporary need of the National Executive Committee. Such co-option may not be renewed.

#### **Rotation of Elected Directors**

29. At the Annual General Meeting in every year, provided there shall be no fewer than four elected Directors, two of them shall retire from office. If there shall be four, or fewer, then one of them shall retire from office.

30. The Directors to retire in any year shall be the longest-serving, but as between persons who became Directors on the same day, those to retire shall (unless they otherwise agree amongst themselves) be determined by lot.

31. A retiring elected Director shall be eligible for re-election for a term or terms of office which, when aggregated with previous consecutive terms of office, do not exceed six years, but this time limit shall not prevent a retiring Director from offering himself or herself for re-election when two years have elapsed since the expiration of such Director's last term of office.

32. For the purposes of these articles, the term of service of a Director shall be deemed to commence on the date of the Annual General Meeting at which, or closest to which such person is elected, co-opted or appointed, and a "year" for this purpose shall mean the period between one Annual General Meeting and the next.

33. For the purpose of calculating length of office, terms served on the Committee of the Association before incorporation shall be disregarded.

34. The Association may from time to time by ordinary resolution in general meeting increase or reduce the number of Directors, and may also determine in what rotation the increased or reduced number is to go out of office.

35. The Directors shall have the power at any time, and from time to time, to appoint any member of the Association to be a Director to fill a casual vacancy arising in the number of elected Directors, but so that the total number of Directors shall not at any time exceed the number fixed in accordance with these Articles. Any Director so appointed shall hold office only until the next Annual General Meeting and shall then be eligible for election.

#### **Disqualification and Removal of Directors**

36. A person shall not be eligible to act as a Director and, if a Director, shall be disqualified and shall be deemed to have resigned, if::

- i. the Director fails to attend four meetings of the National Executive Committee in any calendar year, unless the remaining Directors shall unanimously agree to excuse such failure; or
- ii. the Director is prohibited from holding the office of director by reason of any order made under the Acts, or any other statutory provision; or
- iii. the Director is appointed to an executive position in the Association; or
- iv. the Director resigns his office by notice to the Association.
- v. the Director who has been found by the board through proper investigation to have contravened the confidentiality or conflict of interest policies of the company.

37. The Association may by ordinary resolution of which extended notice has been given in accordance with section 142 of the Companies Act 1963 remove any Director before the expiration of his or her period of office, notwithstanding anything in these Articles or

in any agreement between the Association and such Director. Such removal shall be without prejudice to any claim such Director may have for damages for breach of any contract of service between him/her and the Association.

**Powers and Duties of Directors.**

38. The business of the Association shall be managed by the National Executive Committee, which may exercise all such powers of the Association as are not by the Acts or by these Articles required to be exercised by the Association in general meeting, subject nevertheless to the provisions of the Acts and of these Articles and to such directions, being not inconsistent with the aforesaid provisions as may be given by the Association in general meeting but no direction given by the Association in general meeting shall invalidate any prior act of the National Executive Committee which would have been valid if that direction had been given.

39. All cheques and other negotiable instruments, and all receipts for monies paid to the Association shall be signed, drawn, accepted, endorsed or otherwise executed, as the case may be, by such person or persons and in such manner as the National Executive Committee shall from time to time by resolution determine.

40. The National Executive Committee shall cause minutes to be made in books or other acceptable media provided for the purpose:

(a) of all appointments of directors, officers, executives and administrators made by the National Executive Committee;

(b) of the names of the Directors present at each meeting of the National Executive Committee, and of any committee or subcommittee of the National Executive Committee;

(c) of proceedings and resolutions at all general meetings of the Association, and meetings of the National Executive Committee and of committees and sub-committees of the National Executive Committee.

41. No Director shall be entitled to any fees, salaries, wages or income for holding such office. The Directors may however be paid all travelling, hotel and other expenses properly incurred by them in attending and returning from meetings of the National Executive Committee or any committee or sub-committee thereof or general meeting of the Association or otherwise in connection with the business of the Association.

42. A Director who is interested, directly or indirectly, in a contract or proposed contract with the Association shall declare the nature of his interest at a meeting of the Directors in accordance with Section 194 of the Companies Act 1963. A Director shall not vote in respect of any contract in which he or she is interested, or on any matter arising in connection with the same.

### **Proceedings of Directors**

43. The Directors may meet together for the dispatch of business, adjourn and otherwise regulate their meetings as they think fit. They shall meet on at least four occasions in every calendar year. Questions arising at any meeting shall be decided by a majority of votes. Where there is an equality of votes, the Chairman of the National Executive Committee, and in his or her absence, the Vice-Chairman, shall have a second or casting vote.

44. The Directors shall from amongst their number appoint a Chairman. The director so appointed shall hold that post for a period of no longer 6 months, when the Directors will appoint another director to that role for a period of 6 months. No director may hold the post of chairman for more than 6 months in 24, unless:

a) the number of directors falls below 4, in which case the chairman's post will be rotated on a 6 monthly basis among all directors

b) the number of directors is more than 6, in which case the chairman may be re-elected to the post after a 6 month period in which he or she has held that position, provided that such re-election is achieved on a first count vote which is unanimous. The Directors may remove a chairman from that post by resolution passed at a duly convened meeting of the directors.

They shall appoint a Vice-Chairman and Treasurer. The position and duties of treasurer may be held and exercised by any member of the Committee other than the Chairman or Vice Chairman. They may appoint additional Officers as they see fit.

45. They shall appoint a Company Secretary who may or may not be a member of the Committee. The secretary shall be appointed by the directors for such time, at such remuneration and upon such conditions as they may think fit; and any secretary so appointed may be removed by a duly passed resolution of the National Executive Committee.

46. The duties of the respective Directors and officers appointed to the aforementioned roles shall include, but shall be limited to the following:

(a) It shall be the duty of the Chairman; to preside at meetings of the National Executive Committee and at general meetings of the Association; to deliver the Directors' Report at the Annual General Meeting; to consult with the appropriate administrative personnel, if any, or Company Secretary concerning the convening of meetings of the National Executive Committee and to settle the agenda for the same; to undertake any duties assigned to him or her by resolution of the National Executive Committee, such assignment of duties to remain only until the next general meeting of the Association or until changed or removed by a duly passed resolution of the National Executive Committee.

(b) It shall be the duty of the Vice-chairman to undertake the functions of the Chairman on any occasion when the Chairman is unavailable or unable to act; to undertake any duties assigned to him or her by resolution of the National Executive Committee, such

assignment of duties to remain only until the next general meeting of the Association. or until changed or removed by a duly [assed resolution of the National Executive Committee.

(c) It shall be the duty of the Company Secretary to act as Company Secretary for the purposes of the Acts; to ensure that all meetings of the Association shall be properly convened, conducted and minutes prepared, and to oversee the performance of the statutory duties of the Association. The Company Secretary shall be supported in this role by the appropriate administrative personnel, if any.

(d) It shall be the duty of the Treasurer to supervise the maintenance of the financial records of the Association; in consultation with the appropriate administrative personnel, if any, to produce an annual budget and regular management accounts for the approval of the National Executive Committee; to liaise with the auditors of the Association relating to the conduct of the audit and the preparation of the accounts to be laid before the Annual General Meeting of the Association. The Treasurer shall be entitled to seek the advice and assistance of the company accountants or auditor of the Association whenever necessary; to undertake any duties assigned to him or her by resolution of the National Executive Committee, such assignment of duties to remain only until the next general meeting of the Association, or until changed or removed by a duly passed resolution of the National Executive Committee.

(e) It shall be the duty of other officers appointed by the committee to carry out the duties assigned to them by the National Executive committee and recorded in the minutes at a duly convened committee meeting.

47. Any two Directors may, and the Company Secretary on the requisition of two Directors shall at any time summon a meeting of the National Executive Committee. If the National Executive Committee so resolves, it shall not be necessary to give notice of a meeting to any Director who being resident in the State is for the time being absent from the State.

48. The quorum necessary for the transaction of the business of the National Executive Committee may be fixed by the National Executive Committee and unless so fixed shall be four.

49. The Directors may act notwithstanding any vacancy in their number but, if and so long as their number is reduced below the number fixed by or pursuant to the Articles of the Association as the necessary quorum of directors, the continuing Directors or Director may act for the purpose of increasing the number of Directors to that number, or summoning a general meeting of the Association, but for no other purpose.

50. The Chairman shall act as Chairman of National Executive Committee meetings, and in his absence, the Vice-Chairman shall act. If at any meeting neither is present within

15 minutes after the time appointed for holding the meeting, the Directors present may choose one of their number to be chairman of the meeting.

51. The National Executive Committee may delegate any of its powers to committees or subcommittees consisting of such member or members of the National Executive Committee and/or such other persons as it thinks fit; and any committee or sub-committee so formed shall, in the exercise of the powers so delegated, conform to any regulations that may be imposed on it by the National Executive Committee. The National Executive Committee shall determine the remit of the committee or sub-committee, the manner in which it will report to the National Executive Committee and the term for which the committee or subcommittee shall serve. Following the expiry of the term of office of a committee or subcommittee, it may be reconstituted by the National Executive Committee, but no member of a committee or sub-committee may serve as such member for a period exceeding six years.

52. The National Executive Committee may appoint a Complaints and Disciplinary Committee to deal with complaints made to the Association about members and to establish and maintain suitable procedures for the handling of the same. In the event that such committee is not separately constituted, the National Executive Committee shall itself discharge this function.

53. A committee or sub-committee may elect a chairman of its meetings; if no such chairman is elected, or if at any meeting the chairman is not present within 15 minutes after the time appointed for holding the same, the members present may choose one of their number to be chairman of the meeting.

54. A committee or sub-committee may meet and adjourn as it thinks proper. Questions arising at a committee meeting shall be determined by a majority of votes of the members of the committee or sub-committee present, and when there is an equality of votes, the question under consideration shall be referred to the National Executive Committee for determination.

55. All acts done by the National Executive Committee or of a committee or subcommittee of the National Executive Committee or by any person acting as a Director shall, notwithstanding that it is afterwards discovered that there was some defect in the appointment of any such Director or person acting as aforesaid, or that they or any of them were disqualified, be as valid as if every such person had been duly appointed and was qualified to be a Director.

56. A resolution in writing, signed by all the Directors for the time being entitled to receive notice of a meeting of the National Executive Committee, shall be as valid as if it had been passed at a meeting of the National Executive Committee duly convened and held.

### **ADMINISTRATION PERSONNEL**

57. The National Executive Committee may delegate certain of its functions to a person or persons appointed by it to act in any capacity designated and defined by the committee, and who shall be known by an appropriate title to be determined by the committee on the appointment of such person or persons. The National Executive Committee shall determine the terms of engagement or employment of such person or persons, and shall determine the role and reporting structure through which the person or persons so engaged shall operate. Any such person appointed may or may not be a member of the Association, but if a member, shall forfeit the entitlement to vote at general meetings of the Association while so engaged.

### **SEAL**

58. The company seal of the Association shall be used only by the authority of the National Executive Committee.

### **ACCOUNTS**

59. The National Executive Committee with the assistance of the Treasurer shall cause proper books of accounts to be kept relating to:

- i. all sums of money received and expended by the Association and the matters in respect of which the receipt and expenditure takes place;
- ii. all sales and purchase of goods by the Association; and
- iii. the assets and liabilities of the Association.

60. Proper books shall not be deemed to be kept if there are not kept such books of account as are necessary to give a true and fair view of the state of the Association's affairs and to explain its transactions.

61. The books of account shall be kept at the Registered Office or, subject to the provisions of the Acts, at such other place as the National Executive Committee considers fit, and shall at all reasonable times be open to the inspection of the Directors.

62. The National Executive Committee shall from time to time determine whether and to what extent and at what times and places and under what conditions or regulations the accounts and books of the Association or any of them shall be open to the inspection of members not being Directors, and no member (not being a Director) shall have any rights of inspection of any account or book or document of the Association except as conferred by statute or authorised by the Directors or by the Association in general meeting.

63. The National Executive Committee shall from time to time in accordance with the provisions of the Acts, cause to be prepared and to be laid before the Annual General Meeting of the Association such profit and loss accounts, balance sheets, group accounts and reports as are required the Acts to be prepared and laid before the Annual General Meeting of the Association.

64. A copy of every balance sheet (including every document required by law to be annexed thereto) which is to be laid before the Annual General Meeting of the Association together with a copy of the Directors' report and auditors' or accountant's report shall, not less than 21 days before the date of the Annual General Meeting, be sent to every person entitled under the provisions of the Acts to receive them.

#### **Audit**

65. Auditors may be appointed if an ordinary resolution at a general meeting of the company so directs, and their duties regulated in accordance with the provisions of the Acts. If the company has availed of an audit exemption for the purposes of mandatory reporting, this shall not prevent the appointment of auditors who will be engaged to report to the members.

#### **NOTICES**

66. A notice convening a general meeting shall be delivered by the Association to any member either by post to his registered address or by email to an email address supplied by the member.

67. A notice of any other description, including a notice convening a meeting of the National Executive Committee may be delivered by hand/courier, by ordinary pre-paid post by fax or by e-mail.

68. Where a notice is sent by post, service of the notice shall be deemed to be effected by properly addressing, prepaying and posting a letter containing the notice, and to have been received at the expiration of 24 hours after the letter containing the same is posted, and in any other case at the time at which the letter would be delivered in the ordinary course of post.

69. Notice of every general meeting shall be given in the manner hereinbefore authorised for general meetings to:

- i. every member of the Association;
- ii. every Director; and
- iii. the auditor of the company, if one has been appointed.

No other person shall be entitled to receive notices of general meetings.

#### **INDEMNITY**

70. Every Director and other officer of the Association shall be indemnified out of the assets of the Association against any liability incurred by such person in defending any proceedings, whether civil or criminal, in relation to his or her acts while acting bona fide in such office and in which judgement is given in his or her favour, or in which he or she is acquitted, or in connection with any application in which relief is granted to him or her by the Court under the Acts.

## II. The CHPA code of Ethics

This document is the code of ethics and practice for Hypnotherapist and Hypnopsychotherapist members of The CHPA. The scope of this Code is to govern the relationship between:

- a. hypnotherapist and hypnopsychotherapist and clients;
- b. Hypnotherapist and hypnopsychotherapist and other healthcare professionals;
- c. Hypnotherapist and hypnopsychotherapist and the profession of hypnotherapy and hypnopsychotherapy.

The CHPA is the leading professional organisation in Ireland for ethical hypnotherapists and hypnopsychotherapists. We are dedicated to advancing the science and arts of Hypnotherapy and hypnopsychotherapy by achieving the highest standards in facilitating positive, empowering and lasting personal change. Membership of Clinical Hypnotherapy and Psychotherapy Association Ltd (hereinafter The CHPA) is entirely subject to adherence by members to this code.

### Interpretation

In this Code:

“Hypnopsychotherapist” means a practitioner who holds current membership of The CHPA as a Hypnopsychotherapist member

“Hypnotherapist” means a practitioner who holds current membership of The CHPA as a Hypnotherapist member

“Therapist” means a practitioner of hypnotherapy and/or hypnopsychotherapy, who is a current member of The CHPA, and as used in this code is to be understood throughout to include the terms hypnopsychotherapist and hypnotherapist

“Child” means a person under 18 years of age excluding a person who is or has been married

“Vulnerable Person” means a person who has a mental illness or dementia, or is intellectually disabled, or who has a physical disability, in any case which is “of such a nature or degree as to severely restrict the capacity of the person to guard himself or herself against serious exploitation or abuse, whether physical or sexual, by another person, or to report such exploitation or abuse to An Garda Síochána or both”.

