



BRITISH INSTITUTE
OF HYPNOTHERAPY & NLP
Est. 1984

The BIH Single Code of Ethics, Conduct & Best Practice

The British Institute of Hypnotherapy & NLP

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The Single Code of Ethics, Conduct & Best Practice

Introduction for practitioner members

The Single Code of Ethics & Best Practise is for the guidance and adherence of BIH practitioner members, regardless of the degree of experience of working with the public and who their clients happen to be. All clients are regarded equal.

The Single Code of Ethics & Best Practise, aims to clarify for the Public the ethical guidance and standards of best practise of hypnotherapy practitioners. Also, identify expectations of best practise to be used by practitioners, when a member of the public engages the services of a registered hypnotherapy practitioner. The professional associations belonging to UKCHO, including the BIH, will all adhere to this Single Code of Ethics & Best Practice. As will all individual practitioners registered with those organisations.

This Code sets out three areas for practitioners to observe: -

- a. [the ethical principles](#), upon which practitioners must agree when joining the BIH and in your work with the public. As a practitioner you adhere to this Code of ethics.
- b. [your 'professional conduct'](#), concerns your behaviour, in all that you involve yourself with, as a hypnotherapy practitioner.
- c. [your performance as a hypnotherapy practitioner](#), concerns the standard of services you offer and deliver when you work with clients. Also included are the duties and responsibilities you must follow in all that you do in your business in private practise/ or when working within a communal practise/ or working within the National Health Service.

A. Ethical Principles

A.1 Do no Harm – nor collude to do harm. Your actions as a practitioner, will reflect genuine regard and concern for the well-being and best interests of your client – at all times.

A.2 You will promote and protect the interests of your clients at all times.

A.3 You will avoid any form of exploitation of the client. Whilst the professional relationship with the client is ongoing and after it has ceased you will at no time for any reason exploit the client for your own interest.

A.4 Medical Diagnosis' for physical conditions is necessary prior to any intervention or treatment using hypnosis for therapeutic change. Any physical conditions presented by the client, will need a medical diagnosis before therapeutic work commences.

In addition, you will avoid the use of the term 'Cure' – unless you are medically qualified and able to practise as a GP. All other healthcare clinicians including hypnotherapists, will talk about the relief of symptoms, changing levels of pain, low mood or high anxiety; in their face to face conversations with the clients, in their advertising of services, or in any context with other professionals.

A.5 Confidentiality

A.5.1 As a practitioner you commit to respect, protect and preserve the confidentiality of your client(s) details and information.

A.5.2 You will inform each client about the legal and ethical limits of that confidentiality and the circumstances under which you, the practitioner, are required to disclose confidential information to a relevant third party, BEFORE, they happen to disclose this at consultation. Exceptions: for the purpose of criminal proceedings; when not to disclose could lead to harm of the client by the client or others; when sharing with professional colleagues in the supervision setting but preserving their identity.

A.5.3 As the practitioner you will commit to safeguard the welfare and anonymity of the client when any publication of clinical case studies is being considered and where necessary obtain their written consent.

A.5.4 If you discover that a client is at risk, you will by discussion, obtain their consent to take this to the relevant authority or third party, that will secure the safety and well-being of your client.

B. Professional Conduct

B.1. Best Practice -

B.1.a You will respect the clients' dignity, individuality and privacy, both inside and outside of the professional setting.

B.1.b You will respect the clients' rights to be involved in decisions about their care

B.1.c You will be honest and trustworthy in your conduct with your clients and other professionals.

B.1.d You will provide a good standard of practice and care in your work with your clients

B.1.e You will protect clients from risk of harm and follow all Health & Safety Guidelines in the workplace.

B.1.f If you discover any practitioner who is in breach of the Code, it is your professional responsibility to draw this to the attention of your Professional Association.

B.2. Promoting Equality

B.2.a Your legal duty to promote equality in your practise and the services you offer will be in line with human rights and ant-discrimination law.

B.2.b. Discrimination when providing your services means:

i. Refusing to provide a service for reasons that are discriminatory

ii. Providing a lower standard of service

iii. Offering a service on different terms from those offered to other people.

iv. You should consider how you can provide services to everyone who may want to use your services– on the basis for example of age, disability, gender reassignment, marriage or civil partnership, race, religion and belief, sex and sexuality, by changing the way you communicate with clients and giving extra help for clients with disabilities.

v. You must also report any discrimination that comes to your attention to the relevant authority or third party in order to fulfil your duty of care to the client.

