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## FreeMind Hypnotherapy Code of Ethics

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### Scope of this code

The scope of this Code is to give ethical guidance on the practitioner-client relationship in hypnotherapy.

If you are a member of the public wishing to make a complaint regarding one of our practitioners, we can speak with you and offer assistance in understanding this code and our complaints procedures.

The FreeMind Project has a duty to ensure that any client of a FreeMind Hypnotherapist making a complaint is treated fairly and that all procedures are properly explained. If a complaint is upheld details of the complaint and the outcome (such as any sanctions or suspension) will be published on the FreeMind website.

### Fundamental Principles

The fundamental ethical principles of the practitioner-client relationship are that the practitioner shall:

- Approach their work in the spirit of a vocation
- Honour the subjectivity of the therapy experience
- Honour the client's subjectivity, views, beliefs, ideas, goals
- Respect commonly understood boundaries, and
- Be able to undertake a rigorous self-examination on their work and practice

### Delivery of Service

All Practitioners undertake to:

1. Provide service to clients solely in those areas in which they are competent to do so and for which they carry relevant professional indemnity insurance.
2. Have a fully developed, professional awareness of diversity and specifically not permit considerations of religion, nationality, gender, sexual orientation, marital status, age, disability, politics or social standing to adversely influence client treatment.

FreeMind respects sexual diversity as part of our approach to diversity, equalities and social responsibility. FreeMind does not consider homosexuality, bisexuality, transsexual and transgendered states to be pathologies, mental disorders or indicative of developmental arrest. In other words these are not 'symptoms' to be treated by therapists in the sense of attempting to change or remove them, Therapists must at all times respect the best interests of their clients: • You must recognise the limits of your practice and if you lack training and experience in issues of minority sexuality refer the client to an experienced therapist. • If your personal, theoretical or religious beliefs mean that you are unable to work in a non-judgemental way with a lesbian, gay, bisexual or transgender client then in the client's best interest you should refer them to another therapist. • You must not offer therapy that offers sexual orientation change efforts (SOCE, reparative, conversion or reorientation therapy) or similar therapies by other names • You must not offer therapy that seeks to eliminate or reduce same sex attraction in clients. Please contact FreeMind if you need further information on any of the above.

3. Disclose full details of all relevant memberships, training, experience, qualifications and appropriate avenues of complaint to clients upon request and only use those qualifications and memberships to which they have proof of entitlement.
4. Explain fully to clients in advance of any treatment: the fee levels, precise terms of



5. payment and any charges which might be imposed for non-attendance or cancelled appointments and wherever relevant, confidentiality issues. Use clear and transparent contracts which do not use
6. unreasonable terms or restrict the statutory rights of their clients.
7. Present all services and products in an unambiguous manner (to include any limitations and realistic outcomes of treatment) and ensure that the client retains complete control over the decision to purchase such services or products. Apply the Code of Advertising Practice, CAP Code, ASA Good Practice guidance, and Consumer Protection from Unfair Trading Regulations where relevant to their advertising and promotion.
8. Have easy to understand procedures for resolving client complaints.

## Client Welfare

All Practitioners undertake to:

1. Work in ways that will promote client autonomy and well-being and that maintain respect and dignity for the client.
2. Remain aware of their own limitations and wherever appropriate, be prepared to refer a client to another practitioner or medical adviser who might be expected to offer suitable treatment.
3. Ensure that wherever a client is seeking assistance for the relief of physical symptoms, that unless having already done so, the client be advised to contact a registered medical practitioner. N.B. Practitioners should not attempt to diagnose physical symptoms unless they have undergone relevant medical training in diagnostics.

### 4. Use of Technology in Hypnotherapy

There is a wide variety of technological apparatus available to hypnotherapists with various therapeutic aims in mind. Most devices claim to be an aid to therapeutic induction whereas others provide “biofeedback” or similar. Any hypnotherapist using equipment must ensure that all health and safety protocols are adhered to when using such equipment and that the equipment has been properly tested and all instructions understood. The practitioner’s insurance should cover the use of equipment.

Any use of equipment should be clearly explained to the client and it should be made clear to the client that the client can refuse use of the equipment. Equipment should only be used where there is considered to be a clear therapeutic benefit to the client which could not be achieved without the use of equipment. No health or curative claims should be made for the use of any equipment which should always be seen merely as an adjunct to the therapeutic process.

