

Introduction

The following code of ethics establishes minimum standards as guidelines for the ethical behaviour and conduct of members of The Australian Society of Clinical Hypnotherapists (ASCH) in their practices.

SECTION A - ETHICAL PRINCIPLES

1. Members are to protect the rights of their clients and respect the essential humanity, worth and dignity of all people and promote these values in their work.
2. Members are to recognise and respect diversity among people and oppose discrimination and oppressive behaviour.
3. Members are to respect the privacy of their clients and preserve the confidentiality of information acquired in the course of their work.
4. Members must obtain informed consent from their clients before commencing treatment.
5. Members are to take steps to maintain and develop the highest standard of professional competence and integrity in the application of hypnotherapeutic knowledge and techniques throughout their professional careers.
6. Members are to abide by the Statutes and common laws applicable to their place of practice.

SECTION B - ETHICAL RESPONSIBILITIES

1. Responsibilities to Clients

- a) Members are to take all reasonable steps to explain the nature of hypnosis, options, limitations and risks and to avoid harm to clients as a result of the therapeutic process.
- b) Members are to promote client autonomy and encourage clients to make responsible decisions on their own behalf.
- c) Members must establish and maintain professional boundaries with clients. Such boundaries apply beyond the therapeutic relationship.
- d) Where there is evidence of a problem or a condition with which the Member is not competent to deal, the Member makes this clear to the client so that he/she may be referred to an appropriate specialist.
- e) When a client indicates to a Member that he or she would like a second opinion, the Member is to offer every practicable assistance to the client to obtain that second opinion.

2. Exploitation

- a) Hypnotherapists must not exploit clients in any way.
- b) Hypnotherapists will not accept or offer payments for referrals, or engage in any financial transactions, apart from the ordinary fee charged to clients in the course of their professional practice.
- c) Sexual relations between the hypnotherapist and the client are not acceptable and constitute unethical behaviour. This is not restricted to sexual intercourse whether initiated by the client or hypnotherapist, which has as its purpose any form of sexual gratification, or which may be reasonably construed as having that purpose.

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- d) In the event that one year has expired since the termination of the professional relationship, Members are to seek supervision from a supervisor approved by the Society should any attempt to build an emotional or sexual relationship with a former client be considered.

3. Confidentiality

- a) Members are not to transmit to or convey confidential communications from other professionals in relation to a client without permission from the authors of such communications or the client (as the case may be), unless failure to do so would raise the likelihood of a serious threat to the physical well being of the client. Members must clearly establish the limits of confidentiality before supplying confidential information to another professional person.
- b) Members are to treat with confidence any personal information about clients, whether obtained directly or by inference. This applies to all verbal, written or recorded material produced as a result of the relationship. All records, whether in written or any other form, need to be protected with strict confidence.
- c) The client, in the course of treatment, must not be observed by anyone other than the Member without having given informed consent. This applies both to direct observation and to any form of audio or visual transmission or recording.
- d) Exceptional circumstances may arise which give the Member good grounds for believing that the client will cause serious physical harm to others or themselves. In such circumstances, the breaking of confidentiality may be necessary as required by the law.
- e) Agreements about confidentiality continue after the client's death unless there are overriding legal considerations.
- f) Special care is required when writing about specific therapeutic situations for reports and publication. The author must have the client's informed consent should there be any possibility of identification of the client.
- g) Members and their supervisors are to be responsible for protecting the client's rights of confidentiality and any shared information should be disguised where appropriate.

4. Contracts with Clients

- a) Therapeutic activities are to be undertaken only with professional intent and not casually and/or in extra professional relationships.
- b) Contracts involving the client should be realistic and clear.
- c) Any publicity material and all written and oral information should accurately reflect the nature of the service offered and the training, qualifications and relevant experience of the Member.
- d) When publicly advertising hypnotherapy services, the information contained in such announcements shall be factual and explanatory, not claiming superior competence and not offering guarantees or exaggerated claims of a particular outcome as an inducement.
- e) Members are not to offer or provide inducement to representatives of the press, radio, television or other communication medium in anticipation of or in return for professional publicity.
- f) Members are not to publicly or privately represent a personal point of view or opinion as being that of The Australian Society of Clinical Hypnotherapists, but only on behalf of their own professional framework as a hypnotherapist.
- g) Members may participate in any lecture, talk, public appearance, transmission or publication on any subject provided that where the subject matter or part of the subject matter concerns a matter in which the Member has been professionally engaged, the Member is to maintain client confidentiality of any case studies used or expressed.