B.3. Avoiding discrimination in your own behaviour as a practitioner means you must make sure your own beliefs and values do not prejudice your clients' care and wellbeing. For your guidance 'prejudicing your clients' care' means allowing your views on any aspects of a client's lifestyle, age, culture, beliefs, race, gender, sexuality, disability or social or economic status to inappropriately affect your assessment or care of a client. However, you may take account of factors such as a client's lifestyle, that are relevant to their state of health in your decision making and in the subsequent care you provide them with.

B.4. Create and construct a Care Plan, based upon the client's needs, abilities, evidence of best methods in line with your own competent abilities. Do this via discussion with the client and at all times avoid any exploitation of the client, their vulnerabilities, their beliefs, or standing in the community.

B.5. Your Personal Conduct. As part of the process of applying for membership of your Professional Association, you will be asked about your past personal conduct and you will be required to declare any past criminal convictions and/or any ongoing investigations regarding public complaints. You may have been asked to supply referees to give character references for your application. Your application and any character references will be considered as part of your application before the final decision is made. The information you declare will be treated in confidence and in line with the Data Protection Laws.

B.6. If you come under any investigation for alleged criminal activities, you must declare this to your Professional Associations. Your membership will be suspended whilst legal investigations take place or are ongoing until a resolution is reached. If you receive any criminal conviction of an offence (excluding driving offences) you will be removed from the register of practitioners and this information. This information will be shared with other hypnotherapy registering organisations and the Regulator for the Hypnotherapy Profession in the UK.

B.7. If you are suspended or placed under a practice restriction by an employer or similar organisation because of concerns relating to your conduct, competency or health, you must notify your professional hypnotherapy organisation immediately and your insurance provider.

B.8. Personal Conduct that detrimentally influences your Professional Competency.

If you work with clients' when your own judgement and competency to practise is impaired through the use of drugs or alcohol, or if your mental health is impaired and requires regular periods of hospitalisation as in/out patient, this is a breach of this Code of Ethics and if discovered as such, you will be removed from the Register of practitioner members. This information will also be shared with other hypnotherapy registering organisations and the Regulator for the Hypnotherapy profession in the UK.

B.9. Your personal life outside of your profession life, may have an effect on the relationships you have with your clients. As the practitioner, you will need to consider if your personal life detrimentally effects your professional life. It is your professional responsibility to reduce any negative effects your personal life might have on the relationships you have with your clients.

C. Therapeutic performance and behaviour

C.1. a. Professional Boundaries – As the practitioner, you have a duty to establish and maintain clear professional boundaries with the client. The therapeutic relationship is one that is build upon rapport, based upon trust, equality, openness, fairness, consideration and a comfortable professional distance that is decided by the client. This being recognised by the client, but is the responsibility of the practitioner to maintain, once created. Any abuse of the therapeutic relationship or advantage for the purpose of financial reward; for sexual favours; personal gratification on the part of the practitioner or any behaviour that causes distress to the client, is a breach of the Code of Ethics.

C.1. b. Dual or multiple relationships e.g. with another family member; another friend or working colleague, needs to be avoided for the sake of clarity on the part of your client. These need to be avoided by the practitioner if at all possible. Where this is not possible, due to the needs of the existing client, you the practitioner, will emphasise the importance of boundaries for the client's benefit and understanding and all others that are involved.

C.2 Providing a good standard of practise includes planning care for each individual client by discussion with that client. Following good practise, each care plan be communicated verbally and in writing. If necessary, further discussions with the client can be held in order to keep the client fully informed with the process of therapy as it proceeds. The care you provide as the practitioner, will be based upon the client's needs and is that to which they actively consent.

C.3. Therapeutic treatments should not be prolonged beyond a time that is relevant to the needs and wishes of the client.

C.4. Extreme care and professional competence, especially clean language (non-directive) must be exercised by practitioners who use regression or past life regression as part of any treatment.

C.5. Practitioners will work to ensure there is no risk of inadvertently creating false memory recall. (known as False Memory Syndrome). A practitioner must not or prompt a client to search for evidence of abuse, simply to satisfy some unfounded 'belief' on the part of the practitioner.

C.6. Practitioners will achieve the specified and mandatory number of Continuing Professional Development hours annually. Practitioners will agree to and create a records of such activity, for examination upon request, by the practitioners professional organisation. Practitioners should seek consultation and supervision when indicated, particularly as circumstances begin to challenge their scientific or professional expertise.