No hypnotherapist should use any equipment which purports to be a medical device without being a medical practitioner (e.g. a doctor or nurse) regulated by statute in the United Kingdom.

5. Accept that any client referred to them by a registered medical practitioner (or other relevant agency) which remains the clinical responsibility of the medical practitioner (or agency) may delineate a responsibility to agree to keep that medical practitioner (or agency) suitably informed of the client’s progress. (“Suitably” in this context means that, unless the client has given permission for the release of such information, feedback should take the form of general comments as to progress rather than the provision of specific details). Practitioners should also be prepared to share information necessary for the continuing treatment of clients by



other healthcare professionals, where there is an overlap or hand-on of care and where suitable issues of confidentiality have been delineated.

6. 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. These shall include any consulting room used for the purpose of consultation and/or conducting therapy with any client, along with any reception or waiting areas associated with such rooms.
7. Take all reasonable steps to ensure the safety of the client and any person who may be accompanying them.
8. Refrain from using their position of trust and confidence to:
  1. Cross the commonly understood professional boundaries appropriate to the therapist/client relationship or exploit the client emotionally, sexually, financially or in any other way whatsoever. Should any relationship (i.e. other than the professional relationship between therapist and client) develop between either therapist and client or members of their respective immediate families, the therapist must immediately cease to accept fees, terminate the hypnotherapy relationship in an appropriate manner and refer the client to another suitable therapist at the very earliest opportunity. N.B. Clarification on dilemmas experienced by therapists in respect of the foregoing should be sought from their supervisor.
  2. Touch the client in any way that may be open to misinterpretation. N.B. Before using any touch as a component of hypnotherapy, both an explanation should be given and permission received.
9. Dual relationships arise when the practitioner has two or more kinds of relationship concurrently with a client, for example client and trainee, friend and client, colleague and supervisee. The existence of a dual relationship with a client is seldom neutral and can have a powerful beneficial or detrimental impact that may not always be easily foreseeable. For those reasons practitioners are required to consider the implications of entering into dual relationships with clients, to avoid entering into relationships that are likely to be detrimental to clients, and to be readily accountable to clients and colleagues for any dual relationships that occur.
10. Not accept any inappropriate gifts, gratuities or favours from a client.
11. Never protract treatment unnecessarily and to terminate treatment at the earliest moment consistent with the good care of the client.

## **Confidentiality, Maintenance of Records and Recording of Sessions**

All Practitioners undertake to:

1. Maintain strict confidentiality within the client/therapist relationship, always provided that such confidentiality is neither inconsistent with the therapist's own safety or the safety of the client, the client's family members or other members of the public nor in contravention of any legal action (i.e. criminal, coroner or civil court cases where a court order is made demanding disclosure) or legal requirement (e.g. Children's Acts).
2. Ensure that client notes and records be kept secure and confidential and that the use of computer records remains within the terms of the Data Protection Act. N.B. Manual records should be locked away when not in use and those held on computer should be password coded.



3. Client records (paperfiles, laptops) should be kept in a locked cabinet within a locked office. Avoid transporting client files outside of your practice premises – if this must be done keep files in a locked container. Should you need to leave client records in a car – they should be in a secure, locked container and locked in the car boot.
4. Recognise that the maintenance of case notes should include personal details, history, diagnosis, a programme of sessions (as agreed between counsellor and client), session progress notes and a copy of any contract.
5. Obtain written permission from the client (or if appropriate, the client's parent/s or legal guardian/s) before either recording client sessions, discussing undisguised cases with any person whatsoever, or publishing cases (whether disguised or not) via any medium. ("Recording" in this context means any method other than the usual taking of written case notes. "Undisguised" in this context means cases in which material has not been sufficiently altered in order to offer reasonable anonymity to all relevant parties) With particular reference to the use of CCTV or similar equipment, all clients must be fully informed when such equipment is in operation and as above, written permission must be obtained prior to the commencement of any client session.
6. Advise the client that disguised cases may sometimes be utilised for the purposes of either their own supervision or the supervision and/or training of other therapists and refrain from using such material should the respective client indicate a preference that it should not be used for these purposes.

## General Conduct

All Practitioners undertake to:

1. Conduct themselves at all times in accord with their professional status and in such a way as neither undermines public confidence in the process or profession of hypnotherapy nor brings it into disrepute.
2. Never publicly criticise, malign or professionally obstruct another member of the profession, unless there is an issue of public protection and criticism/concern is via a properly constituted complaints procedure.
3. Respect the status of all other medical/healthcare professionals and the boundaries of their professional remit.