“Client” means a person, a group of people, or a corporate person who seeks the assistance of the therapist and formally enters a relationship with the therapist to avail of the services offered by the therapist. As used in this code it is also to be understood as encompassing the terms “child” and “vulnerable person” in either singular or plural forms as the context indicates

“Competence” means the area of practise in which the practitioner has achieved and maintained certified qualification recognised by The CHPA

### **General Ethical Principles**

As individuals offering services to the public, therapists are required to be ethically aware and are expected to act in accordance with the general ethical principles reflected in the mores of the society in which they practise. In addition to those generally accepted

principles the therapist is required to follow a code which relates specifically to the profession in which he or she is engaged and the work he or she does with clients.

This professional ethical code is founded upon the three fundamental ethical principles of

- 1) the primacy of client welfare,
- 2) the competence of the therapist,
- 3) the integrity of the profession.

**The primacy of Client Welfare requires that therapists**

approach their work with the aim of resolving distress and promoting the well-being of their clients; use their abilities and skills to their clients' best advantage without prejudice and with due recognition of the value and dignity of every human being; understand and maintain within its limits the confidential nature of their relationship with their clients; ensure their clients are always fully appraised and in agreement with any professional action proposed.

**The competence of the therapist requires that therapists**

monitor and develop their professional skills and ethical awareness on a continuing basis; accept that their expertise is limited; recognise the limits of their own capacity; take care not to exceed these limits;

**The integrity of the profession requires that therapists**

in their professional activities, act in a trustworthy and reputable manner towards clients and the community; refer clients to colleagues and other professionals, as appropriate, to ensure the best service to clients; act appropriately to resolve ethical dilemmas and conflicts of interest.

personally take steps to manage personal stress, maintain their own mental health, and ensure that their work is professionally supervised; are honest and accurate about their qualifications and the effectiveness of the services which they offer; treat others in a fair, open and straightforward manner; honour professional commitments; act to clarify any confusion about their role or responsibilities; avoid using their professional relationship to exploit clients; deal appropriately with personal conflicts of interest; take action against harmful or unethical behaviour in colleagues

**The Ethical Principles in Practice**

**1. The Primacy of Client Welfare**

requires that the therapist and the client understand clearly from the beginning what their relationship involves, and what each brings to it. Therapists are bound to

a. Engagement

- i. only offer services in areas in which they have demonstrated their competence
- ii. 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.
- iii. give to clients or potential clients who request such information the details and evidence of their training and qualifications

- iv. never claim skills or training which are not possessed or evidenced,
- v. remain aware of their own limitations and, wherever appropriate, be prepared to refer a client to another therapist regardless of discipline;
- vi. 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 Therapist
- vii. discuss with potential clients
  - 1. the client's own expectations of the outcome or preferred outcome of the consultation;
  - 2. the methods which will be involved in attaining that outcome;
  - 3. relevant relationships with supervisors or others to whom therapists owe accountability;
  - 4. the limits of confidentiality;
  - 5. methods of recording information including electronic means
  - 6. the fee levels, precise terms of payment and any charges which might be imposed for non-attendance or cancelled appointments
  - 7. the client's right of access to the complaints procedure of The CHPA
  - 8. the fact that there can be no guarantee of a 'cure'.
- viii. never offer their services under terms or conditions which might impair the free and complete exercise of their professional judgement and skill, reduce the quality of their service or risk exploitation.
- ix. use a written form of contract for their own protection and to minimise all potential for abuse, misunderstanding and conflict. The contract should include cost per session or whole course of therapy, confidentiality and its limits, and some form of consent by the client to a process which has been explained to him or her.

b. *In the provision of the service therapist is bound to*

- i. 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 therapist.

- ii. at all times, act in the client's best interests
- iii. provide the client with the best possible service available irrespective of religion, nationality, gender, marital status, age, race, sexual orientation, membership of the travelling community, disability, politics, or social standing
- iv. avoid touching 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 the client's parent/guardian).
- v. ensure that all therapeutic outcomes will benefit the client and not harm them
- vi. avoid exploiting clients in financial, emotional, sexual or other ways
- vii. avoid using the effects of suggestion in hypnosis to gain benefit to themselves from another.
- viii. continually appraise for themselves and with their supervisor/s the effectiveness of their approach. Therapists have an obligation to seek appropriate advice if they feel unable to perform effectively and appropriately
- ix. confirm as far as possible with their clients what other professional therapeutic relationships or methodology their clients may be undergoing or may have previously undergone. The Client's permission must be obtained by Therapist if he/she wishes to contact other professional workers regarding any such relationships.
- x. accept that any client referred to them by a registered Medical Therapist (or other relevant agency) remains the clinical responsibility of the Medical Therapist (or agency) and thereby agree to keep that Medical Therapist (or agency) suitably informed of the client's progress
- xi. never knowingly offer advice to a client which either conflicts with, or is contrary to that given, by the client's registered Medical Advisors. (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).
- xii. act to stop (for example by reporting to the appropriate authorities such as the police or professional body) or offset the consequences of professional activities of a colleague or a member of another discipline which are clearly harmful or apparently unethical.

- xiii. 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
- xiv. 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.
- xv. familiarize themselves with the definitions of Child Abuse (Neglect, Emotional Abuse, Physical Abuse, Sexual Abuse), the indicators signifying the possibility of risk to a child and the criteria for a “grounded child protection and welfare concern”.
- xvi. take responsibility to inform and update themselves in regard to current and ongoing developments in relation to child protection and welfare.
- xvii. comply with the laws regarding children and vulnerable people.
- xviii. when client disclosure indicates the possibility, to establish if there may be children at risk
- xix. discharge from treatment, at the earliest possible moment, consistent with the good care of the client, each and every client who presents him or herself for treatment
- xx. give full consideration to the efficacy of treatment, including the manner in which their rapport with the client may affect such efficacy. The therapist has the right to refuse or terminate any treatment if he or she has a reasonable belief that it will not be, or will not continue to be, efficacious. In refusing or terminating treatment due care must be given to fully explaining the rationale for refusal or termination to the client
- xxi. satisfy themselves that discontinuation of therapy will cause no harm to the client
- xxii. act throughout the provision of service and in perpetuity thereafter to preserve the confidentiality of the relationship with the client subject only to the laws of the Republic of Ireland and the therapist’s ethical and legal duty to prevent harm to the client and all other individuals.

**2. The Ethical Principle of The Competence of the Therapist**

means in practice that therapists

- a. through their skills and knowledge strive to ensure and maintain the highest standards of competence in their work
- b. remain in supervision to ensure that they exercise their skills only within their own capacity and remain open to constant improvement through the

supervision process by adhering to The CHPA Supervision policy as defined from time to time

- c. constantly update their knowledge and skill set through the supervision process and through ongoing education, adhering to the Membership requirements of The CHPA as defined from time to time in its policy on Continuing Professional Development (CPD).
- d. recognize the limits of their competence and expertise, providing only those services and using only those techniques for which they are qualified by training and experience. Competence includes being able to recognize when they are unable to offer a professional service
- e. recommend to or refer the client to, if appropriate, other hypnotherapists or hypnopsychotherapists who are not members of The CHPA
- f. recommend to, or refer the client to, if appropriate, professionals from other disciplines
- g. give, where possible, a choice of other professionals for referral or recommendation. In making such a recommendation or referral, it is the responsibility of the therapist, as far as is reasonable, to verify the competence and integrity of the professional to whom the client is referred
- h. not illegally practise medicine or psychology and recommend that a client seek medical advice when this is prudent.

### **3. The Principle of The Integrity of the Profession**

means in practice that therapists are bound to

- a. observe all laws, uphold the dignity and honour of the profession and accept its self-imposed disciplines.
- b. promote ethics and integrity in the art and science of hypnotherapy and hypnopsychotherapy.
- c. 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 part of therapy.
- d. make every reasonable effort to ensure that hypnotherapy or hypnopsychotherapy knowledge is not misused, intentionally or unintentionally, to harm others or infringe human rights.
- e. never be involved in or associated with, nor condone or promote any stage performance or similar situation where hypnosis is used solely to provide public entertainment and amusement
- f. not participate, condone, or allow themselves to be associated with dishonesty or fraud.
- g. not sell to clients products to such an extent that they derive a significant proportion of their hypnotherapy or hypnopsychotherapy income from such sales.
- h. not accept any form of commission or split fee relating to a client referred to, or by, him or her, by, or to, another member of The CHPA or other professional.

- i. avoid conflict of interests and not exploit any professional relationship to further their own personal, political or business interests
- j. not solicit or in any way disclose the receipt of any testimonial or commendatory letter without the consent of the author of such document.
- k. ensure that all advertising, no matter in what form or medium it is placed, represents a truthful, honest and accurate picture of themselves, their skill base, qualifications and facilities and that any claims for the successful outcome of treatments (in whatever format) shall be based upon verifiable, fully documented evidence.
- l. desist from offering (advertising, communicating, suggesting, publishing, promising, etc.) lifetime guarantees, cures, or any guarantee, warranties or 100% (95%, 90%, etc) effective cures within the therapeutic process which commit the therapist to unrealistic expectations that cannot be scientifically verified.
- m. display only valid qualifications and certificates issued in respect of relevant training courses and events or certificates of memberships, registration, validation or accreditation as issued or awarded by relevant professional bodies.
- n. only use the title "Dr" if they are medically licensed or their title is both issued and accredited by a university recognised in Ireland and in a subject relevant to hypnotherapy or hypnopschotherapy (e.g. counselling, psychotherapy or psychology).
- o. only to use titles such as psychotherapist or psychologist if they hold a separate qualification entitling them to membership of that profession's professional body
- p. maintain at their own expense, a form of malpractice insurance known as Professional Indemnity Insurance, unless otherwise so insured by an employer for the practice of hypnotherapy or hypnopschotherapy.
- q. conduct a private practice in hypnotherapy or hypnopschotherapy ONLY upon receipt of clear evidence that they are being held covered by such insurance as mentioned in clause "p" above. Students of hypnotherapy who are student members of The CHPA need to have insurance coverage when working with clients and need to inform their insurance company once they become qualified.
- r. never visit the house of a client or potential client for hypnotherapy or hypnopschotherapy, unless such visit is with the knowledge and consent of a Doctor of medicine and only if an observer is present.
- s. 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
- t. to conduct all and any research only in compliance with the Ethical Guidelines for Research issued by The CHPA from time to time

### **Complaints**

Complaints against therapists infringing this code can be made using the Complaints procedure of The CHPA.

## **Appendix 2 The CHPA Membership guides**

### **I. Requirements for Membership**

#### **Membership of the CHPA**

Membership of The CHPA is open to all hypnotherapists who have qualified through a course of training which meets the minimum standard for hypnotherapy training as laid adopted in the United Kingdom by the Hypnotherapy Profession Specific Board of the Complementary and Natural Healthcare Council, the regulatory body for the complementary healthcare professions. This minimum standard is that the course for qualification must comprise not less than 450 hours, made up of interpersonal interactive tuition (120 hours minimum), supervised practice, homestudy and assessment preparation.

For hypnotherapists whose qualifications do not meet this standard, we can offer membership on the condition that they undertake to obtain (through a portfolio assessment), the Hypnotherapy Practitioner Diploma (HPD). This must be completed before their second annual renewal of membership, or within 15 months from the date of obtaining membership, whichever is the shorter period.

Membership must be maintained by complying with the annual requirements for Supervision and Continuing Professional Development.

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### **II. Guidelines on Disclosure obligations regarding children and vulnerable persons**

This guidance is issued to members of The CHPA and is to be read in conjunction with the Code of Ethics and Practice which enshrines the principles governing these guidelines. It is given within the context of Legislation in the Republic of Ireland concerning children and vulnerable people, and in no way seeks to provide answers to all ethical and legal issues which may arise in any one case.

#### **A) Before dealing with children or vulnerable people therapists are obliged**

- to adhere to the principles and practice outlined in the Code of ethics and practice

- to acknowledge that there may be an increased need for supervision and self care when a report has to be made to the Child and Family agency or Gardai
- to be aware that they are the designated liaison person under Children First for reporting neglect or abuse disclosed to them in their own practice.
- to understand the roles of the Child and Family agency (Tusla) and the Gardai:-
  - i) It is the remit of Tusla to provide the necessary support and monitoring of children at risk and investigate reports.
  - ii) It is the remit of the Gardai to investigate and prosecute a criminal offence against a child or vulnerable person.

**B) During consultation with children and vulnerable people therapists are obliged**

- to recognise that children have a right to be heard and taken seriously. Taking account of their age and level of understanding, they should be consulted and involved in relation to all matters and decisions that affect their lives;
- to strike a proper balance between protecting children and respecting the rights and needs of parents/carers and families; but where there is conflict, the child's welfare must take precedence;
- to establish if there may be children at risk. Children First requires therapists to elucidate if there are reasonable grounds for concern that a child or children who may not even be identifiable may be at risk of abuse or neglect,
- to document their concerns accurately and to report the facts they do have to Tusla. Normally a phone call to the local duty Social Worker is used to highlight your concern, take note of the social worker's name. It is imperative to then forward your concern in writing also, using the Standard Reporting Form to the same social worker (available from the Tusla website).

## Legislation covering the Care of Children and Vulnerable people

### 1. Children First Act 2015

a) Chapter 2, Definition and Recognition of Child Abuse, gives many examples of what might constitute abuse. Section 2.2 is included here and reads:

“An injury or behaviour that is consistent with both abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse

- Consistent indication over a period of time that a child is suffering from emotional or physical neglect.
- Admission or indication by someone of an alleged abuse
- A specific indication from a child that he or she was abused
- An account from a person who saw the child being abused.
- Evidence (e.g., injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way.”

b) Chapter 3 covers the Basis for Reporting

- Tusla "should always be informed when a person has a reasonable grounds for

concern that a child may have been, is being or is at risk of being abused or neglected". 3.2.2

- "Child protection concerns should be supported by evidence that indicates the

possibility of abuse or neglect" 3.2.3

- "A concern about a potential risk to children posed by a specific person, even if the children are unidentifiable, should also be communicated to" the HSE Children and Family Service". 3.2.4 (now Tusla).

- "An increasing number of adults are disclosing abuse that took place during their

childhoods. Such disclosures often come to light when adults attend counselling. It is essential to establish whether there is any current risk to any child who may be in contact with the alleged abuser revealed in such disclosures" 3.6.1

## **2. The Criminal Justice (withholding of information on offenses against children and vulnerable person's) Act 2012.**

What members of The CHPA need to know about this legislation:

- a) The introduction of this act in 2012 made it an offence for any person to fail to notify the Garda Síochána where the person has information which he or she knows or believes might be of material assistance in securing the prosecution or conviction of Schedule 1 and 2 offences. As a practising therapist you may have a defence against a charge of not reporting.
- b) This Act creates new entities ' Prescribed Organizations' and 'Prescribed Persons' which are relevant to any members who work full time or on a sessional basis specifically with children in organizations that provide services to children or vulnerable persons as described in the Act. Professional associations such as The CHPA do not fulfill the criteria to be a prescribed organization

### **Reporting under this legislation**

What constitutes reportable abuse?

- Sexual Abuse: When a child is used by another person for his or her gratification or sexual arousal or for that of others. Bear in mind the Criminal Law (Sexual Offences) Act, 2006 - Age of Consent to Sexual Intercourse
- Physical Abuse: Abuse that results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust, whether isolated incidents or multiple incidents.
- Emotional Abuse: When a child's developmental need for affection, approval, consistency and security are not met- Normally to be found in the relationship between a parent/care giver rather than a specific incident or incidents
- Neglect: An omission where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults and/or medical care

**a) If the disclosure leads you to knowledge of or belief that a serious offence has been committed, or gives you information that would enable the apprehension and prosecution of an offender, you are obliged to report this to**

An Garda Siochana (Withholding of Information Act 2012) and your designated liaison person.