C.7. Practitioners will engage in their work with the public, using the skills that are deemed as competent, only after obtaining the knowledge, skills training, education and experience necessary for such. Practitioners will remain aware of, and acknowledge the limits of their methods and skills.

C.8. If the therapeutic relationship breaks down for any reason the therapist is responsible for referring the client to another suitably competent practitioner. Clients should be referred to alternative sources of assistance as appropriate, facilitating the transfer and continuity of care through reasonable collaboration with other professionals.

C.9. Practitioners will self-monitor and maintain their own health and well-being in order that they are fit to practise with the public. If there is any doubt about fitness to work with the public the practitioner must seek professional support from a supervisor, mentor or other qualified, experienced practitioner/peer group.

C.10. No practitioner may take part in or condone the use of hypnosis, or practice hypnosis for the purpose of entertainment, e.g. stage or cabaret hypnosis. However, the use of hypnosis in a clinical or lecture demonstration, to educate via demonstration is acceptable.

C.11. Practitioners must keep adequate records in a way that safeguards the confidentiality of the client. Records maintained on computer must be stored securely and conform with the requirement of the Data Protection Act of 1998 and any subsequent versions. Record, process and store confidential information in a fashion designed to avoid inadvertent disclosure.

C.12. Practitioners need to uphold current registration with the Information Commissioners Office (ICO) in order to store client data, either electronically or in paper format.

C.13. Audio or visual recordings of therapy sessions may only be made with the knowledge and informed consent of the client. Only to be used as a source of reference by the practitioner. If the information is to be used in case histories for commercial purposes, it must be on the understanding that the client is in agreement with this and consent given in writing. The client is still entitled to remain anonymous.

C.14. Practitioners will keep case study notes for a minimum of 8 years and make it clear to clients how to access their notes after this time and/or on the retirement/death of the practitioner.

C.15. Practitioners agree to disclose their qualifications to clients and their Professional Association, when requested, and will agree not to claim or imply qualifications they do not have.

C.16. Membership of a professional association is not to be portrayed as a qualification.

C.17. Unless Practitioners have a medical doctorate they may not use the title *Doctor* or *Dr* as a prefix to their name. They may use *PhD*, subsequent to their name, to indicate an academic qualification. In addition, they will ensure that all designated letters in published materials are accurate and reasonably inform the public of their relevance to the skills they use in practise.

C.18. Practitioners accept the responsibilities to ensure they are competent in their practise and have sufficient supervision and/or other necessary support in place to enable them to meet their professional obligations to their clients.

C.19. Therapeutic sessions delivered online using technology
Online/Home visits – professional relationships must be established by firm and clear agreement prior to online or home arrangements starting. The client needs to be using suitable equipment for continuous contact in session work to ensure minimum standards of service are given. Alternative arrangements should be in place if technology fails at any point. Special consideration needs to be given to the online environment and the issues of confidentiality being maintained throughout. Any audio/video recordings of session work need prior informed consent and in addition to C.13. the storage of these recordings need be kept no longer than is useful or necessary for the ongoing progress of the client's well-being. After which, all recording should be safely wiped.

C.20. The use of unverifiable Testimonials

The use of testimonials that cannot be verified is considered unprofessional and is therefore unethical. Especially when testimonials are used to sell services to those who are in a position of vulnerability or have learning difficulties.

C.21 Working with those under the age of consent.

A Child's Legal Rights - Gillick competency and Fraser guidelines (see link below)

If the child understands 'the why' and 'the how' of what sessions are for, they can give consent that is informed. Where ever possible, the consent of the parent or legal guardian is to be sought and in place, prior to any session work commencing.

Resource: <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>

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Introduction

The British Institute of Hypnotherapy (BIH) Code of Ethics, Conduct & Best Practice (the Code), is provided as the basis for guidance to all members in the pursuance of their professional duties. The Code sets out minimum standards of good conduct, with which all members are expected to achieve and work beyond. Working with members of the public involves recognising the boundaries of professional practice which protect the integrity and commitment of the client/therapist relationship.

At all times members shall be fit to practise and be of good character. To conduct themselves in a manner that does not bring themselves, the BIH or the profession of Hypnotherapy into disrepute. Members of the BIH agree to adhere to the Code at all times.