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- h) Members are to be responsible for communicating the terms on which therapy is being offered to clients including in relation to matters such as price and nature and duration of session.
- i) Members are to disclose any conflict of interest which may arise in relation to a client and will seek supervision to resolve appropriate action which may include referral.

5. Responsibilities to Self as a Therapist

- a) Members have a responsibility to themselves to maintain their own effectiveness, resilience and ability to help clients. They are expected to monitor their own personal functioning and to seek help or withdraw from their therapy practice when their personal resources are sufficiently depleted to require this.
- b) Members are not to continue to practice when their functioning is impaired due to personal or emotional difficulties, for example, illness, alcohol, drugs or for any other reason. Events of bankruptcy or insolvency involving the Member must be communicated to the Board of the Society as soon as the Member is aware of the event.
- c) Where required, Members are to have regular suitable supervision with a supervisor approved by The Australian Society of Clinical Hypnotherapists and will use such supervision to develop their skills as a therapist, monitor performance and provide accountability for practice. In particular, Members must undergo supervision where the Member has a personal response to the client or content of the particular therapy which impacts or is likely to impact the objectivity of the Member.

6. Responsibilities of Members

- a) Members are not to conduct themselves in their practice-related or private activities in any way which undermines public confidence in either their role as a therapist or in the work of other professionals.
- b) Members are committed to the ethical code of The Australian Society of Clinical Hypnotherapists and breaking such code may lead to withdrawal of membership for unethical practice.
- c) Members are not to solicit the clients of other therapists. Members have an obligation not to impair the work of their colleagues. Nevertheless, Members need to be aware of the client's right to a second opinion.
- d) Members who reasonably suspect unethical conduct by other therapists should, in the first instance, notify the Ethics Committee of the ASCH which may determine to approach the Ethics Committee of the relevant professional body governing that other professional and/or to notify other relevant bodies such as the Police, the Department of Community Services and the Health Care Complaints commission it being recognised that the Public interest is the overriding principle to apply when governing any reporting action.
- e) Should a Member have cause to disagree with a colleague in hypnotherapy or another profession on professional issues, the Member is, unless the circumstances absolutely require, to refrain from directly making intemperate remarks or passing criticism in a manner which places doubt on that colleague's professional competence, it being recognised that the Public interest is the overriding principle which will apply to such disagreements.

7. Responsibilities to the Wider Community

- a) Members are to work within the existing law at all times.
- b) Members are to take all reasonable steps to be aware of current legislation which may affect their work.

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- c) Members are to be committed to protect the public against incompetence and dishonourable practices and are to be prepared to challenge these practices, wherever found, by using the appropriate channels and professional bodies for such challenges.

SECTION C - EMPLOYMENT OF HYPNOTHERAPISTS

1. The principal in any hypnotherapy organisation employing hypnotherapists must assume responsibility for information relating to the psychological and hypnoanalytical services offered by the organisation.
2. Client confidentiality must be maintained and each therapist must maintain inaccessibility to his/her own clients' files with the use of a filing cabinet lock or computer lock-code or encryption in the case of a computer file.

SECTION D - PRINCIPLES RELATING TO THE TEACHING OF HYPNOTHERAPY

1. No training programs may be run under the aegis of the Society without permission of the Board of the Society.
2. Members are to avoid establishing a fee-charging consultative relationship with a student whom he/she teaches or is likely to examine.
3. Members are not to ask individuals who are likely to be disturbed by the experience, to participate as subjects in classroom or training demonstrations.
4. Members are to warn students witnessing case demonstrations that they are expected to preserve the anonymity of the subject and respect his/her rights to privacy.
5. All applications for consent and approval to run training programmes must comply with Form 1 and be directed to the Secretary within twenty-eight (28) days prior to commencement of undertaking private tuition activity.
6. The Board is bound to strictly apply the criteria.
7. All decisions refusing the application must be in writing and the reason given.
8. Objections in writing must be lodged to the Disputes Tribunal within twenty-eight (28) days indicating that the member objects to the grounds for that objection.
9. That a Disputes Tribunal be duly constituted to hear objections to all decisions of the Board and Secretary affecting Members' rights as provided by the Articles of Association and By-laws promulgated pursuant to Article 20 (o) of the Society's Constitution.

SECTION E - RESEARCH

1. Research must be carried out so that bias is not deliberately introduced into the planning, conducting, or reporting of a research study.
2. Members must obtain informed consent from subjects where clinical trials are conducted and where it is necessary for scientific purposes in relation to de-identified data to conduct a study without informing subjects of its true purpose, the Member is to take all necessary steps to ensure that the subjects do not suffer harm from any such a study by way of clinical trial or otherwise.
3. Test results or other confidential data obtained in research study must never be disclosed in situations or circumstances which might lead to identification of the subjects, unless their permission has been obtained.
4. Members are not to use a position of authority to exert pressure on potential subjects for the purpose of securing their participation in a particular research project.
5. Members are to draw the attention of any psychological scientific or hypnotherapeutic assistant under his/her supervision or direction, to those parts of this Code which are relevant to his/her work. Members must give adequate supervision to ensure that ethical principles are not contravened.