**b) If the disclosure leads you to**

**1. have a concern or suspicion** that a child may have been, is being, or is at risk of being abused or neglected

**AND/OR**

**2. have knowledge, or reasonable grounds for concern** about a potential risk posed by a specific person, even if the children are unidentifiable you must report this to the Child and Family Agency (Children First Act 2015) and your designated liaison person

**Responding to a disclosure**

- Stay calm and listen .... sit into your chair and stay grounded
- Give the child time to say what he/she wants
- Reassure the child of your support
- Ask the child how they feel following disclosure?
- Explain the next steps that you and the child will now take
- Record the discussion carefully
- **REPORT TO THE DESIGNATED LIAISON PERSON** in The CHPA (who will help you with reporting to An Garda Siochana or the Child and Family Agency as appropriate).

**UNDER NO CIRCUMSTANCES ARE YOU TO:**

- Promise to keep the disclosure a secret
- Ask leading questions or suggestions
- Stop the child from recalling events
- Make the child retell the story unnecessarily
- Delay reporting
- Judge the rightness or otherwise of the disclosure or the people mentioned
- Investigate whether or not the disclosure is true or false
- Keep the information to yourself

**Reporting obligations apply even when the person disclosing is an adult disclosing abuse from his or her own childhood.**

## **What happens in law if I'm wrong?**

### **The Protection for Persons Reporting Child Abuse Act 1998.**

This act provides immunity from civil liability to any person, and protection to employees, who report child abuse "reasonably and in good faith" to designated officers of Tusla or any member of the Garda Siochana. The Act also introduced a new offense of false reporting, which is designed to protect innocent persons from malicious reports. Mentioning the issue to anyone else is not covered, so be careful to whom you speak. The CHPA recommends you speak only to the person in The CHPA who acts as a designated liaison person.

The CHPA recommends that where a concern begins to emerge causing increased unease and anxiety to the therapist, that the therapist contact the named person in The CHPA who acts as a designated Liaison Person. The Designated Liaison Person in The CHPA will assist the therapist in examining the options open to him or her.

### **Reporting under Children First**

If the concern emerging is that children may be at risk, then reporting to Tusla must begin to be actively considered.

One option is for a therapist to informally consult with a social worker regarding emerging allegations without stating names. Children First allows for this: "Before deciding whether or not to make a formal report, you may wish to discuss your concerns with a health professional or directly with HSE Children and Family services" (now Tusla)( 3.4.2) This consultation may help to facilitate a client or therapist to formally report when emerging facts amount to a 'grounded child protection or welfare concern'

What response can a member of The CHPA expect from Tusla when they have reported a concern?

- Tusla is " obliged to treat seriously all child protection and welfare concerns, whatever their source, and to consider carefully and fairly the nature of the information reported" (5.14.1)
- "people who report or discuss their concerns about care and protection of children with HSE (now Tusla) staff should be informed of the likely general steps to be taken by the professionals involved". 5.16.1
- Non Tusla "agencies or professionals may have relevant information to contribute to the assessment of a child protection and welfare concern. These may include general practitioners, teachers, counsellors...." (5.2.6)

It is important that we recognise that while we have an obligation to report concerns to Tusla, **section (5.2.6) above and (5.8) below give us a right to be listened to** and included. If you have a client reporting to Tusla a sexual offence against themselves or another person, he or she will be interviewed by Tusla Personnel. If your client so wishes you can accompany them.

5.8 "A child protection conference is an interagency interprofessional meeting conveyed by the designated person within the HSE."

Reporting under the Withholding of Information Act.

**If a Child or vulnerable person reports to you that they have been the victim of a serious sexual offence**, e.g. a rape you have a responsibility to report to the **Garda Siochana**. If your client does not wish to make a report and your judgment is that there are good practice reasons not to do so at this time, (e.g. further danger to your client) you may have what is termed "a defence" if prosecuted under the Withholding of Information Act for not reporting. **You must document** in your case notes all pertinent details including your rationale for not reporting at a particular time. However it is important to note that your defence is only in relation to the Withholding of Information Act 2012 and not in relation to your responsibilities under Children s First Act 2015.

Assessing the whether or not you will report disclosures.

The law requires that all disclosures be reported, but reasonable defences can be invoked in the case of being charged with failure to report.

#### Defences under the Withholding of Information Act 2012

In the event of a charge under the Withholding of Information Act 2012 being placed against you for not reporting a disclosure you may put forward the following as defence arguments:

Defence No. 1.

The abused person over 14 years of age makes known to you his or her view that the offence should not be disclosed to An Garda Siochana

Defence No. 2

A parent/guardian makes known his or her view that the offence should not be disclosed to An Garda Siochana. This applies only if the offender is NOT a relative or family member.

Defence No. 3

A designated healthcare professional (see definition below) makes known his or her view that the offence should not be disclosed to An Garda Siochana

#### Defence No.4

A prescribed person (see definition below) providing support services makes known his or her view that the offence should not be disclosed to An Garda Siochana

In practice:

Very often clients make disclosures gradually with details emerging piecemeal. Therapists must ensure that they work with their clients towards resolution, and support a pace of work that does not lead to a disruption of the client's relationship/rapport. Therapists **may confer/consult at any time with a Senior duty Social Worker** regarding emerging allegations **without names or formally reporting**. This consultation may later facilitate a therapist and their client to formally report when the emerging facts amount to a "grounded child protection or welfare concern".

The following may help you reach a decision on whether or not you will make a report in each case. Each case is a separate decision, and there is no blanket solution: Start at Question 1. The answer you give tells you the next step to take. Questions 1 to 8 deal with the **Withholding of Information Act 2012** and Questions 9 and 10 with **Children First Act 2015**.

**As a Result of the disclosure of an incident of abuse:-**

**Q1. Do you have knowledge or belief or relevant information that a serious crime has been committed?**

**Yes** (go to Q.2)

**No** (go to Q.9)

**Q2. Has any person asked you not to report this disclosure?**

**Yes**  
(Go to Q.3)

**No.** You must report to An Garda Siochana and you have no defence if charged under Withholding Act 2012 with not reporting  
(Go to Q.9)

**3. Is the person requesting you not to report the disclosure the person who made the disclosure?**

**Yes**

(Go to Q.4)

**No.** You cannot comply with this request and must report to An Garda Siochana. You have no defence if charged with not reporting under Withholding 2012. (go to Q.9)

**Q. 4 Is the person disclosing and asking you not to report over 14 years Old?**

**Yes** – You have defence number 1 if charged under Withholding 2012 with not reporting (Go to Q.5)

**No.** You cannot comply with this request and must report to An Garda Siochana. You have no Defence if charged under Withholding 2012 with not reporting. (Go to Q.9)

**Q.5 Is it a parent or guardian who is requesting that you do not disclose to An Garda Siochana?**

**Yes** You have defence number 2 if charged under Withholding Act 2012 with not reporting but **only** if your answer to **Q6. is NO.** (Go to Q. 6)

**No.** (Go to Q. 7)

**Q.6 Is the person identified as the perpetrator of the abuse a relative of the disclosing person?**

**Yes** You cannot comply with the request. You must report to An Garda Siochana You have no defence if charged under the Withholding Act 2012 with not reporting. (Go to Q. 7)

**No .** You have defence no. 1 if charged under Withholding Act 2012 with not reporting. (Go to Q.7)

**Q.7 Is the person requesting that you do not disclose to An Garda Siochana a designated health professional (See definition below)?**

**Yes** You have defence no. 3 if charged under the Withholding Act 2012 with not reporting  
(Go to Q.9)

**No.** (Go to Q.8)

**Q.8 Is the person requesting that you do not disclose to An Garda Siochana a prescribed person providing support services (See definition below)?**

**Yes** You have defence no. 4 if you are the charged under Withholding Act 2012 with

**No.** You cannot comply with request and must report to

**Q.9 Do you have a concern or suspicion that a child may have been, is being , - or is at risk of being abused or neglected ?**

**Yes .** You must report your concern to Tusla. Children First requires you to report any reasonable grounds for concern, regardless of the wishes of your client. (Go to Q.10)

**No** (Go to Q.10)

**Q. 10 Do you have knowledge, or reasonable grounds for concern about a potential risk ' posed by a specific person, even if the children are unidentifiable?**

**Yes** You must report your concern to Tusla. Children First requires you to report any reasonable grounds for concern, regardless of the wishes of your client.

**No** - You have no Reporting obligations

**Definition of a serious crime:** offences against the person with a maximum penalty of five years or more and listed in the in the Schedules to the Act (See Below).

**Definition of a Designated Healthcare Professional**

A person who has been designated as having responsibility for the abuser in the role of

(a) a registered medical practitioner within the meaning of section 2 of the Medical Practitioners Act 2007, ("medical practitioner" means a person who holds a basic medical qualification)

(b) a registered nurse or a registered midwife both within the meaning of section 2 of the Nurses and Midwives Act 2011,

(c) a psychologist and, following the establishment of the register of members of psychologists under section 36 of the Act of 2005, only a person whose name is entered in that register.

(d) a social worker whose name is entered in the register of members of social workers established and maintained

**Definitions of a Prescribed Organisation and Prescribed Person**

A prescribed organisation is an organisation providing to children or vulnerable persons who have suffered injury or harm arising from physical or sexual abuse "services relating to -

- the resolution, through guidance, counselling or otherwise, of personal, social or psychological problems,
- the care of persons in need of protection, guidance or support, being services that require a person providing them to exercise skill or judgement" [Criminal Justice (Withholding of information on offences against children and vulnerable persons) Act 2012]]

A prescribed person is the individual who actually provides these services in the name of such an organisation whether directly employed, or "otherwise engaged" (e.g. on a sessional or volunteer basis) who actually provides the service.

## **Child and Family Agency (Tusla)**

### **www. Tusla.ie**

Professionals and those involved in organisations working with children who have concerns about a child but are not sure what to do, should discuss these with the Children First Designated Liaison Person in your organisation, or contact your local Child and Family Agency social work department for advice. The Standard Report Form should be used by professionals, staff and volunteers in organisations working with or in contact with children, or providing services to children when reporting child protection and welfare concerns. If a report is made by telephone, this form should be completed and forwarded subsequently to the Child and Family Agency.

If a child is in danger outside office hours you can contact the Gardai.

Under The Protection of Persons Reporting Child Abuse Act 1998, so long as you report what you believe is true and it is done in good faith you cannot be sued.

For further help and information visit: <http://www.tusla.ie/children-first/roles-and-responsibilities/organisations/report-a-cOfICerfl>

## **Criminal Justice (Withholding of [2012.] Information on Offences Against Children and Vulnerable Persons) Act 2012**

### **Schedule 1- Offences against children for purposes of offence under section 2**

1. Murder.
2. Manslaughter.
3. Common law offence of false imprisonment.
4. Rape.
5. Rape under section 4 of the Criminal Law (Rape) (Amendment) Act 1990.
6. Sexual assault.
7. Aggravated sexual assault within the meaning of section 3 of the Criminal Law (Rape) (Amendment) Act 1990.
8. An offence under section 1 of the Punishment of Incest Act 1908 (incest by males).
9. An offence under section 2 of the Punishment of Incest Act 1908 (incest by females of or over 17 years of age).
10. An offence under section 6(1) of the Criminal Law (Sexual Offences) Act 1993.
11. An offence under section 2 of the Criminal Law (Sexual Offences) Act 2006 (defilement of child under 15 years of age).

12. An offence under section 3 of the Criminal Law (Sexual Offences) Act 2006 (defilement of child under the age of 17 years).
13. An offence under either of the following provisions of the Child Trafficking and Pornography Act 1998-
  - (a) section 3 (child trafficking and taking, etc., child for sexual exploitation),
  - (b) section 4 (allowing child to be used for child pornography).
14. An offence under section 2 of the Sexual Offences (Jurisdiction) Act 1996 insofar as it relates to an offence specified in the Schedule to that Act that is also specified in this Schedule.
15. An offence under any of the following provisions of the Criminal Law (Human Trafficking) Act 2008-
  - (a) section 2 (trafficking, etc., of children),
  - (b) section 5 insofar as it relates to a child who has been trafficked for the purpose of his or her exploitation (soliciting or importuning for purposes of prostitution of trafficked person),
  - (c) section 7 insofar as it relates to an offence under section 2 of that Act or section 3 (other than subsections (2A) and (2B)) of the Child Trafficking and Pornography Act 1998.
16. An offence under section 249 of the Children Act 2001 (causing or encouraging sexual offence upon a child).
17. An offence under section 176 of the Criminal Justice Act 2006 (reckless endangerment of children).
18. An offence under any of the following provisions of the Non-Fatal Offences against the Person Act 1997-
  - (a) section 3 (assault causing harm),
  - (b) section 4 (causing serious harm),
  - (c) section 5 (threats to kill or cause serious harm),
  - (d) section 13 (endangerment),
  - (e) section 15 (false imprisonment),
  - (t) section 16 (abduction of child by parent, etc.),
  - (g) section 17 (abduction of child by other persons).
19. An offence under section 246 of the Children Act 2001 (cruelty to children).
20. An offence under any of the following provisions of the Criminal Justice (Female Genital Mutilation) Act 2012—
  - (a) section 2 (offences of female genital mutilation, etc.),
  - (b) section 3 (offence of removal from State for purpose of female genital mutilation),
  - (c) section 4 (acts, etc., done outside State).

**Criminal Justice (Withholding of [20 12.] Information on Offences Against Children and Vulnerable Persons) Act 2012**

**SCHEDULE 2 Offences against vulnerable persons for purposes of offence under section 3**

1. Common law offence of false imprisonment.
2. Rape.
3. Rape under section 4 of the Criminal Law (Rape) (Amendment) Act 1990.
4. Sexual assault.
5. Aggravated sexual assault within the meaning of section 3 of the Criminal Law (Rape) (Amendment) Act 1990.
6. An offence under section 1 of the Punishment of Incest Act 1908 (incest by males).
7. An offence under section 2 of the Punishment of Incest Act 1908 (incest by females of or over 17 years of age).
8. An offence under either of the following provisions of the Criminal Law (Sexual Offences) Act 1993-
  - (a) subsection (1) of section 5 insofar as it provides for an offence of having sexual intercourse, or committing an act of buggery, with a person who is mentally impaired within the meaning of that section (other than a person to whom the alleged offender is married or to whom he or she believes with reasonable cause he or she is married),
  - (b) subsection (2) of section 6 insofar as it provides for an offence of soliciting or importuning a person who is mentally impaired within the meaning of that section (whether or not for the purposes of prostitution) for the purposes of the commission of an act that would constitute an offence under section 5(1) (insofar as it is referred to in paragraph (a)) of that Act or an offence referred to in section 2 of the Criminal Law (Rape) (Amendment) Act 1990.
9. An offence under section 2 of the Sexual Offences (Jurisdiction) Act 1996 insofar as it relates to an offence specified in the Schedule to that Act that is also specified in this Schedule to the extent that it is so specified.
10. An offence under any of the following provisions of the Criminal Law (Human Trafficking) Act 2008-
  - (a) section 4 (trafficking of persons other than children),
  - (b) section 5 insofar as it relates to a person in respect of whom an offence under subsection (1) or (3) of section 4 of that Act has been committed (soliciting or importuning for purposes of prostitution of trafficked person),
  - (c) section 7 insofar as it relates to an offence under section 4 of that Act.
11. An offence under section 3 of the Non-Fatal Offences against the Person Act 1997 (assault causing harm).