As a member you are expected to maintain and update your skills by undertaking CPD on an annual basis. As well as having in place, current and appropriate insurance to work with members of the public. The BIH management actively monitors both requirements upon renewal of membership and those members who do not meet these requirements risk removal from the practitioner register. Members are also expected to cooperate when asked to give information that helps the management team perform its function.

As a member it is in your best interests and the interests of your clients, to familiarise yourself with the contents of this Code. You are also required to keep a copy at your place of work, available for inspection by any client who requests it. You are encouraged to give a copy to each client to highlight and communicate the professional standards that you adhere to.

The purpose of the BIH Code is to help clients understand the quality of care they are entitled to receive from members. For members, the Code sets out the standards they will be measured against if BIH management receives a complaint about them.

Because the BIH has a policy of seeking to improve standards of professional practice across time, this document may be subject to alteration or amendment if it is in the interests of the public good and the membership as a whole.

BIH Code of Ethics, Conduct & Best Practice

- 1 Client confidentiality must be observed at all times.
The only exceptions to this are:
 - a when full consent is given or there is a legal requirement to do so for the purpose of criminal proceedings.
 - b when not disclosed, leads to the harm of the client by the client or others.
 - c the sharing of information with professional colleagues undergoing supervision, may be necessary. However, in this case the client's anonymity must be safeguarded.
 - 2 BIH members have the responsibility to provide a service to their clients in a climate of respect for the client's needs, their human rights, and promote dignity, integrity, equanimity, understanding and compassion. No member may discriminate against a client on grounds of race, colour, gender, political or religious belief, social standing or handicap.
 - 3 All members have a duty to put the welfare of their clients first. This includes identifying when it is appropriate and necessary for another person to be present when members are assessing or caring for a client and to make the appropriate arrangements for this to happen. This also includes cooperating with colleagues and other professionals, in order to achieve positive outcomes for the client. In the event of any difficulty arising where it would be in the best interests of the client to receive medical assistance, or if there is a conflict of interests within the therapeutic relationship, or for any other reason where the therapist feels unable to operate within the field of his/her competency, the client must be referred to an appropriate health care professional at the earliest opportunity. After ensuring the withdrawal of services does not put the client at unnecessary risk.
 - 4 The client has a right to be involved in the decisions about their own care. Members will provide effective communication at all times and in a professional manner when assessing the health needs of the client and obtaining a case history.
 - 5 Providing a good standard of practise and care includes planning care and communicating the care in writing from discussions with the client. Care planning will include reviewing progress whilst in your care and to modify the plan of care when necessary. The care a member provides must be based on the best available evidence from research, the values of the client and the expertise of the member. The care a member provides will be based upon the client's needs and is that to which they actively consent. Treatment should not be prolonged beyond a time that is relevant to the needs, wishes and well-being of the client. Extreme care and professional competence must be exercised by those members who use regression or past life regression as part of any treatment. To guard against the risk of false memory recall, known as False Memory Syndrome. A practitioner must not deliberately lead, or prompt a client to search for evidence of abuse simply to satisfy the belief of the practitioner that it exists.
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- 6 Members must not abuse the trust placed in them by a person seeking their assistance, or by abusing their position as a practitioner member. Condoning any behaviour which construed as taking advantage of their position for financial rewards in excess of the fees that would normally be charged. Nor shall any member abuse the trust by encouraging a relationship to develop beyond the therapeutic requirement, or for sexual favour or personal gratification, or which in any other way is likely to cause distress. It is acknowledged that strong feelings sometimes occur between the client and the therapist, but these must be approached in a responsible and professional manner by the member and not be allowed to undermine the therapeutic relationship. All members have a duty to establish and maintain clear sexual boundaries between themselves and the client. It is the responsibility of the member to maintain the professional therapeutic relationship at all times.

Particular care must be taken by members when dealing with persons under the age of 16 and vulnerable adults. The consent of a parent or guardian should be sought in writing prior to the commencement of treatment. Whilst the therapist's discretion must be relied upon it is best practise to have an appropriate third party in attendance during consultations.

- 7 All members must be aware of the importance of ongoing study and self improvement to maintain a level of competence, which keeps pace with the constantly evolving field of Hypnotherapy, Psychotherapy & NLP. This includes attendance at seminars, workshops, professional supervision, research, additional training to develop new skill sets.

The BIH requires a minimum 15 hours per annum in order to renew membership and comply with CPD guidelines identified by UKCHO & CNHC. For newly qualified Licentiate members, a mandatory period of 3 years supervision is required and renewal of annual membership is dependent upon this. Supervision can constitute the CPD requirement as a standard of professional development.

