



International Board of Hypnotherapy

Code of Ethics

Preamble:

Hypnotherapists help people use their own inner resources to improve the quality of their lives. Hypnotherapists are committed to the service of life, which includes health and wellbeing—the actualization of human potential. Hypnotherapists therefore take on the role of practitioner of hypnotherapy, life skills and achievement coach and educator.

The International Board of Hypnotherapy (The Board) bases its Code of Ethics on the fundamental principles of the Clinical Hypnotherapy profession, which embraces the uniqueness, worth, dignity and equal rights of all human beings

The International Board of Hypnotherapy requires all of its members to conduct their profession according to the following ethical principles.

I. The Member's Ethical Responsibility To Clients

1. The member's main responsibility is the client's safety and welfare. Members are to respect the client's mental and physical well-being at all times.
2. The members are not to practice any form of discrimination on the basis of race, ethnic culture, age, sexual orientation, gender, marital status, religion, national origin, political belief, physical handicap, or any other characteristic or personal condition.
3. The members are to uphold a professional relationship with clients, and not engage in physical abuse, hugging or touching in an erotic way or any other sexual activities.
4. The members are to seek advice of colleagues, mentors and supervisors whenever the consultation is in the best interest of clients.
5. In compliance with HIPAA regulations, the members are to respect the privacy of clients and hold in confidence information acquired during the course of professional service. Also, members are to inform clients fully about the limits of confidentiality. The limits on confidentiality are provided to the client in writing prior to entering into a client-therapist relationship. On the client intake form, the client is to give written permission for use of voicemail, email or emailing MP3 files of customized self-hypnosis. Hypnotherapist is to clarify with client what type of communication may occur via email. If members choose to communicate or conduct sessions via video conferencing, they are to use HIPAA compliant video conferencing software.
6. The members are to obtain consent of clients before audio or video recording or permitting others to be present during their sessions or activities.

7. The members are to practice hypnosis and hypnotherapy services in accordance with the level of their training, competency, and according to their state and local laws.
8. Members are to inform clients of what to expect during sessions, so that they can make an informed decision as to whether they consent to participate.
9. Members are to work with only those clients that fall within their scope of practice.
10. Members are not to have any intimate social contact with a client for at least two years after their last session with the client.
11. Continuing education keeps practitioners informed of the latest developments in the field of hypnotherapy and reduces unethical behavior. Fifteen hours of continuing education is required annually.
12. Members fully disclose their educational qualifications and professional credentials and certifications to their clients in writing on their client intake forms.
13. Members agree not to use wording in the title of their business or any other promotional materials that could mislead the public.
14. Members agree to be accurate in their description of their services, business name, and workplace, so as not to imply in their advertising and marketing communications that their hypnotherapy services are in any way the practice of medicine, psychotherapy or that they are *licensed* to practice hypnotherapy.
15. Members agree to be truthful in advertising and marketing communications. Also, members agree that they will not in any way state or imply in their advertising and marketing communications that they provide medical or psychotherapy services if they are not licensed by their state board of regulation to do so. Members agree that Hypnotherapy will not be offered as a substitute for medical or mental health treatment. Hypnotherapy sessions are provided as a complement or adjunct to medical and mental health treatment only with a licensed physician or therapist's consent or referral.
16. Members agree that as a hypnotherapist they will not use the following words in any of their promotional materials or marketing communications, such as websites, print brochures, newsletters, business cards, etc.: "psychologist," "psychotherapist," "psychotherapy," "psychological," "counseling," "therapist," "medical hypnotist," "medical hypnosis," "medical hypnotherapy," "medical hypnotherapist," "licensed hypnotherapist," "doctor of hypnotherapy," "treatment," "treatment of..." any mental disorders or mental health conditions or medical ailment. This includes but is not limited to "anxiety," "addiction," "insomnia," "depression," "PTSD," "eating disorder," and other words like: "alternative," "cure," "clinic," "patient." Again, members agree not to imply that they are practicing psychotherapy or medicine, unless they are licensed by the state they practice in to do so.
17. Members agree that clients should seek the appropriate and highest level of care and that members will therefore be reasonable in their practice of hypnotherapy. Members agree not to provide hypnotherapy services if a client's behavior or statements would lead a reasonable person to believe that such a client should be assessed by a licensed physician or mental health professional. (If already licensed by a board of regulation, for example as a therapist, psychologist, clinical social worker, or physician, and you also provide hypnotherapy services, elements of #16 and #17 may not pertain.)

18. Concerning Dissociative Drugs, Psychedelics, Hallucinogens and Plant Medicines

Examples including but not limited to: **Ketamine** (DEA controlled substance. Use outside a registered medical facility or by individuals without a DEA controlled substance license is illegal), **LSD** (Illegal substance unless used for clinical trial research), **MDMA/ Molly/Ecstasy** (illegal substance), **Psilocybin** (Currently only legal is Oregon and Colorado, however, several states have active legislation and there are some local modifications such as in New York.)

Mushrooms (Plant form of psilocybin and illegal except in Colorado and Oregon), **Ayahuasca** (Illegal unless used for religious purposes. This contains DMT a Schedule 1 DEA Controlled Substance), **Peyote** (Can be used for religious purposes. DEA controlled, therefore, illegal to purchase, possess, distribute, or transport,), **Mescaline** (DEA controlled, therefore, illegal to purchase, possess, distribute, or transport, it is legal to own the cactus, but illegal to extract the mescaline.)