### **III. Guidelines for Supervision**

#### **WHAT IS SUPERVISION?**

*“Supervision is a forum where supervisees review and reflect on their work in order to do it better. Practitioners bring their actual work-practice to another person (individual supervision), or to a group (small group or team supervision), and with their help review what happened in their practice in order to learn from that experience. Ultimately, supervision is for better quality service.”*

(Michael Carroll - Psychotherapy in Australia, Vol13:3, May 2007)

So, the CHPA vision of supervision is a commitment by members to continually reflect on their work in order to give the best possible service to the client, while at the same time contributing to their own personal growth and learning and monitoring the work itself both ethically and professionally. Supervision sessions should be focussed on the specific work related issues that are relevant to the supervisee. It should be a supportive and non-judgemental environment designed to help the supervisee develop in their role to the benefit of clients.

#### **SUPERVISION REQUIREMENTS as per The CHPA policy**

When the industry we are in becomes more regulated, Supervision will no doubt be a requirement for each therapist to maintain the license to practice. Until then, we prefer to keep our reputation for professionalism and self regulation.

In a nutshell, here are the requirements members must meet:

#### **When Joining:**

New Members may be either long practicing therapists or recent graduates of a training school. All new members will be encouraged to register with a Supervisor from CHPA Supervisor list. However, if the therapist is already in supervision, then they may keep that supervisor provided that:

- a) in the case of new graduates, the supervisor is approved by the training school through which the therapist qualified
- b) in all cases the therapist provides full details of that supervisor.

In all cases The CHPA reserves the right to take a view and give advice as to the suitability of the supervisor so named. In general a guiding principle is that Hypnopsychotherapist members with less than five years experience or less than 1000 supervised client hours be registered with a hypno-psychotherapist supervisor. (see list of Supervisors on website).

#### **For Maintaining Membership of The CHPA:**

To maintain membership of The CHPA therapists must comply with the Supervision requirements laid down in the policies of The CHPA. These requirements are:

<b>CLIENT HOURS after qualification</b>	<b>SUPERVISION REQUIREMENTS</b>
1 <sup>ST</sup> 100 HRS	1 SESSION FOR EVERY 20 HRS UP TO 100 HRS
101 – 500 HRS	1 SESSION FOR EVERY 30 HRS
500+ HRS	MINIMUM REQUIREMENT IS 4 SESSIONS EVERY YEAR

The minimum requirement may be waived at the discretion of the supervisor when a member has seen very few clients in the previous year, provided that some level of contact has been maintained with the supervisor. At the professional discretion of the supervisor, supervisees may be required to attend more frequently.

When renewing membership it is a requirement for the therapist to provide, with a renewal application form, a completed CPD/Supervision Passport signed by his or her supervisor.

### **WHEN A THERAPIST IS RETURNING TO PRACTICE.**

The recommendation to all therapists taking up practice after a break is that they first engage with a supervisor, and for the first few months of practice maintain close and frequent contact with the supervisor.

### **WHO IS A SUPERVISOR?**

Because supervisors in The CHPA must be able to supervise newly qualified members in hypnotherapy, to be listed as a supervisor in The CHPA a therapist must

- a) have hypnotherapy experience of at least 3000 supervised client hours over the previous 5 years
- b) have completed either the ICHP Supervision course and/or the Michael Carroll course in supervision (module 1 and either module 2 or Module3).

### **HOW MAY SUPERVISION SESSIONS BE CONDUCTED?**

Supervision may be in the form of group or face to face sessions, including the use of video and phone link such as Skype etc. Informal networking groups, while beneficial to the development of the therapist, are not counted as supervision sessions for renewal/membership purposes. Only 1-1 or Group Supervision is counted in CHPA for supervision purposes.

### **WHAT IS A SESSION?**

A session of supervision is not an hour of supervision. Sessions are not defined in terms of how long or short they are, and just need to take the time required to cover the issues which arise. There can be no such thing as a “double session”.

## **RESPONSIBILITIES OF THE SUPERVISEE**

- 1) to engage in the minimum required number of supervision sessions, but to commit to engaging in as many sessions as the therapist's own wellbeing and practice requires
- 2) to ensure that accurate records are kept, including dates, times, issues covered and outcomes. To keep such records for at least 5 years. Suggested formats are available in the appendices. These forms are suggested rather than a monitored requirement, and any suitable format may be used.
- 3) To ensure that your supervisor completes your CPD/Supervision Passport for presentation at membership renewal time.

## **RESPONSIBILITIES OF THE SUPERVISOR**

- 1) To engage with the supervisee in the minimum number of supervision sessions, but to commit to engaging in as many sessions as the therapist's wellbeing and practice requires.
- 2) To recognise the supervisor's role in determining the fitness of a supervisee to practice, bearing in mind the therapist's impact on clients and the client impact on therapist.
- 3) To ensure that accurate records are kept, including dates, times, issues covered and any outcomes and recommendations made to the therapist. To keep such records for at least 5 years. Suggested formats are available in the appendices. These forms are suggested rather than a monitored requirement, and any suitable format may be used.
- 4) To sign for the therapist his or her CPD/Supervision Passport for presentation at membership renewal time.

## **GOING FORWARD**

Most members understand that the CHPA is working towards being the leading professional body for Hypnotherapists/Psychotherapists in Ireland. These guidelines are introduced to clarify policies and procedures around Supervision issues, to provide protection for both Members and the Organization in the event of a dispute, complaint or any other investigation or enquiry which may be instituted such as an inquest. It is also to ensure our therapists maintain the highest standard in the profession.

As we progress, these guidelines may be reviewed and revised, and may be adapted or changed in the light of future regulation or other requirements.

### Appendices

*EXCEPT FOR THE CPD/SUPERVISION PASSPORT these forms are for guidance and are only recommendation. They are to assist with the protection of Supervisor and Therapist in the event of a complaint or dispute – they are not a requirement and this will not be monitored by CHPA.*

*The only document that needs to be produced to the CHPA is the CPD and Supervision Passport at membership renewal time.*

*The CPD/Supervision Passport is available on the website. You will also be sent one prefilled with your name and membership number.*

*See next page onwards for other suggested forms.*

## **Index**

### **1. The CHPA Supervision / CPD Passport.**

This form is to be used to log your hours to become an accredited member of this Association. It should be signed by your supervisor and, at membership renewal each year, should be copied, stamped and sent along with your membership form to renew your membership.

### **2. Supervision Contract**

This is a sample contract between supervisor and supervisee. Both are free to alter and amend to suit their individual needs. At any time either party (supervisor and/or supervisee) can initiate discussion around renegotiation of the contract or any part of it.

### **3. Areas for evaluation in Supervision**

These are the areas within which a supervisor evaluates a supervisee

### **4. Supervision session report.**

This is the framework for note-taking for the supervisor

### **5. Evaluation feedback form for Supervisees (to their Supervisor)**

A form to allow the supervisee to evaluate their supervisor, this can be for self reflection or the form can be given to the supervisor.

### **6. Supervision session evaluation**

Designed to allow supervisor and supervisee to evaluate their session together.

**CPD and Supervision Passport for the year ending 31st December 20**

Therapist Name: ..... Membership Number: .....

**Area 1 Skills and Knowledge** Area 2 Personal Development and Supervision

Date	Course Event	Points
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***FOR NON CHPA events you must provide evidence of attendance***

**Supervision:**

As supervisor for \_\_\_\_\_ I confirm that he/she has attended

\_\_\_\_\_ (number) sessions covering \_\_\_\_\_ (number) practise hours

Being the appropriate level of supervision for the client hours and cases in practice. I have applied the Supervisor's exemption discretion **YES NO.** (circle your reply)

Signed by Supervisor \_\_\_\_\_

Other Activities: Give date and description of activities and provide evidence as per CPD guidelines. Use back of sheet if needed.

Therapist signature: \_\_\_\_\_

Date \_\_\_\_\_

2

### **Supervision Contract (Template)**

This is a supervision contract

between .....and .....

from.....until its review (or ending) on.....

We both:

- Are members of The CHPA
- Abide by their Code of Ethics and Practice
- Have Professional Indemnity Insurance for our work

#### ***What is supervision?***

We are agreed that supervision is a forum used by supervisees to reflect on all aspects of their clinical work, where they receive formal and informal feedback on that work and where the welfare of clients and the quality of the service they receive is central.

#### ***Practicalities:***

We will meet for ..... hours every.....at.....

.....(Address) at a time to be arranged at the end of each supervisory session

The cost of the sessions will be €..... payment is made at the start / end of each session

If group supervision we agree to cover any costs of the meeting in the following way:

#### ***Procedures:***

We have agreed that the following arrangements will take place in the following situations:

1. Cancellation of session

2. Non-attendance at supervision session.

3. Where there are disagreements, disputes, conflict areas between supervisor/supervisee/s the issue will be brought by the supervisor to the supervisor's supervisor. Where appropriate another supervisor will be assigned to the supervisee.

4. If there is need for extra supervision

5. For appeals

7. Keeping of supervisory notes

8. Emergencies (you are free to phone me if there is an emergency on the following number..... If I (the supervisor) am not available The CHPA can be contacted at 1890 253363

**Guidelines:**

The following guidelines/ground rules will guide our time together:

1. Confidentiality

All information revealed in supervision will be kept confidential except for these exceptions:

- Should you describe any unsafe, unethical, or illegal practices that are contrary to The CHPA's code of ethics that you are unwilling to go through the appropriate procedures to address
- You repeatedly fail to attend sessions

2. Openness/honesty (about work done, the supervisory relationship, reports etc)

3. Using feedback to learn

4. Roles and Responsibilities:

We have agreed that as supervisor I will take responsibility for:

- Time keeping
- Managing the overall agenda of sessions
- Giving feedback
- Monitoring the supervisory relationship
- Creating a safe place
- Monitor ethical issues of counselling and supervision
- Keeping notes of sessions

- Drawing up the final supervisory reports
- Your learning (objectives); applying learning from supervision
- Feedback to self and to supervisor

We have agreed that as supervisee you will be responsible for:

- Preparing for supervision
- Presenting in supervision
- Keeping notes of supervisory sessions

***Evaluation and Review:***

We have agreed that informal evaluation of each supervision session - criteria given below may be used as a guideline.

Formal Evaluations of

- Supervisee
- Supervisor
- Supervision

will take place every year, or as requested by either supervisor or supervisee. The criteria against which evaluation will take place are given below.

***Re-negotiation of Contract:***

At any time either party (supervisor and/or supervisee) can initiate discussion around renegotiation of the contract or any part of it. This will be done in advance so that there is preparatory time available.

Signed: .....(Supervisor) Date.....

Signed.....(Supervisee/s) Date: .....

## Supervision Session Report

Supervisor:.....

Supervisee:.....

Date:.....

.....

### Issued raised in supervision:

Client issues:

Intervention issues:

Supervisee issues:

Supervisor issues:

<b>AREAS FOR EVALUATION IN SUPERVISION</b>			
		yes	no
1	<b>The helping relationship:</b>		
	Is the supervisee able to establish an effective relationship?		
	Does the supervisee engage with clients?		
	Does the supervisee use power appropriately?		
2.	<b>Awareness of Self:</b>		
	Is supervisee aware of themselves and their own strengths/limits?		
	Is the supervisee reflective?		

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<b>3.</b>	<b>Skills/Competencies:</b>		
	Does the supervisee have the skills of self-		
<b>4</b>	<b>Understanding the Helping Process:</b>		
	Does the supervisee understand what is happening between self and client?		
	Is the supervisee aware of the stages of helping?		
<b>5</b>	<b>Assessment:</b>		
	Has the supervisee a method of assessing clients?		
	Is the supervisee able to make clear and accurate assessment?		
<b>6.</b>	<b>Contextual Issues:</b>		
	Is the supervisee aware of contextual issues in helping?		
	Is the supervisee aware of individual differences?		
<b>7.</b>	<b>Ethics/professionalism:</b>		
	Has the supervisee got a clear code of ethics to which they subscribe?		
	Is the supervisee ethically sensitive to what happens in helping?		
<b>8</b>	<b>Theory:</b>	<b>Yes</b>	<b>No</b>
	Does the supervisee have a theory that guides their work?		
	Is the supervisee congruent in theory and practice?		
	Has the supervisee sufficient knowledge to back up practice?		
<b>9</b>	<b>Attitudes, Beliefs, Values:</b>		
	Is the supervisee flexible?		
	Is the supervisee tolerant and able to stay with painful issues		
	Is the supervisee able to learn from supervision?		

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	Does the supervisee deal positively with feedback.		
--	--	--	--

Organisational issues:

Training issues:

Action points:

Signed: ..... Date:.....

**Evaluation feedback form for Supervisees (to their Supervisor)**

Am I (your supervisor) providing sufficient support to facilitate your learning?
Have we identified sufficient and varied opportunities for learning?
Is the supervision relationship productive? Anything we need to discuss?
Is the feedback I give thoughtful, candid and constructive?
Is there a good balance of support and challenge in our supervision?
Are there areas we do not talk about that should be the focus of a conversation?

Is what we are discussing in supervision making impacts on your performance in life or work?
What seems to you to be the next challenge in your development?
What is the most helpful about our supervision arrangement? What is least helpful?
Is there anything you would like me to stop doing? Start doing? Increase? Decrease?
Are we being accountable in our supervision? To clients? To relevant organisation? To our profession?

### **Supervision session evaluation**

What went particularly well in our supervision session?
What relationship challenges did we face?
Were we communicating effectively with each other?
Were we candid and open in our communication?

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What did we not talk about (avoided)?
What learning challenges emerged?
Any external factors that impacted on our supervision session?
What three actions could improve the quality of our supervision sessions? a) b) c)

**Additional Notes:**

## IV. Guidelines on Continuing Professional Development

This is a guide to The CHPA's members concerning how they may meet its requirements for them to maintain Continuing Professional Development. As a member you are now **required to earn CPD points in the following 2 areas** and according to the scales described for each of the two areas.

### **Area 1: Maintenance of knowledge and skills: CPD Requirement: 28 points over 2 years Jan-Dec**

These can be earned through:

A) In house courses hosted by The CHPA. These will be known to The CHPA, and will earn CPD points as 7 points for each full day of the course.

**OR**

B) Allocation of points for external courses, including online courses, require that the course

provider indicates the number of learning hours involved in the course, or the learning outcomes achieved (what you will have learned by the end of the course).

The course provider must also issue a certificate of attendance/completion.

**OR**

C) Academic study on any formal learning program whether undergraduate or post graduate

(Masters, Graduate Certificate, Graduate Diploma), including coursework and research

programmes.

Points for B) and C)

CPD points will be allocated at 1 point per hour of the course length. However, all external courses you may wish to attend must be approved. Once a particular course has been approved, it will be published in the resource page of the website as a course acceptable for CPD points.

### **Approval procedure:**

Approval of your intended course is recommended before you commence otherwise you run the risk of not having the course approved and not gaining CPD points for the work you've done. Once a course has been approved and published on the website CPD page, you need not seek approval for your own attendance. **The reason for approval is to allow The CHPA to allocate CPD points to the course.**

Submit to The CHPA a written outline of the course indicating:

1) the course content, - The title of the course will frequently be sufficient to indicate its content

2) length of course:

a) for one to three day courses - the total number of hours for the course

b) for courses which are provided over more than three days up to 12 months – a copy of the lecture/teaching attendance schedule laid out.

c) For courses longer than 12 months – a full synopsis of the multi-year programme showing the learning and lecture time required for each year.