- 8 It is expected of all members conduct their businesses with members of the public in a manner that is professional and beyond reproach.

This includes:

- a Ensuring that premises or facilities are suitable for the safety and well being of the client, together with any third party who may accompany them. Taking into account any obligations they may have under the Health & Safety at Work Act which also includes the control of infection in the work place.
- b Members must be covered by an appropriate policy for public liability and professional indemnity insurance in order to practice with members of the public. The insurance must be displayed at the place of work where it is visible to clients and anyone who has a right to inspect it.

- c All advertising of businesses must adhere to British Advertising Standards Authority guidelines and any subsequent legislation. All marketing materials and websites may only make claims about qualification specific to the field which the practitioner is accredited. Claims regarding benefit of taking services, must be able to be substantiated. Exaggerated and/or misleading claims regarding treatment outcomes, is unethical and therefore a breach of the BIH Code; and unlawful and may form the basis of prosecution by the Trading Standards Authority.
 - d Members should be aware of the importance of self monitoring to maintain their own health and well-being as they have a duty of care and responsibility towards the client. Members must seek assistance if they have any doubts about their own well-being. Or if they discover unresolved issues which influences the work with clients. This needs to be addressed directly via supervision. It is a requirement that members make arrangements to take 1-2-1 or peer group supervision regardless of membership status.
- 9 No member may take part in, condone the use of, or practice hypnosis for the purpose of entertainment e.g. stage or cabaret hypnosis. However, the use of hypnosis in a clinical or lecture demonstration, to purely educate via demonstration, is acceptable.
- 10 Members must keep adequate records in a way that safeguards the confidentiality of the therapist/client relationship. Records maintained on computer must be secure and conform to the requirements of the Data Protection Act of 1998 and any subsequent versions. Members need to register with the Information Commissioners Office (ICO) in order to store client data either electronically or in paper format. Audio or visual recordings of therapy sessions may only be made with the knowledge and consent of the client, only to be used as a source of reference by the therapist. If information and case histories obtained in this way are to be used for commercial purposes, it must be on the understanding that the client is in agreement with this and consent if given in writing. Members will keep case study notes for a minimum of 8 years and make it clear to clients how to access their notes after this time, on the retirement/death of the member.
- 11 No member may practice if it is considered that their judgement is impaired through the use of drugs or alcohol, or if their mental state is such that they require extensive treatment/regular periods of hospitalisation as an in/out patient. Any breach of this bye-law will render that member liable to expulsion.
- 12 Membership shall be suspended as a result of legal proceedings. If a member is convicted of a criminal offence they will be removed from the register. It is accepted that many traffic offences do not carry a criminal conviction and so are not included. However, some do and whilst these will be examined individually, as a general rule of thumb, a criminal conviction is recognised as a criminal conviction.
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- 13 It is expressly forbidden to use membership of the BIH in itself, as a qualification to practice. Any written or spoken word by a member which is intended to mislead the public in this way will result in the expulsion of that member.
- 14 All members shall provide a written copy of the BIH Complaints Procedure which is easily accessible to clients. Members must deal promptly and fairly with any complaint or claim made by a client and inform the client of their rights to refer any unresolved complaint to the BIH Complaints Officers.
- 15 Any member who has a complaint made against them which cannot be dealt with at source, by a member of the public or another member, must immediately inform the BIH Complaints Officer in confidence. The nature of the complaint needs to be given and the parties involved in the complaint. Failure to do so may prejudice his/her position in any subsequent proceedings. Members are also advised that they have a duty to inform the BIH, in confidence, and without malice, if they have just cause to doubt the professional behaviour of a fellow member.
- 16 In keeping with other registering organisations, the BIH has its own complaints procedure. All complaints are kept in strictest confidence but the BIH reserves the right to investigate complaints and, as mediator, to seek to achieve an outcome which is fair and just and where appropriate, instigate disciplinary action and/or expulsion of a member if s/he is in breach of the Code.
- 17 Members should also make themselves familiar with any obligations they may have under the Mental Health Act, 2007, and any subsequent legislation. The Mental Health Act 2007 (the 2007 Act) received Royal Assent on 19 July 2007. It amends the Mental Health Act 1983 (the 1983 Act), the Mental Capacity Act 2005 (MCA) and the Domestic Violence, Crime and Victims Act 2004.

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