## Relationship with the FreeMind Project

All Practitioners undertake to:

1. Notify FreeMind, in writing, of any change in practise name, contact address, telephone number or e-mail address, at the earliest convenient moment.
2. Inform FreeMind, in writing, of any alteration in circumstance which would affect either their position or ability as practitioners.
3. Inform FreeMind, in writing, of:
  1. Any complaint (of which they are aware) made against them
  2. Any disciplinary action taken against them by any professional body



3. (i) any criminal offence for which they have been arrested, ensuring that FreeMind is updated as the progress of the case (ii) any criminal convictions
4. Make available all relevant information requested as a result of investigation by any complaints process of which FreeMind is a signatory or in which it participates, without hindrance (whether implied or actual) or unreasonable delay and comply fully with all requirements inherent within any other Complaints and Disciplinary Procedure to which they subscribe.

## **Advertising, Display of Credentials and Use of Specific Titles**

All Practitioners undertake to:

1. 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.
2. Ensure that all advertising shall comply with the British Code of Advertising Practice, in accord with the British Advertising Standards Authority and to make available all such literature to FreeMind on request.
3. Display only valid qualifications and certificates issued in respect of relevant training courses and events or certificates of registration, validation or accreditation as issued or awarded by relevant professional bodies.
4. Make no claim that they hold specific qualifications unless such claim can be fully substantiated and if using the title “Dr”, explain its provenance taking due care to ensure that no client is misled by the title to assume that it is a medical qualification if this is not the case.

## **Treatment of Minors and Those Classified as Persons with Special Needs or Vulnerabilities**

All Practitioners undertake to:

Obtain the written consent of an appropriate adult (i.e. parent, legal guardian or registered medical practitioner) before conducting treatment with clients who are either under the age of majority or are classified as persons with special needs or vulnerabilities. It is further advisable that the therapist should hold a current Full Disclosure CRB certificate if they wish to work with minors.

## **Supervision and Continuing Professional Development**

Practitioners are expected to maintain or improve their level of skills and professional competence in an appropriate manner commensurate with their vocations. This could include:

1. Meetings with a colleague (or colleagues) to discuss, in confidence, ongoing cases and issues arising from them and to work through any personal matters that might affect their own position or ability as practising therapists. Such arrangements can take a variety of forms, the most usual of which are either personal One to One Supervision or participation within a Peer Support Group
2. Undertaking continuing training, either formally, by attendance at relevant courses, workshops and seminars or informally, by relevant reading and Internet research



3. The utilisation of appropriate audit tools, e.g. client feedback forms, care aims forms etc
4. Maintaining an awareness of research and developments
5. Suitable personal growth and development, including seeking counselling where appropriate

## Research Ethics

For all practical purposes, a “research subject” should be considered synonymous with a “client” and consequently, all relevant Clauses within the general Code of Ethics remain applicable.

Of extra importance is the need on the part of the researcher to:

1. Accept that all participation by research subjects must be on a completely voluntary basis and that no “pressure” of any type should be exerted in order to secure participation. (Payments must not be such an inducement that they would encourage the taking of risk beyond that taken in the normal course of the participant’s everyday life).
2. Ensure that proper consent has been obtained prior to the commencement of any research project. This is especially so in the case of minors or persons with special needs. N.B. This does not apply where general research of a purely statistical nature is carried out. In longitudinal research, consent may need to be obtained at repeated intervals.
3. Understand that initial consent does not negate a participant’s right to withdraw at any stage of the research and further, that this must be made clear to the participant at the outset.
4. Maintain complete openness and honesty with regard to both the purpose and nature of the research being conducted.
5. Consider any potential adverse consequences to the research subject as a result of any intended research project.
6. Accept that if, during research, a participant exhibits or presents with a condition they seem unaware of, then the researcher has a duty to inform the subject that they believe their continued participation may jeopardise their future well-being.
7. Provide, where relevant, for the ongoing care of participants with regard to any adverse effects that might arise as a consequence of and within a reasonable time period after, their involvement within any research project.
8. Understand and act upon the principle that the privacy and psychological well-being of the individual subject is always more important than the research itself.
9. Not participate directly or indirectly (e.g. as a course tutor, marker, promoter, manager, interviewer etc) in any training which does not meet all the above Training Ethics criteria.