3) By whom the course is being given, and what, if any, accreditations it claims.

4) A line or two explaining how the course will benefit your practice as a

hypno/hypnopsychotherapist. E.g. “it will improve my knowledge of xx”, or “it will help my practise of xx”. If the course details are on a website then a simple way of doing 1-3 above is to give us a link to where the course details can be obtained, so you don’t have to reproduce all its details. However, you must ensure that you provide a short assessment of how it’ll help your practice. Course providers may also submit their courses for approval as CPD events.

**Verification:**

For short courses delivered over a period of up to 12 months, certificates of attendance/completion must be provided with your membership renewal application. For courses over 12 months long your claim for hours must be supported by documents such as official exam results at the end of each year on the teaching institute’s headed paper (they often give transcripts of results each year), and then a final certificate on course completion.

**Area 2: Your personal learning module**

**Requirement is Authorised points for supervision (set at 8 points over 2 years unless otherwise authorised by your supervisor) plus 2 further points over 2 years January of first year – December of the second year.**

A) Supervision points – 1 point per session provided the number of sessions meets or exceeds the required number of sessions per client hour as follows:  
If you have fewer than 500 accumulated client hours then you must attend 1 session of supervision for every 20 client hours you have had during the year.  
If you have over 500 accumulated client hours then you must attend a minimum of 4 sessions in the year. This may be varied by your Supervisor provided you have attended at least 1 session in the year. **You must record your client hours on your supervision passport in the columns provided for this purpose.**

AND/OR

B) Reading professional publications. Reading articles, in both printed and online publications, and books, as well as watching relevant TV documentary presentations, is a valuable part of self development. Now you can gain CPD points for these activities. To gain points use the following procedure

**Write a review of the article, a book or a TV documentary.** The review must provide:

a) For books: the title, the name of the author, the name of the publisher and year of publication.

For Articles the article title, the name of journal in which it was published, the issue and number of the journal edition, the date of the edition the page number in that edition on which the article appears. If it is an online article then you must give the

website address of the article and the date on which you retrieved it from the web. Examples are given below.

For Documentary presentations, the programme title, the date of broadcast, and the station

which broadcast the documentary.

b) A summary of what the article/book/documentary is about

c) A summary of what you have learned from the article/book/documentary and how what you have learned contributes to your role as a therapist.

Points will be given at 1 point for every article or book under 100 pages of text (excludes indexes title pages etc.) or each documentary; and for larger books 1 point per 100 pages thereafter.

### C) Practice-based research Projects

You can also earn points through undertaking or being part of research projects. The projects need to be pre-approved by The CHPA. To obtain approval submit a proposal giving:

a) the purpose of the study,

b) details of the method to be used

c) how this relates to your role as a hypno/hypnopsychotherapist

After the conduct of the research provide a report giving

c) the result of the research

d) the conclusions drawn from the results.

Points will be awarded at 3 points per project.

If it is pre approved by the CHPA your involvement in larger external research projects may attract more points.

AND/OR

### D) Writing and publishing Articles.

Writing or publishing a journal or article can gain points if the article is approved by the CHPA as being relevant to your practise of hypno/hypnopsychotherapy, and the contents of the article are supported by appropriate references. To gain points a copy of the publication must be submitted.

As a guide to referencing your article or journal, when you reference your sources you should provide

i) For books: the title, the name of the author, the name of the publisher and year of publication.

ii) For Articles the article title, the name of journal in which it was published, the issue and

number of the journal edition, the date of the edition the page number in that edition on which

the article appears. If it is an online article then you must give the website address of the article and the date on which you retrieved it from the web. Examples are given below.

Points will be given at 3 point for every article or book under 100 pages of text (excludes indexes title pages etc.) and for larger books 1 point per 100 pages thereafter.

NOT ACCEPTABLE AS CPD EARNING PUBLICATIONS ARE personal blogs, twitter, facebook and other types of personal advertising tools.

Publication in The Newsletter of The CHPA will be accepted as publication, but will earn 2 points.

AND/OR

E) Active membership of professionally relevant committees and boards and working groups when verified in advance by The CHPA as being relevant to your role as a hypno/hypnopsychotherapist.

Points will be granted at 2 points per meeting.

### **Other Memberships**

If you are a practising, paid up member of the Psychological Society of Ireland (PSI) or the Irish Council for Psychotherapy (ICP), meeting your supervision and CPD requirements for those organisations will be deemed to be sufficient for meeting your obligations for The CHPA, provided you can provide evidence of having met those requirements.

### **Important note regarding plagiarism.**

All articles, books and other written material submitted for publication as having being written by

you must be original work. The use of other people's writing or ideas without proper reference and acknowledgement constitutes plagiarism, and is a serious ethical offence, as well as constituting breach of copyright, for which you will be liable when damages are sought by the original author.

In these days of universal access through the internet it would be extremely unwise to attempt to plagiarise anyone else's work (including that of your fellow members) since whatever you write can be accessible to all. Members who submit original written work for CPD points consent to The CHPA having the right to submit such work received to external reviewers.

### **Submitting your published work**

In order to obtain CPD points for a particular year, all written and published work for which you are seeking CPD points must be submitted by the end of September of that year. This is to allow sufficient time for the work to be assessed and for you to be notified of your points before the commencement of membership renewals. Any points awarded after the end of September will be allowed only for the following year.

### **Format for submission.**

Written work such as reviews can be sent to us by email to address [education@chpa.ie](mailto:education@chpa.ie). Your email should state that it is your review and that you wish to claim CPD points for it.

Published work must be submitted in material form. It will be returned to you. It is illegal to

photocopy any publication since that is considered a breach of copyright. You must send the actual publication i.e. magazine or book etc. along with a letter claiming points for the publication.

### **Obtaining certificates of CPD points.**

You now have the facility to verify your CPD points with The CHPA as you obtain them. When you have attended an event or undertaken any other CPD work, you

can send your certificate of attendance, published work, your reviews etc. into The CHPA immediately. The CHPA will send you a short certificate of verification of CPD points for the event, which you can use to support your CPD Passport for your renewal application. **But it will still be your responsibility and not The CHPA's responsibility to keep a record of the points awarded to you.** This should be of some assistance to you in avoiding the year end gathering of your CPD certificates and other material. All material submitted to The CHPA will be returned once they have been verified.

### **Examples of referencing for your reviews and publications**

#### **Books:**

Hypnotic Techniques George Gafner and Sonja Benson Norton & Company 2003

#### **Printed Articles:**

'One More Time: What is Supervision?'. M.Carroll, Psychotherapy in Australia, 13 (3): pps 34-37

#### **Online Articles:**

How to Start Breaking Your Worst Habit Today

Published by [Bill Knaus Ed.D.](#) on Aug 12, 2015 in [Science and Sensibility](#)

Retrieved 13/8/2015: <https://www.psychologytoday.com/blog/science-and-sensibility/201508/howstart-breaking-your-worst-habit-today>

## **V. Complaints procedures**

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## Introduction

Complaints may concern all the activities of The CHPA including:

- The conduct of a Member ;
- The conduct of the National Executive Committee or its individual members;
- The conduct of an administrative staff member or volunteer

Complaints may be made by members of the public, clients of individual Members, the family of clients of individual Members, or from a Member regarding the activities of another Member.

All complaints will be considered with due diligence by the National Executive Committee and any Panels set up to investigate and address the complaint. Details of decisions taken will be made available to relevant parties.

For a complaint to be upheld against a Member his or her actions must have been in breach of the Code of Practice and Ethics with which each Member will have given a written commitment to comply. The Code of Practice and Ethics is available from The CHPA website [www.chpa.ie](http://www.chpa.ie)

Failure to uphold or adhere to the Code of Practice and Ethics may bring disciplinary proceedings against the Member by the National Executive Committee even if a complaint from a third party has not been received.

## **2.0 Complaints against Members**

### **2.1 Complaints Process**

**2.1.1.** Complaints against Members of The CHPA must be made in writing to the National Executive Committee of The CHPA. Upon receipt of a written complaint concerning a Member of The CHPA, the National Executive Committee shall appoint a complaints investigation Committee to investigate the complaint. This committee shall consist of one to three members of The CHPA. This committee shall:

- Within 10 days confirm receipt of the complaint to the complainant, advise of the process that will be adopted and seek permission to send any documentation indicating the nature of the complaint to the Member concerned;
- Within 14 working days, notify the Member concerned that a complaint has been received and request a response to the complaint from the Member within 28 working days of the date the Member receives details of the complaint;

*Note: It may be possible for straightforward complaints or those that are not disputed to be settled at this point. A decision on whether the complaint may be settled at this point will be made by the appointed investigation committee within 14 working days of receipt of the initial response from the Member .*

This committee will within 14 days of concluding their investigation submit details of their findings and any resolution reached to the Executive Committee Member responsible for handling complaints.

**2.1.2** If the complaint cannot be settled at this stage, a Complaints and Disciplinary Panel will be formed to investigate the matter further. The Panel shall comprise one member of the

National Executive Committee and two other members from either a Regional Council or the National Council, and shall be chaired by the National Executive Committee Member. The Membership Register Secretary will support and assist the Complaints and Disciplinary Panel in the administration and running of the disciplinary process but will not contribute to any decisions made by the Panel.

The Member concerned may be required to attend a disciplinary hearing.

**Note: The Code of Practice and Ethics for Members requires them to fully comply with any reasonable requests from the National Executive Committee or those acting on its behalf for information and/or attendance at any hearings necessary in pursuance of any complaint or action against the Member .**

## **2.2 Reporting of Decisions**

Decisions made by the Complaints and Disciplinary Panel shall be formally confirmed in an appropriate format to all relevant parties within 14 working days of the Panel meeting. Should a decision not be possible within this time frame, perhaps because of a need for the Panel to gather further information or evidence or arrange additional meetings, all relevant parties will be informed accordingly and a new deadline for a decision will be set.

## **3.0 Complaints against the National Executive Committee**

### **3.1 Complaint Process**

**3.1.1** For complaints against the **National Executive Committee** or its members, the complainant should notify the Chairman of **National Executive Committee** in writing of the nature of the complaint. Complaints may be in relation to any administrative or procedural roles or activities undertaken by the **National Executive Committee** in pursuance of the business and affairs of the The CHPA, or related to the professional conduct of any or all members of the **National Executive Committee**.

*Note: It may be possible for straightforward complaints or those that are not disputed to be settled at this point. A decision on whether the complaint may be settled at this point will be made by the National Executive Committee within 14 working days of receipt of the initial response from the National Executive Committee Member or the Committee as a whole.*

**3.1.2.** If the complaint cannot be settled at this stage The **National Executive Committee** shall inform The Chair of the Independent Review Panel (See Section 7.4) of the complaint within 14 working days of receipt of the complaint and the **National Executive Committee** shall respond to the complaint within 28 working days of the complaint being forwarded to the Review Panel.

## **3.2 Reporting of Decisions**

The Independent Review Panel will investigate the complaint and make the necessary binding recommendations should the complaint be upheld. The Panel shall inform the complainant in an appropriate format of the outcome within 21 working days of reaching their decision.

Should a decision not be possible within this time frame, perhaps because of a need for the Panel to gather further information or evidence or arrange additional meetings, all relevant parties will be informed in an appropriate format and a new deadline for a decision will be set.

#### **4.0 Complaints against an administrative volunteer or employee.**

For complaints against a member of the administrative staff of the organisation the complainant should notify the staff manager who will investigate the matter according to the complaints and disciplinary procedure contained in the contract or contract of employment under which the administration member is engaged and which may be governed by employment law.

#### **5.0 Complaints against the National Executive Committee or its individual members in respect of a decision concerning membership of The CHPA.**

**An applicant wishing to challenge the decision of the National Executive Committee in respect of admission to membership, as opposed to how the admissions process was administered and executed, should follow the Appeals procedure described in Section 7.2 later.**

#### **6.0 Outcomes of the Disciplinary Process**

If the Complaints and Disciplinary process undertaken identifies that a Member has breached the content and intent of the Code of Practice and Ethics, appropriate action will be taken. Whilst punitive actions will vary according to the circumstances of each individual case, serious and deliberate breaches of the Code of Practice and Ethics may result in suspension or expulsion of a Member from The CHPA.

Details of all complaints received together with any information gathered in investigating the claims and the decisions arrived at will be held on record by The CHPA.

#### **7.0 Appeals**

##### **7.1 Against a Decision of the Complaints and Disciplinary Panel**

Appeals against decisions of a Complaints and Disciplinary Panel may be made to the National Executive Committee. The National Executive Committee Member responsible for Complaints shall inform the National Executive Committee of the appeal within 14 working days of receiving an appeal or notice of an appeal from the Appellant. Upon receipt of such an appeal the National Executive Committee will convene a Tribunal of three National Executive Committee members. This Panel will usually be chaired by either the Chair or Vice Chair of the National Executive Committee. The Tribunal of Appeal will consider the decision made by the Complaints and Disciplinary Committee. The Tribunal may re-interview the applicant if they feel it would assist the process.

**Note: The Tribunal of Appeal will not comprise any members of the original Complaints and Disciplinary Committee although the Chair of the Tribunal of Appeals will be made aware of any documentation relating to the original interview.**

**This will assist in ensuring the Tribunal of Appeal are able to focus on those issues for which the applicant failed to demonstrate an appropriate level of competence and experience during the original interview process.**

### **7.1.1 Reporting of Decisions**

The decision made by the Tribunal of Appeal will be confirmed in an appropriate format to the Appellant and the National Executive Committee Member Responsible for Complaints within 28 working days of the full documentation for the appeal being received by the Tribunal from the Appellant.

Should a decision not be possible within this time frame, perhaps because of a need for the Tribunal to gather further information or evidence or arrange additional meetings, all relevant parties will be informed in an appropriate format and a new deadline for a decision will be set.

### **7.2 Against the Decisions of the National Executive Committee regarding Admission to membership**

Appeals against the decisions of The National Executive Committee as shall be made in writing to the Company Secretary. Upon receiving the Appeal, the Company Secretary will inform the Chairman of the Independent Review (See section 7.3 below). The appellant will usually be required to attend an Appeal interview.

**Any costs reasonably incurred in completing the Review process will be borne by the losing party and the decision of the Independent Review Panel will be final and binding.**

### **7.2.1 Reporting of Decisions**

The decision of the Independent Review will be confirmed in an appropriate format to the Applicant within 28 working days of the appeal interview.

Should a decision not be possible within this time frame, perhaps because of a need for the Panel to gather further information or evidence or arrange additional meetings, all relevant parties will be informed in an appropriate format and a new deadline for a decision will be set.

### **7.3 Appeals against an Appeal Decision**

An appeal made against the decision of the Tribunal of Appeal shall be in writing and directed to the Company Secretary. Upon receipt of such an appeal the the Company Secretary will refer the complaint to the chairman of the Independent Review Panel (see 7.4 below). **Any costs reasonably incurred in completing the Review process will be borne by the losing party and the decision of the Independent Review Panel will be final and binding.**

### **7.3.1 Reporting of Decisions**

Any decision made by the Independent Review Panel will be conveyed to the Appellant within 28 working days of the appeal being lodged in writing with the Membership Secretary. Should a decision not be possible within this time frame, perhaps because of a need for the Panel to gather further information or evidence or arrange additional meetings, all relevant parties will be informed in an appropriate format and a new deadline for a decision will be set.