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6. Members recognise that all research involving humans is subject to the approval of the appropriate area Health Authority or other institutional Ethics Committee, any research proposal involving practices which are not part of normal treatment, must be referred to this body prior to the commencement of such research.

SECTION F - WRITING AND PUBLISHING

1. Members are not to publish as his/her own work that which is not essentially his/hers, or to which he/she has not made a significant contribution.
2. Members are not to try to prevent the publication of a critical review of his/her work.
3. Members are not to endorse favourably for personal or financial gain, a work which he/she knows to be an inadequate treatment.
4. Confidential material about patients or subjects, which might lead to their identification, must not be published without their explicit, prior permission.

SECTION G - PROCEDURES TO BE FOLLOWED IN CASES OF COMPLAINTS OR CRITICISMS ABOUT THE PROFESSIONAL CONDUCT OR ETHICS OF MEMBERS, AND INTERDISCIPLINARY DISPUTES

1. General

Where any complaint or criticism is made to a Member of the Society by another Member the provisions of Section B (parts 6 and 7) of the Code of Ethics shall apply. Subject to the foregoing in all cases the following provisions shall apply:

- a) Complaints or criticisms made to the Board of the Society itself about the ethics of a member or a group of members, or reports of interdisciplinary disputes, must be recognised as being the property of the Society, and absolutely confidential, as soon as they are made known. They are therefore not a subject for unilateral action outside of the formal structure of the Society and the rules and by-laws covering the conduct of its business.
- b) It is important that the role of the person receiving the complaint, criticism or report be firmly established in the minds of both the recipient of the information and the informant. Occasions will arise when an officer of the Society is approached as an individual. In such cases, the person receiving the complaint must make it clear to the complainant that for his/her complaint to have any standing, it must be formally reported to the Board in writing and, where necessary, such person must use reasonable efforts to assist a complainant who has or exhibits difficulty in writing or otherwise recording or communicating a complaint.
- c) Complaints or criticism or reports of inter-disciplinary disputes should be transmitted or communicated in writing by the complainant to the Board. This will constitute a "Report" and every Report must contain or be accompanied by sufficient facts, detail or other evidence such that a Report will be sufficient for examination by the Board.

2. Reports to the Board

- a) The Board shall examine the Report in the first instance, having regard to the necessity for its Members and the wider community to have confidence in reasonably transparent and accountable processes and decision making.
Upon a Report being received by the Board, the person or persons who are the subject of the Report shall be advised by letter of the general nature of the Report and the name of the informant, and shall be invited to reply or comment unless, in the opinion of the Board there is reason to delay notification because of concerns for the safety of any person or the

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possibility of interference with evidence. The Board shall as soon as it determines reply to the informant, advising him/her that his/her report is receiving attention and that it has been or will be brought to the notice of the person or persons concerned.

The Board may, after due consideration and in its sole discretion:

- i. set aside the complaint if it thinks fit;
 - ii. ask the complainant for further information;
 - iii. ask the Member reported to comment;
 - iv. refer the matter to a Committee as contemplated in paragraph 2b; or
 - v. take any other action, including any disciplinary action it deems fit as contemplated in paragraphs 2c and d.
- b) When a Report has been received, the Board may set up a Committee to enquire into the matter, or it may ask an existing Committee to enquire. The Committee shall submit a full report of its enquiries to the Board within a reasonable time, and if the enquiries are incomplete within two months of its being established, it shall present a progress report to the Board.
- c) The Board shall consider the report of the Committee at the conclusion of its enquiries and any other information available, and so decide whether or not any disciplinary action shall be taken against the member reported. Subject to the Memorandum and Articles of Association, disciplinary action may consist of a reprimand and/or suspensions and/or expulsion from the Society. A member may be placed under surveillance and/or be required to undergo further specific training and/or therapy and/or be ordered to discontinue practice as a hypnotherapist pending further investigation and report. At the conclusion of the inquiry, both the complainant and the person about whom the complaint is received shall be advised in writing of the decision taken and, at the discretion of the Board, the broad reasons for the decision.
- d) In the case of interdisciplinary disputes reported to the Board, the Board may take any action it considers proper and which is consistent with the rules and by-laws of the Memorandum and Articles of Association of the Society.