The Scope of Practice for IBH member hypnotherapists does not endorse hypnotizing clients who are under the influence of substances such as alcohol and/or cannabis. Like alcohol and cannabis, the above list of dissociative, psychedelics, hallucinogens and plant medicines are increasing in use and individuals under their influence should **not** be hypnotized. The new and promising emerging medical research of their efficacy include more than merely the administration of the substance to induce hallucination. A pivotal aspect of this research is the subsequent reintegration therapy which occurs with the patient days after the medication was administered; the therapy in this research does not occur while the patient is under the influence of the substance such as ketamine or psilocybin. Sufficient research into the use of hypnotherapy as an adjunct to integration phase has yet to be conducted.

If an IBH member hypnotherapist engages in administering any of these substances to a hypnosis client or participates by hypnotizing an individual under the influence of any of these substances, they will be considered in violation of the scope of practice and code of ethics, and their membership will be revoked.

19. Members agree not to use hypnosis or hypnotherapy for experimental or research purposes unless employed by an accredited university or medical facility where such usage is under the direct supervision of an internal review board.
20. Hypnotherapy training prepares people for certification. Hypnotherapy is a “non-licensed” profession. Licensing of a professional group can only be authorized when a law is passed by a state legislature and then implemented by a state regulatory agency. Therefore, the use of the word “licensed” by someone doing hypnosis or hypnotherapy could be construed as false advertising or a fraudulent claim. Any misuse of the word “licensed” results in ineligibility for certification with the IBH.
21. Members will not use the words “affiliated” or “approved” by the IBH. Members may refer to themselves as “certified” by the IBH or that they are a “member” of the IBH, or if they have

achieved level 3 certification status, “fellow” of the IBH.

22. Members agree that foundational training for certification in hypnotherapy must consist of LIVE interaction with instructors in the classroom setting, (This could be remote or in-person). Foundational training in hypnotherapy where training primarily consists of self-directed viewing of pre-recorded content, with or without some supervised practice is inappropriate. It is the IBH position that any field that includes direct client or patient care, must be taught in a live setting.

II. Fees

1. The members are to set their fees in a fair and reasonable manner.
2. The members are not to give any kind of economic compensation for receiving or making a referral, i.e., “finders fees” or cash “kickbacks” (including multilevel marketing type of compensations) for clients or seminar attendees.
3. Prior to conducting sessions members disclose their fees, what type of methods will be used and what the client can generally expect to experience with the methods described.
4. Members are to provide clients with the IBH refund policy and client complaint mechanism in writing.

III. The Members’ Ethical Responsibility To Colleagues

1. Whenever dealing with unusual or difficult cases, ethical conduct concerns or other dilemmas related to their practice, members are to seek the advice of other Board members.
2. The members are to treat colleagues with respect and professional decorum, during all interactions, including but not limited to phone conversations, email and social media. Negative comments, judgmental language, speculation and gossip will result in revocation of certification.
3. The members are to respect confidences shared by colleagues in the process of their professional relationships.
4. The members are not to exploit a dispute between a colleague and employer to obtain a position in a company.
5. The members are to seek the mediation of a superior or administrator when conflicts with colleagues arise, to reach appropriate and equitable solutions.
6. The members are to relate to clients of colleagues in a professional manner.
7. The members are not to solicit the clients of colleagues.

IV. The Members’ Ethical Responsibility to the Hypnotherapy Profession

1. The members are to maintain high ethical standards of integrity to protect their profession.
2. The members are to take actions to correct all unprofessional and unethical practices.
3. The members are to always be honest about the origin of their professional degrees, education, certifications or other qualifications.
4. The members are to advertise their professional services with honesty and good faith. They are to insure that all their marketing and promotional materials are truthful and realistic and comply with State law. Members acknowledge that medical support hypnotherapy sessions are provided as a complement or adjunct to medical and mental health treatment and only with a licensed physician or therapist’s consent or referral.
5. Members are committed to their own personal growth and actively pursue self-actualization.

6. The members agree to conduct their practices and all professional relationships in accordance with the International Board of Hypnotherapy Code of Ethics and in accordance with State Law.
7. The members understand that they are responsible for completion and maintenance of all certification and re-certification requirements. Members understand that failure to complete their documentation results in non-certification or revocation.
8. Members agree that foundational training for certification in hypnotherapy should be live, classroom-style, with instructors and practical skills supervision. This could be in-person or remote. Foundational training in hypnotherapy that is unsupervised online or unsupervised correspondence course style, with little or no supervised instruction or practice, is inappropriate.

V. Claim of Unethical Behavior

1. After the Board has received via U.S. mail, a written complaint, signed by the complainant, an ethics committee will be formed to review the complaint. Depending on the nature of the written complaint immediate suspension may be issued. The ethics committee will then form a quorum to receive testimony from all involved parties. After the complaint and response to the complaint are reviewed by the quorum and it has reached a decision, it will issue a report, after which the parties will have 30 days to respond to the quorum's findings. Failure by the accused to respond to the complaint within the allotted time will not prevent the quorum from taking action accordingly. Actions the quorum may recommend include: 1) dismissal of the claim, 2) written warning, 3) request requiring actions by the respondent to correct unethical/unprofessional conduct in a reasonable amount of time, 4) suspension, 5) revocation of membership, 6) hold further action until a Court finding has been reached and submitted to the Board. After doing so, the ethics committee will submit its recommendations to the Board.

Requirements for Continuing Education Providers

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Locate a Registered Hypnotherapist

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