#### **7.4 Independent Review Panel**

Complaints against the National Executive Committee or the decisions regarding Membership made by the National Executive Committee, and decisions made by the Tribunal of Appeals will be considered by an Independent Review Panel.

The Independent Review Panel will comprise one to three people who are not Members of The CHPA and are not associated with the management of the CHPA or its operations. Panel Members will be selected given the circumstances of the complaint and according to the expertise and experience they can bring to the Review process. Panel Members may or may not be associated with the fields of hypnotherapy, psychotherapy or any other therapy.. Members of the Independent Review Panel will be selected by The Chairman of The Chartered Institute of Arbitrators.

**Any costs reasonably incurred in completing the Review process will be borne by the losing party and the decision of the Independent Review Panel will be final and binding.**

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## VI. Directors

### SECTION 1

#### GENERAL

**1.01 Application.** This Directors' Code of Conduct and Policy on Conflicts of Interest (the "Code") has been approved by the board of directors, the National Executive Committee (the "NEC") of the Company. The Code is intended to govern the conduct of Directors of the Company. It also sets out guidelines for avoiding and disclosing conflicts of interest.

**1.02 Definitions.** Unless otherwise specified, the words and expressions used in this Code shall have the same meaning as in the Memorandum and Articles of Association of the Company.

**1.03** The provisions of this Code are intended to complement and enhance in a consistent manner, the requirements that arise at law and from the policies of the Company.

### SECTION 2

#### DUTIES AND RESPONSIBILITIES OF INDIVIDUAL DIRECTORS

**2.01 Responsibilities.** Each Director is expected to become an active participant in a Committee that functions effectively as a whole. A Director is responsible to:

- (a) Be informed of the constitutional documents and legislation under which the Company exists, mission, values, codes of conduct, and policies as they pertain to the duties of a Director;
- (b) Keep generally informed about the activities of the Company and general trends in the hypnotherapy and psychotherapy area in which it operates;
- (c) Attend Committee meetings regularly, serve on committees of the Committee and contribute from personal, professional and life experience to the work of the Committee;
- (d) Exercise, in the performance of their duties, the degree of care, diligence and skill required of a Director pursuant to the laws under which the Company is incorporated
- (e) Be independent and impartial;
- (f) Not be influenced by self-interest, outside pressure, expectation of reward or fear of criticism;
- (g) Act with honesty and integrity and conduct his or herself in a manner consistent with the nature and the responsibilities and the maintenance of public confidence in the conduct of the Committee's business;
- (h) Offer his or her personal perspectives and opinions on issues that are the subject of Committee discussion and decision;
- (i) Voice, clearly and explicitly at the time a decision is being taken, any opposition to a decision being considered by the Committee;
- (j) Maintain solidarity with fellow Directors in support of a decision that has been made in good faith in a legally constituted meeting, by Directors in reasonably full possession of the facts;

- (k) Ask the Directors to review a decision, if he or she has reasonable grounds to believe that the Committee has acted without full information or in a manner inconsistent with its fiduciary obligations, and, if still not satisfied after such review, ask that the matter be placed before the membership;
- (l) Work with the staff of the Company on committees or task forces of the Committee;
- (m) Know and respect the distinction in the roles of Committee and staff consistent with the principles underlying these governance policies;
- (n) Exercise vigilance for and declare any apparent or real personal conflict of interest in accordance with the Company's policies, and in particular with this Code; and
- (o) Comply with all other codes and policies approved by the Committee from time to time.

**2.02 Conduct of Directors.** A Director will at all times conduct his or herself in a manner that:

- (a) Supports the objectives of the Company;
- (b) Serves the overall best interests of the Company;
- (c) Subordinates his or her personal interests, and those of any particular constituency, to the best interests of the Company;
- (d) Brings credibility and goodwill to the Company;
- (e) Respects principles of fair play and due process;
- (f) Demonstrates respect for individuals and human rights;
- (g) Respects and gives fair consideration to diverse and opposing viewpoints;
- (h) Demonstrates due diligence and dedication in preparation for, and attendance at, meetings, special events and in all other activities on behalf of the Company;
- (i) Demonstrates good faith, prudent judgement, honesty, transparency and openness in his or her activities on behalf of the Company;
- (j) Ensures that the financial affairs of the Company are conducted in a responsible and transparent manner with due regard for his or her fiduciary responsibilities and public trusteeship;
- (k) Avoids real or perceived conflicts of interest;
- (l) Conforms with the policies approved by the Committee, in particular this Code and Confidentiality Agreement.

## SECTION 3

### CONFLICT OF INTEREST GUIDELINES

**3.01 Integrity.** These Conflict of Interest Guidelines are intended to ensure the highest standards and maintenance of the integrity of the Committee. Directors shall act at all times in the best interests of the Company rather than in the interests of particular constituencies. This means putting the interests of the Company ahead of any personal interest or the interest of any other person or entity. It also means performing his or her duties and transacting the affairs of the Company in such a manner that promotes public confidence and trust in the integrity, objectivity and impartiality of the Committee.

#### 3.02 No Pecuniary Benefit.

(a) No Director shall directly or indirectly receive any profit from his or her position as such, provided that, notwithstanding anything herein contained to the contrary, Directors may receive reimbursement for reasonable expenses incurred by them in the performance of their duties as permitted in the Articles of Association and approved by the Committee.

(b) The pecuniary interests of immediate family members (including the immediate family members of a Director's partner) or close personal or business associates of a Director are considered to also be the pecuniary interests of the Director.

### 3.03 Definition of Conflict of Interest.

(a) A conflict of interest refers to situations in which personal, occupational or financial considerations may affect, or appear to affect, a Director's objectivity, judgment or ability to act in the best interests of the Company and includes conflicts as described in subsection 3.04 hereof.

(b) A conflict of interest may be real, potential or perceived in nature.

(c) A real conflict of interest arises where a Director has a private or personal interest, for example, a close family connection or financial interest.

(d) A potential conflict of interest may arise when a Director has a private or personal interest such as an identified future commitment.

(e) A perceived or apparent conflict of interest may exist when a reasonable, well informed person has a reasonable belief that a Director has a conflict of interest, even if this is not the case or there is no real conflict.

(f) Full disclosure, in itself, does not remove a conflict of interest.

### 3.04 Examples of Conflict of Interest on the Part of a Director.

The following examples constitute Conflicts of Interest under this Code:

(a) Any circumstance that may result in a personal or financial benefit to a Director or his family, business associate or friend. This includes, but is not limited to, accepting any payment for services rendered to the Company other than payment for services of a Director as permitted in this Code, including contracted work or honoraria; or accessing financial or other resources for personal use, i.e. transportation, training costs, supplies, equipment, etc.

(b) Personal interests which conflict with the interests of Members of the Company or are otherwise adverse to the interests of the Company.

(c) Seeking, accepting or receiving any personal benefit from a supplier, vendor or any individual or organization doing or seeking business with the Company.

(d) Being a member of the Committee or staff of another Person which might have material interests that conflict with the interests of the Company or its Members; and, dealing with matters on one Committee which might materially affect the other Committee.

(e) Any involvement in the hiring, supervision, grievance, evaluation, promotion, remuneration or firing of a family member, business associate, or friend of the Director.

### 3.05 Principles for Dealing with Conflict of Interest.

(a) Both prior to serving on the Committee and during their term of office, Directors must openly disclose a potential, real or perceived conflict of interest as soon as the issue arises and before the Committee or its sub-committees dealing with the matter at issue.

(b) If the Director is not certain whether he or she is in a conflict of interest position, the matter may be brought before the Executive Committee for advice and guidance.

- (c) If there is any question or doubt about the existence of a real or perceived conflict, the Committee will determine by majority vote if a conflict exists. The Director potentially in conflict of interest shall be absent from the discussion and shall not vote on the issue.
- (d) It is the responsibility of other Directors who are aware of a real, potential or perceived conflict of interest on the part of a fellow Director to raise the issue for clarification, first with the Director in question and, if still unresolved, with the Chair of the Committee, and if not then resolved, with the full committee.
- (e) The Director must abstain from participation in any discussion on the matter, shall not attempt to personally influence the outcome, shall refrain from voting on the matter and, unless otherwise decided by the Committee, must leave the meeting room for the duration of any such discussion or vote.
- (f) The disclosure and decision as to whether a conflict exists shall be duly recorded in the minutes of the meeting. The time the Director left and returned to the meeting shall also be recorded.

3.06 Gifts and Hospitality. Directors shall not directly or indirectly offer or accept cash payments, gifts, gratuities, privileges or other personal rewards, which are intended to influence the activities or affairs of the Company. Directors may, however, give or receive modest gifts or hospitality as a matter of general and accepted business practice, provided the foregoing does not include cash or other negotiable instruments and provided further proper accounting of any such expenses is made.

3.07 Complaints and Disputes Involving Directors.

- (a) The Executive Committee, in a meeting duly called for the purpose, shall review any complaints that a Director has violated any provision of the Company's Bylaws, or policies approved by the Committee, in particular, this Code and its Oath of Office and Confidentiality Agreement.
- (b) The Executive Committee shall similarly review disputes between Directors that interfere with the ability of the Committee to carry on its affairs.
- (c) Complaints of a grave nature will be referred to the Chairman of the Chartered Institute of Arbitrators.
- (d) Allegations of illegal activity shall be immediately referred to appropriate authorities for investigation. Any Director against whom such allegations are made shall take a leave of absence from the Committee pending completion of the investigation.
- (e) The review of such complaints or disputes shall include an opportunity for the Director concerned to present his or her position. Executive Committee members who originate or are the subject of such complaints or disputes must declare their conflict and excuse themselves from such meetings (but shall nonetheless be counted as part of the quorum).
- (f) Every attempt should be made to resolve such matters expeditiously and fairly.
- (g) The recommendations regarding resolution of such matters shall be brought to the Committee for approval.
- (h) The ruling of the Committee shall be final. If the Director refuses to abide by the ruling, the Committee may table the matter pending determination of disciplinary action. Such action may include formal or informal censure by the Chair or the Committee, suspension, a request for the Director's resignation or a resolution removing the person as a Director.

SECTION 4  
CONFIDENTIALITY

4.01 Confidential Information. It is the responsibility of Directors to know what information is confidential and to obtain clarification when in doubt. Except as she may be compelled by applicable legal process, a Director must, both while having and after ceasing to have that status, treat as confidential all information regarding the policies, internal operations, systems, business or affairs of the Company obtained by reason of his or her status as a Director and not generally available to the public. A Director shall not use information obtained as a result of his or her involvement on the Committee for his or her personal benefit. Each Director shall avoid activities which may create appearances that he or she has benefited from confidential information received during the course of his or her duties as a Director.

4.02 Review of Code. Each Director, forthwith after being elected, shall meet with the Company Secretary, to review this Code and such other policies of the Company that apply to Directors.

4.03 Confidentiality Agreement. Each Director is required to sign and agree to comply with the Confidentiality Agreement, in the form attached hereto as Schedule "A".

Schedule "A"  
Code of conduct and Confidentiality Agreement

I, \_\_\_\_\_, a Director of Clinical Hypnotherapy and Psychotherapy Association Ltd, declare that I have read, understood and agree to comply with the Company's Code of Conduct, Policy on Conflicts of Interest and other applicable policies, and that in carrying out my duties as a Director, I will:

1. Exercise the powers of my office and fulfil my responsibilities honestly, in good faith and in the best interests of the Company.
2. Exercise these responsibilities, at all times, with due diligence, care and skill in a reasonable and prudent manner.
3. Respect and support the Company's, policies, Code of Conduct, Policy on Conflicts of Interest and decisions of the National Executive Committee and Membership.
4. Keep confidential all information unless the Committee of Directors determines that such information is public. This shall include, but not be limited to, information about personnel, members, any personal information, and matters dealt with during in meetings of the National Executive Committee.
5. Conduct myself in a spirit of collegiality and respect for the collective decisions of the Committee and subordinate my personal interests to the best interests of The CHPA.
6. Immediately declare any personal conflict of interest that may come to my attention.
7. Immediately resign my position as a member of the National Executive Committee in the event that I, or my colleagues on the Committee, have concluded that I have breached this agreement

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix 3**

### **The European Association for Hypnotherapy (EAHP)**

In February 2004 EAHP gained the status of a European Wide Accrediting Organisation (EWAO) within EAP, which implies that EAHP is competent to recognise Hypnotherapy Training Organisations to ECP-standards, in particular to the four years specific hypnotherapy training.

#### Basics for Membership

Essential conditions for membership of EAHP are signing and implementation of the following documents:

EAP's 'Strasbourg Declaration of Psychotherapy', in particular item 5: 'Access to training is through various preliminary qualifications, in particular in human and social sciences'. In practice: access to the EAHP Training Institutes is open not only for medical doctors, psychiatrists, psychologists, but also for sociologists, philosophers, theologians etc and other practitioners with a first university degree / diploma of a higher education as social workers, teachers, nurses, physiotherapists, etc. or equivalent previous education (depending / according to the principles of subsidiarity in the different European countries). After a successful completing of their training in hypno-psychotherapy access is open to membership of the EAHP Professional Organisations/Bodies.

EAHP's 'Egmond / Nelson Declaration of Hypno Psychotherapy', in particular: 'Legitimate hypno-psychotherapeutic aims can be realised without physical contact between therapist and client'.

In practice: All physical contact with clients during a hypno-psychotherapy session must be appropriate and consensual. It should be noted that most legitimate hypno-psychotherapeutic aims can be realized without physical contact between therapist and client.

and:

'Hypno-psychotherapeutic trance can be induced by verbal techniques'.

In practice: Hypno-psychotherapeutic trances can be induced by verbal techniques. All physical techniques such as arm drop inductions, anchoring, etc. must be fully explained and client's informed consent given before use.

To be a full/ordinary member of EAHP Training Institutes must realise (among eventually other courses) at least one training to EAHP-standards. Mixed/broader Professional Organisations must attend in a separate section for Hypno-Psychotherapists underlining the mentioned Egmond Declaration.

## Diplomas

### European Association of Psychotherapy

To stimulate all trainees of the EAHP Training Institutes to complete their study to EAHP training standards and to stimulate more experienced older colleagues to update their old training to these standards, EAHP Training Institutes and EAHP Professional Organisations may nominate persons who meet the present EAHP demands of the 4 years specialist training for the EUROPEAN CERTIFICATE OF CLINICAL HYPNOSIS. This certificate will be issued by the EAHP office.

Practitioners who meet the demands of the 4 years specialist training of EAHP and who also meet the criteria of their National Awarding Organisation (e.g. NAP: Netherlands Association for Psychotherapy, DVD: Deutsches Dachverband fur Psychotherapie, UKCP: United Kingdom Council for Psychotherapy) concerning previous education and the 3 years Basic Training for Psychotherapy, can apply for the EUROPEAN CERTIFICATE OF PSYCHOTHERAPY of EAP-Vienna.

### The Chamber of European Hypno Psychotherapists

Holders of the European Certificate of Clinical Hypnosis and/or the European Certificate of Psychotherapy, may apply for individual membership of EAHP's Chamber of European Hypno Psychotherapists

## **Appendix 4**

### **Detailed view of Hypnotherapy**

A typical modern hypno psychotherapy session, influenced by research and refinement in numerous countries, comprises induction, treatment strategy, and termination. In the induction, the therapist may, for example, speak slowly to the subject about the subject's becoming imaginatively involved in an experience of focussed awareness, whilst peripheral distractions fade - hence the subject may, with eyes closed, concentrate upon the progressive relaxation of his/her muscles to the exclusion of external events and stimuli. A good subject, well-motivated, optimistic about the therapy and confident in the therapist (criteria in which he/she may be educated in and out of hypnosis) is then ready to engage in any therapy intended to change inappropriate behaviour, thought or feeling. This means that virtually all, if not all, psychological techniques may be delivered via the medium of hypnosis. Because imaginative involvement, selective attention, and suspension of the critical process are all characteristic of the hypnotic state, hypno psychotherapy may often be the treatment of choice. The subject may move forward or backward in time, rehearse coping techniques, learn to correct types of thinking and feeling prejudicial to emotional well-being, and behaviour prejudicial to physical health, confront, but not exaggerate, life's problems whilst reappraising its potential, develop the ability to use self-hypnosis and perform "homework" tasks emphasising modern hypno psychotherapy's stress upon a subject's active involvement in the desired therapeutic outcome. At the termination, cues for subsequent positive thoughts, feelings or behaviour (post-hypnotic suggestions) may be introduced or reiterated. Finally, the subject is gently returned from what has been described as an altered state of consciousness - the hypnotic state - to the everyday state of consciousness with its diffuse and distracting stimuli. Now discussion takes place (possibly an extension of dialogue whilst the subject was in hypnosis) and the hypnotic experience is examined in order to inform and enhance future therapy sessions i.e. the therapist defers to the source of expertise and control which lies not with the therapist, but with the subject.

Given a comfortable environment, a sympathetic and empathetic therapist who inspires confidence, and the subject's optimism about a realistic outcome, that outcome may be achieved. Because hypnosis is so fundamental, and universal, even if not recognised as such, it should not be withdrawn from the public domain, either in terms of training or availability as therapy. Rather, we should be aiming to widen such training and availability. Whilst hypnosis can stand alone as a form of therapy or form an adjunct to any other profession, it should become the property of no single profession.

Virtually any book on the subject deals with the numerous theories of hypnosis. Essentially, the debate centres upon whether or not hypnosis is a special state. "State" theorists might argue that the subject's appearance and subjective reports of the hypnotic experience alone would support their theory. "Non-state" theorists might argue that hypnotic behaviour is the result of motivation, attitude and expectancy resulting in the subject's willingness to follow the therapist's suggestions. Perhaps the outcome will be some sort of compromise: 'Hypnosis is an altered state of consciousness, the achievement of which is greatly influenced by factors such as the subject's motivation, attitude and expectancy promoting a willingness to follow the therapist's suggestions'.

Hypno-Psychotherapy's scientific validity has been accepted.

"All Europe Wide Accrediting Organisations of the European Association for Psychotherapy must demonstrate the scientific Validity of the branch of psychotherapy which they represent.

The central requirement of this process is a satisfactory response to 15 questions set by the EAP's Scientific Validation Committee. This detailed, response must be approved by two independent scrutineers whose recommendations are then passed to the European Wide Organisations Committees.

The EAHP's response was approved by both scrutineers.  
European Association for Hypno Psychotherapy November 2000

European Association for Hypno-Psychotherapy, #7, 23-24 Great James St, London, WC1n  
3ES, Tel: +44 750 6732400 Email: [info@hypno-psychotherapy.com](mailto:info@hypno-psychotherapy.com)

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## **Appendix 5**

# **Synopsis essential items 4 years Modality Training program for hypnopsychotherapists**

### **Hypno Psychotherapy ECP EAHP**

Totally at least 1400 hrs over 4 years

#### **Part A. Survey of Basic/Personal Therapeutical Experience**

(Totally 250 hours over 4 years)

**Part B. Survey of Theory and/or methodology of Hypno Psychotherapy**, including psychopathology in accordance with / related to Hypno Psychotherapy. (Total 500 - 800 hours over 4 years: 1 'hour' = 1 hour college/ examination, 10 pages of required reading, ½ page A4 of an essay: Based on the recommendations of the State University of Groningen, NL)

Part B 1: History

Items/hours according to preferences of the Training Institute

#### Part B 2: Knowledge/Techniques

- Anatomy and Physiology
- Aetiology / behavioural sciences
- The classical unconscious mind
- Hypnosis: trance and hypnotic phenomena
- Documentation
- Consultation
- Contract
- Therapy schedule
- Session notes (case history)
- Ethics
- Use of Language
- Induction techniques
- Deepening techniques
- Ideomotor Response
- Posthypnotic reinforcement
- Termination/Deduction
- Self hypnosis
- Guided imagery
- Association and dissociation

Submission on proposed regulation of Counsellors and Psychotherapists under the Health and Social Care Professionals Act 2005

- Basics of other therapies in relation to Hypno Psychotherapy

Part B 3: Methods, Techniques and Interventions

Items/hours according to preferences of the Training Institute

Part B 4: Thematic Clinical Approach

- Weight problems and Eating Disorders
- Addictive Behaviour
- Assertiveness and Self Confidence
- Reactive Depression
- Phobia
- Performance/Test Problems
- Psychosomatic problems and pain
- Sexuality
- Sleep Problems
- Stress Problems

**Part C. Survey of clinical practise/practical training with clients/patients**

(Totally 300 –600 hours over the last three years)

**Part D. Survey of Supervision**

(Totally 150 hours during the last two years)

European Association for Hypno-Psychotherapy, #7, 23-24 Great James St, London, WC1n 3ES, Tel: +44 750 6732400

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## Appendix 6: Portfolio route to qualification hypnotherapists and hypnotists

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# HYPNOTHERAPY PRACTITIONER DIPLOMA

## INDIVIDUAL PORTFOLIO ROUTE CANDIDATE HANDBOOK

July 2012

Application through The CHPA  
Dublin



## Introduction

The National Council for Hypnotherapy – The NCH represents over 1800 hypnotherapy professionals within the United Kingdom and is committed to ensuring the highest possible professional standards amongst our members.

The NCH has worked steadily over the years towards the following goals

- To raise the standards of hypnotherapy in the UK in every possible way.
- To maintain a Common Code of Ethics and Practice & a Complaints & Disciplinary Procedure to deal with complaints from any source.
- To encourage high training standards and to move towards nationally recognised qualifications in hypnotherapy.
- To encourage links with other interested organisations and professions.
- To provide a professional and unequalled service to its members, the public, the media, and affiliates.
- To promote within the profession, the dissemination of information about hypnotherapy through its Journal, seminars and Conferences.

All NCH members must be suitably trained and subscribe to a strict code of ethics and standard of conduct, including continuing professional development and supervision. For more information on this visit the website at [www.hypnotherapists.org.uk](http://www.hypnotherapists.org.uk)

## What is the Hypnotherapy Practitioner Diploma? HPD

A qualification accredited by the NCFE, a national awarding body which aims to increase the knowledge and skills of people, just like you, working in hypnotherapy. This qualification has been based upon the National Occupational standards for Hypnotherapy published by Skills for Health.

There are two ways to attain the HPD. The 'Individual Portfolio' route that has been specifically designed for qualified and experienced hypnotherapists or those people who become 'Trainee Members' of the NCH and study for the HPD via an NCH accredited school. The details of the portfolio route are explained here.

## Aims of the award

The aim of the Diploma is to provide a professional qualification in hypnotherapy. This can be evidenced through a formal, taught course via an NCH accredited school or by producing evidence from professional practice via the written portfolio route or by a planned professional discussion. This qualification enables you to evidence safe and ethical practice within the NCH requirements to enable you to work effectively with clients. This model also emphasises the need for supervision by a suitably qualified practitioner and the need for continuing professional development.

## Structure of the award

The diploma is made up of a number of different **learning outcomes**. Each **outcome** describes the standards of a broad area of work in which a competent Hypnotherapist should be able to perform. It also includes subjects where a competent Hypnotherapist should have knowledge and understanding in order to competently practice.

Each outcome includes the following information:

- The **Standards of Performance** you must show
- The **Depth and Breadth** of the evidence you need to produce
- The **Knowledge and Understanding** you need.

To gain your HPD you will be expected to show competence in the stated learning outcomes. When you have successfully completed all of the outcomes needed, it will be assessed and verified. The awarding body will award the certificate once the internal verifier has confirmed the assessment decisions made by the assessor.

This is a Level 4 Award, equivalent to the first year of a degree; each question should have a minimum word content of 150.

This is a substantial piece of work that should be as minimum 15000 words

### *Who will be involved in the HPD?*

Assessment for your HPD is carried out by a named assessor who will have been approved by the awarding body nominated and approved by NCH.

The people involved in your assessment are as follows:

## The Candidate

That's you! You are the most important person of all. Your responsibilities as a candidate are to:

- Develop a personal assessment plan with dates for review and assessment with your assessor/tutor
- Collect the evidence which proves your competence against the standards
- Organise the evidence in a portfolio
- Present the evidence for assessment; this may include:
  - A written or electronic portfolio
  - Taking part in a planned professional discussion with your assessor
  - Being available to discuss your evidence with the internal and/or external verifier if requested.

Later in this guide we will explain how you can identify and collect evidence.

We will also explain what is meant by assessment and how you can prepare for being assessed in your daily work.

## The Assessor

- Will help you to plan and organise your evidence
- Decides if your evidence is sufficient, authentic, valid and reliable
- Is responsible for making decisions about your evidence, giving you clear, good quality feedback and judging when you are competent
- Will have experience in your area of work and will be occupationally competent.
- Will themselves be competent to assess and maybe working towards an assessor qualification

### **The Internal Verifier**

- Is responsible for maintaining the quality of assessment within the centre by checking the assessment decisions made by assessors.
- Will have experience in your area of work and be technically competent
- Will be competent to act as an internal verifier and maybe working towards the verifier qualification
- May decide to speak to candidates or assessors if appropriate.

### **NCH Training and Accreditation Officer**

- Manages and quality assures learning providers and assessors to the required standard

- Advises and guides assessors on assessment practice
- May verify portfolios
- May decide to speak to candidates or assessors if appropriate.

### The External Verifier

- Is appointed by the awarding body to ensure that all assessments carried out in your centre are fair, valid, and consistent and that your centre meets the required national standard.
- Will make regular visits to your centre to examine portfolios of evidence
- May decide to speak to candidates or assessors if appropriate.
- Makes regular reports to the awarding body on the assessment practice in your centre.
- Will themselves be competent to act as an external verifier

## How will I be assessed?

Competence is the consistent demonstration of skill, knowledge and understanding, to the standard set out in each unit of the HPD.

Assessment of your competence will be based upon real or realistic work place situations. Achieving your HPD requires you to provide enough evidence to show that you can work to the standards contained within the qualification. Your assessor will make sure that you are clear about what you must do to meet these standards

## Historical Evidence

You may have evidence from activities, which you have undertaken in the past, which relate to your HPD. This may be used as evidence provided that it is current and relevant to the standards; this is known as Accreditation of Prior Learning (APL).

## Specially set tasks and simulation

You may be asked to carry out or record a particular activity, project or case study to demonstrate your competence. This will give you a realistic scenario that you may meet in your practice. You will be expected to demonstrate how you deal with this type of situation or client. This may include you demonstrating knowledge of how you would prevent harm to the client or demonstrate your knowledge of the code of ethics in how you respond to clients.

**You must ensure that client confidentiality is maintained.**

## Questioning

Your assessor may ask you questions to make sure you have the necessary knowledge and understanding to carry out your work activities to the national standard. Questioning may be oral, written or computer-based. Your answers will be recorded in your portfolio.

## Referencing Sources

Any work which uses quotations or refers to other texts should be clearly referenced. Plagiarism is strictly forbidden by the NCH and NCFE. To aid in this Harvard referencing should be used whenever a direct quote or reference is used.

## NCH POLICIES

### Equal opportunities

The NCH is committed to achieving an environment which provides equality of opportunity and freedom from unlawful discrimination on the grounds of race, colour, nationality, ethnic origin, gender, marital status, disability, religious beliefs, age or sexual orientation. The NCH aims to encourage full contribution from the diverse community and actively opposes any forms of discrimination.

Candidates who require additional support to achieve their qualification due to a disability or medical condition (permanent or temporary) will be supported and any reasonable adjustments necessary will be made. The Training and Accreditation Officer or assessor will discuss this with individuals.

### Appeals and complaints

All students have the right to appeal against an assessment decision if they believe that the decision is unfair or unreasonable. **This must be done within 28 days.**

Students should, in the first instance, discuss the decision, appeal or complaint with the assessor concerned. If the action breaches the code of Conduct and Ethics, the assessor's decision is final. If, however the issue remains unresolved then the learner will be encouraged to progress to the next stage.

The student can then discuss this issue with the internal verifier and /or Training and Accreditation Officer. **This must be done within 28 days of the original decision.** If the student is still not satisfied then the student has the **right to appeal to NCFE within 28 days of the second review.**

### **Complaints and Discipline.**

All complaints associated with the course provision and training shall be subject to the complaints and discipline procedures of the NCH. Any incorporated bodies shall be recognised as legal individuals and be treated as such and as such will be amenable to those procedures, as if they were individual persons.

The NCH Complaints Procedure can be found at...

<http://www.hypnotherapists.org.uk/about-nch/complaints-disciplinary>

### **Data Protection**

The NCH is registered under the Data Protection Act as are NCFE and both are committed to maintaining the highest standards when handling personal information.

### **Plagiarism Policy**

Copying of materials from course manuals, books or the internet, etc., without referencing the source is not acceptable. Copying from fellow students is also not acceptable. You will be asked to rewrite such material or you may be asked to permanently leave the course. Full references are not required except where you use quotes from published material.

This is a practical, vocational area of study where your thoughts, practice and progress are important and the best way to demonstrate your competence and knowledge is to provide real life examples from your own experience.

### **APPLICATION PROCESS**

You can apply to do the HPD via the portfolio route via the NCH website

[www.hypnotherapists.org.uk](http://www.hypnotherapists.org.uk) , or in Ireland, through The CHPA. When you have completed your application form you will be asked which route you prefer, with or without a tutor or via the professional discussion. You will then receive all the necessary paperwork and details of your allocated assessor.

### **HPD: Portfolio Criteria all routes**

- Have formal training in hypnotherapy (supply relevant diploma(s)), **or** give evidence of having been in practice for a minimum of five years.
- Sign the HPD Declaration.
- Submit four 'Vignette' case studies of a minimum 800 words each. (The case histories are set out for you)
- Answer a series of questions that cover all Learning Outcomes
- Submit a recorded first session of at least 45 minutes (this can be a role-play, or full permission of the client must be obtained)
- Submit a 1000 word statement of personal and professional philosophy
- Sign a statement of commitment to CPD and supervision/peer support (as appropriate commensurate with level of experience).
- Submit a supervisor's report from a suitably qualified supervisor or trainer or HPD personal tutor.

### **Cost**

In Rol €125.00 which includes the support of a personal tutor throughout the production of the portfolio, and the NCFE certification fee;

The professional discussion route will cost €185.00 taking into account the extra assessor time.

### **Assessment**

There are eight elements (four 'Vignette' case studies), question and answer paper or recorded professional discussion, recorded client session, statement of personal & professional philosophy, supervision report). Each question needs to be sufficiently evidence to meet the Learning Outcomes and your assessor/tutor will guide you on this. All the Learning Outcomes need to be evidenced fully and cross referenced against the relevant section of the portfolio. The assessor will agree that your portfolio meets the required standard and then sends it to the internal verifier who samples it and claims for your certificate when it has met the standard. The certificate can take up to two weeks to arrive and is sent direct to you.

### **Professional Discussion route**

This aims to provide hypnotherapy professionals with a time efficient way of gaining recognition of their skills and knowledge by undertaking a structured, planned discussion with a qualified assessor. This discussion is structured around the required outcomes of the HPD and aims to provide the same evidence as the written Diploma but in a different format. Assessment of outcomes will be carried out to the same rigorous standards as the portfolio and students choosing this route will have the same rights as those producing a paper portfolio.

The following is the process for a student to achieve their Diploma via this route

- The student contacts NCH and decides on the professional discussion route in conjunction with the Training and Accreditation Officer and is assigned to an assessor. The student receives a copy of the required standards and outcomes
- The assessor and student make contact via telephone and/or e- mail. Advice and support is provided by the assessor as to how to prepare for the discussion and the types of answer expected. A sample script is provided by the assessor to aid in the preparation
- The student informs the assessor that he/she is prepared and a mutually convenient time is arranged.
- The discussion takes place and is recorded. Verbal feedback is given by the assessor at the end.
- If there are any gaps in the evidence on checking or clarification is needed then steps 3 to 5 can be repeated
- The Assessor undertakes an in- depth check to confirm all evidence is present and of a sufficiently high standard. The evidence is copied on to disc and referenced accordingly

### Checklist for Professional Discussion

ASSESSOR	Y/N	CANDIDATE
Is professional discussion is the appropriate method to use?		Do I know the issues I will be expected to discuss and how these relate to the outcomes?
Am I sure this candidate is ready to be assessed?		Do I know what knowledge and understanding I need to demonstrate and what examples of my practice I might need to bring with me to the discussion?
Have will this professional discussion will be used in combination with other evidence?		Do I have enough time to prepare?
Have I explained to the candidate that they take the lead and I will minimise asking questions?		Am I confident that I fully understand what is expected of me in a professional discussion?
Have we agreed an appropriate time and place to talk/meet and how to record it?		Have we agreed an appropriate time and place to meet and how to record it?

## **Appendix 7 Future minimum modality training for hypnotherapists and hypnotists**

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# **The Hypnotherapy Regulatory Forum HYPNOTHERAPY COURSES Core Curriculum**

**Core Curriculum for Hypnotherapy Training Schools and Trainers  
Agreed by the Hypnotherapy Regulatory Forum (HRF) February  
2011**

### **Review Date: February 2014**

This Core Curriculum is to be followed by Hypnotherapy Training Schools and Trainers who wish to meet the criteria when training students for a qualification as a hypnotherapist to enable successfully qualified practitioners to register with the Complementary and Natural Healthcare Council (CNHC). It is intended to provide a minimum requirement needed to ensure that a hypnotherapist is safe and competent to practise, and to protect the public. It should be used in combination with the learning outcomes documents which accompany it.

The Core Curriculum will cover both practical and theoretical elements, as follows:

### **A. Practical Core Curriculum**

1. Fostering rapport - demonstrate rapport development, open up channels of communication with client to effect therapeutic change.
2. Developing effective communication with the client - develop by demonstration the use of voice, tone, pace of delivery, expression in terms of that received from the client. (Utilisation)
3. Trance inductions - demonstrate ability across a variety of styles and techniques, which may include but are not limited to, direct and indirect styles, confusion, eye fixation, physical induction, trigger, metaphoric.
4. Deepening trance - demonstrate methods which may include but are not limited to, fractionalisation, physical deepeners, those via suggestion. Select appropriate techniques to suit the client. Demonstrate and explain testing depth of trance and reasons for testing.
5. Termination of trance induction - demonstration of various methods of re-alerting the client including reviving with counting, suggestions etc. Appropriate use of post hypnotic suggestions if required.
6. Therapeutic interventions and techniques - students taught and able to demonstrate a variety of techniques to cover direct and indirect permissive styles and strategies, which may include but are not limited to direct and indirect suggestion, metaphor, neuro-linguistic programming, Ericksonian, analytical, cognitive behavioural, regression, mechanistic, self-help (including self hypnosis and tasking).

7. Assessing the client's needs - demonstrate how to gather sufficient and valid information from the client. Understand confidentiality, and its exceptions. Gathering personal information including medical details as appropriate.

8. Providing treatment - to demonstrate students' ability to:

a) utilise information gathered from the consultation to design interventions for the therapeutic purpose;

b) encourage the client to be actively involved in agreeing aims and goals, working towards these and evaluating information as treatment proceeds. Using this to inform future practise.

c) evaluate and review the effectiveness of treatments, and why it is important to encourage the client to take a full and active part in the review process.

9. Communication and the professional relationship - demonstrate the development of professional relationship, rapport building, use of language, goal setting, transference, countertransference, responsibility of the therapist, boundaries to protect the professional relationship.

Understand implied and informed consent and use it appropriately.

10. Health, effective functioning and well-being - how the client's past and present mental, physical and emotional health, beliefs, preferences, abilities and disabilities may affect their functioning and well-being and the relevance to your choice of interventions.

11. Applications – include but are not limited to, stress, anxiety, confidence and self esteem, habits and behavioural change (e.g. smoking cessation, nail biting, etc.) phobia and panic attack, performance enhancement.

**12. Training Hours – comprise 450 hours of notional learning time (i.e. time required to achieve the specified learning outcomes). 120 of these are guided learning hours (i.e. hours in front of a tutor).**

NB: This is the core list of applications; other issues may be included as chosen by the training provider. There must be at least two of the following applications included in the training course which may include but are not limited to e.g. dermatological issues, gastro-intestinal issues, pain, eating disorders, psycho-sexual disorders, depression, weight control, IBS, sleep, sports etc.

## **B. Theoretical Core Curriculum**

1. History of Hypnosis relevant to the theoretical model of the school and the therapeutic advantages gained by the use of hypnosis.

2. Hypnotherapy Science - anatomy and physiology, conscious and unconscious processes, the stress response, breathing, psychosis as appropriate.

3. Psychology:

a) theories to include the basics of psychodynamic, humanistic, cognitive behavioural;

b) the therapeutic process, how key theories and approaches to treatment can be utilised in therapy.

4. The scope and methods of complementary healthcare; how hypnotherapy fits with other healthcare, when it is only part of the answer and when the hypnotherapist may or must not choose to treat a client.

5. Practice management - how to keep appropriate client records that are adequate, and how to ensure that these are only accessible by those entitled to see them.

6. When and how clients should be accompanied in session, and how to manage these sessions appropriately.
7. Professional Code and Standards - the current Code of Conduct, Ethics and Practice and Standards of Education and Training of the Member Organisations of CNHC. How these apply in practice.
8. Legislation - the current legislation, health and safety, advertising standards, the Children's Act, how these apply in practice. The importance of keeping up to date with changes to legislation.
9. Employment and organisational policies and practices. How the role of the hypnotherapist fits within the wider health and social care sector, the limit and extent of the hypnotherapist's responsibility and the resources available to the client.
10. Reflective practice, supervision, identify future training needs, learn how to effectively function and maintain adequate well being as a hypnotherapist.
11. Additional/optional hypnotherapy applications given at the discretion of the training provider, e.g. dermatological issues, gastro-intestinal issues, pain, eating disorders, psycho-sexual disorders, depression, childbirth.

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## **Hypnotherapy Regulatory Forum – Learning Outcomes 1**

### **Explore and establish the client's needs for complementary and natural healthcare**

#### **OVERVIEW**

Practitioners must show their understanding that all forms of complementary and natural healthcare rely on exploring and establishing the client's needs and expectations.

They recognize that this may take place at the outset, but also during the delivery of complementary and natural healthcare.

Identifying this allows the practitioner to consider whether it is appropriate to offer the service to the client, the type of service that should be offered and any required modifications

to that service. Users of this competence will need to ensure that practice reflects up to date information and policies.

#### **PERFORMANCE OUTCOMES**

Practitioners must be able to do the following:

#### **1. Evaluate requests for complementary and natural healthcare and take the appropriate action Explain the nature of the service and fee structures to the client**

Defining the nature of the service provided and fee structures

Describing the potential risks (relevant to their discipline) of various courses of action for the client

#### **2. Provide an appropriate and safe environment for the service**

#### **Understand how to make clients feel welcome and ensure they are as comfortable as possible**

Explaining the concept of health and well-being that is consistent with the practice, principles and theory underlying their discipline.

Explaining the importance of a suitable environment and making clients feel welcome

Having knowledge of the anatomy, physiology and pathology relevant to your discipline

**3. Discuss the client's needs and expectations, and ask relevant questions**

**Encourage the client to ask questions, seek advice and express any concerns**

Recognising how the client's previous and present care may affect their health and well-being in relation to their discipline

Illustrating how the psychological and emotional balance, as well as diet and lifestyle of the individual, can affect their health and well being

Identifying how the context in which people live affects their health and well-being

Evaluating the conditions for which the discipline is appropriate and those where it must be used with caution

Understanding the anatomy, physiology and pathology relevant to your discipline

**4. Establish the client's needs in a manner which encourages the effective participation of the client and meets their particular requirements.**

**Determine any contra-indications or restrictions that may be present and take the appropriate action.**

Discussing how to establish valid and reliable information about the client, and determine the priority of need, in order to plan the service.

Explaining how to work with clients to determine the appropriate actions.

Defining the appropriate actions to take to match identified needs

Understanding the anatomy, physiology and pathology relevant to your discipline

**5. Evaluate the information obtained and determine the appropriate action with the client Complete and maintain records in accordance with professional and legal requirements**

Demonstrating how to select and use different methods for exploring clients' needs

Explaining how to recognise conditions for which your discipline is unsuitable and for which the client should seek advice from other sources

Recognising how to judge whether self-care procedure(s) relevant to your discipline are appropriate for the client

Understanding the anatomy, physiology and pathology relevant to your discipline

Demonstrating the procedures for record keeping in accordance with legal and professional requirements

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## **Hypnotherapy Regulatory Forum - Learning Outcomes 2**

### **Develop and agree plans for complementary and natural healthcare with clients**

#### **OVERVIEW**

Practitioners must recognise how important it is that the planning of complementary and natural healthcare takes place through discussion and agreement with the client and relevant others (e.g. carers).

This competence is about developing and agreeing plans that meet the client's needs. Such plans may be subject to change as the service proceeds.

Users of this competence will need to ensure that practice reflects up to date information and policies

## **PERFORMANCE OUTCOMES**

Practitioners must be able to do the following:

### **1. Explain the available option(s) which meet the client's identified needs and circumstances**

**Explain any restrictions, possible responses and advise on realistic expectations**

**Advise the client when your discipline is inappropriate and help them to consider other options**

Describing the range, purpose and limitations of different methods or approaches which may be used for clients' individual needs

Explaining how to determine the most appropriate method(s) for different clients and their particular needs

Discussing how to recognise those occasions when your discipline may complement other healthcare which the client is receiving

Identifying the alternative options available to clients for whom your discipline is inappropriate

### **2. Discuss the approach to be taken, the level of commitment required and the potential outcomes and evaluation with the client**

**Check the client understands and support them to make informed choices**

**Obtain the client's consent and complete records in accordance with professional and legal requirements**

Defining the role which the client (and others) may take, and may need to take, if the approach is to be successful

Demonstrating how to support and advise the client to make informed choices

Exploring how to work with the client and relevant others to plan the approach

Explaining why evaluation methods should be determined at the planning stage and what the client's role will be in the evaluation

Describing the importance of encouraging and empowering the client to be as actively involved as possible

Illustrating the relationship of the client's involvement to the promotion of their health and well-being

Applying the procedures for record keeping in accordance with legal and professional requirements.

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## **Hypnotherapy Regulatory Forum - Learning Outcomes 3**

### **Provide Hypnotherapy to Clients**

This standard covers hypnotherapy treatment for individuals. Users of this standard will need to ensure that practice reflects up to date information and policies.

## **PERFORMANCE OUTCOMES**

Practitioners must be able to do the following:

### **1. Select the methodologies that are appropriate for the client which are consistent with the overall treatment plan.**

**Discuss with the client the reasons for your choices of methodology at each stage of the treatment.**

**Explain the possible responses to treatment - in an appropriate manner, level and pace to suit client's understanding**

Explaining the principles of different approaches and their application taking into

consideration their method of application and assessment of each individual client.

Relating the links between case evaluation and selected approaches recognizing the connection between different presenting symptoms and appropriate application of a variety of approaches

Demonstrating appropriate treatment planning and understand the importance of initial consultation and structure

Identifying current methodologies, underpinning theories and codes of ethics

Explaining different methodologies employed in treatment (these may include but are not limited to):

- a) the use of formal and informal trance
- b) the use of different levels of consciousness
- c) the use of direct and indirect approaches
- d) the use of direct and indirect suggestions
- e) matching different approaches to different clients e.g. permissive or authoritarian
- f) the use of mechanistic approaches
- g) relationships between different methodologies

Assessing possible contra-indications for particular presenting issues and understanding issues of safety and appropriateness for each individual client

Demonstrating the principles of selecting techniques – i.e. matching treatment to client needs

Recognizing the importance of taking a critical approach in relation to methodologies selection

## **2. Ensure the client is aware of their role in cooperating and participating in the therapy**

**Discuss the role the client (and companion if relevant) must take for the hypnotherapy treatment to be successful**

**Encourage them and explain how to:**

- a) monitor their response to therapy and any self care exercises**
- b) note any changes in their health and well-being**
- c) contact the practitioner at an appropriate time if they have any concerns or queries in relation to their treatment**

Identifying the importance of being aware of actions, reactions and interactions of the client by observation and discussion

Identifying the possible barriers to successful therapy

Explaining how to safely re-orientate the client at the end of the session

## **3. Give clear and accurate advice with regard to any relevant aftercare**

**Support the client to make informed choices.**

Restating the factors to consider when selecting methodology tailored to individual needs

## **4. Apply the appropriate interventions that are suited to the client's needs**

Relating the links between case evaluation and selected approaches recognizing the connection between different presenting symptoms and appropriate application of a variety of approaches

Demonstrating appropriate treatment planning and understand the importance of initial consultation and structure

Identifying current methodologies, underpinning theories and codes of ethics

Demonstrating the variety of content, structure and approach of different methodologies and the benefits and limitations of each

Demonstrating the principles of selecting techniques – i.e. matching treatment to client needs

Restating the factors to consider when selecting methodology tailored to individual needs

Describing the processes for evaluating information as treatment proceeds and using this to inform future practice

#### **5. Evaluate the outcomes and effectiveness of Hypnotherapy to inform future plans and actions**

Recognizing the importance of building review, reflection and evaluation into treatment planning

Recognizing the importance of taking a critical approach in relation to methodologies selection

#### **6. Accurately record information and reflect upon the rationale for the treatment programme**

Identifying current methodologies, underpinning theories and codes of ethics

Explaining the importance of observation of clients throughout the therapeutic process

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## **Hypnotherapy Regulatory Forum - Principles of Good Practice**

These Principles of Good Practice are underpinned by the National Occupational Standards (NOS) and describe the ways in which practitioners should demonstrate good practice across all of their work.

Practitioners working in complementary and natural healthcare should demonstrate:

1. That they partake in regular and appropriate formal Supervision
  2. An understanding of the philosophy and principles underpinning their discipline
  3. An understanding of current legislation and policy as it applies to their discipline
  4. Respect for clients' dignity, privacy, autonomy, cultural differences and rights
  5. Regard for the safety of the client and themselves
  6. That they learn from others, including clients and colleagues and continually develop their own knowledge, understanding and skills through reflective practice, and research findings
  7. An awareness of their own and others emotional state and responses, incorporating such awareness into their own practice
  8. That they communicate clearly, concisely and in a professional manner
  9. That they work with confidence, integrity and sensitivity
  10. That they undertake systematic, critical evaluation of their professional knowledge
  11. That they work within their scope of practice, experience and capability at all times
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