

Because training in hypnotherapy varies widely, this Scope of Practice presentation is for discussion only and is intended for school operators, professional hypnotherapists and/or licensed mental health workers.

Laws vary from state to state.

Do not use any of this information without consulting your personal legal advisor.

If you have not been trained in the use of GAF, you will need to obtain that training.

These forms are examples for discussion and are provided courtesy of Tim Simmerman, President, American Council of Hypnotist Examiners. Your feedback is appreciated. Email him at [office@hypnotherapyacademy.com](mailto:office@hypnotherapyacademy.com)

# Scope of Practice Protocols for Hypnotherapists

## Situations and Protocols

### 1. Situation:

**Your new or prospective Client is already seeing a Mental Health Professional**

#### Protocol:

Have them sign a **Release of Information form**, giving their Therapist permission to discuss (with you), the possibility of you working with them.

This includes permission for the Therapist to discuss (with you), the Client's current condition and readiness to participate in any of the modalities you have to offer.

Then **have this discussion** with their Therapist: (by phone or in person).

In the discussion with their Therapist, describe hypnotherapy services. Describe suggestion therapy/affirmation and guided imagery, regression therapy, emotional work etc., and include a description of any other modalities you use, (for example, NLP, Reiki, EFT, etc.).

Ask their Therapist what methods or modalities they approve for use with their Client, and then **follow those guidelines**.

If the person's Therapist says that they are not to do Regression or deep emotional work, or any other method that you normally use with clients, **honor that recommendation**.

If the person's Therapist says that they are not to work with you (at this time), because of their current condition, be grateful for this, and **respect their decision**.

Ask them if it might be possible to work with this person later on, as they improve, and again, **follow what the Therapist tell you**.

## 2. Situation:

**A new or prospective Client is already taking a psychotropic drug, and wants to do hypnotherapy with you:**

### Protocol:

Have them sign a **Release of Information form**, giving the person who prescribed the medication, (the Therapist) permission to discuss (with you), the possibility of you working with them.

This includes permission for the Therapist to discuss (with you), the Client's current condition and readiness to participate in any of the modalities you have to offer, as well as to discuss the ramifications of any medications the Client may be taking, and any contraindications which might arise as a result of that medication(s).

Then **have this discussion** with their Therapist: (by phone or in person).

In the discussion with their Therapist, describe the kind of work you do, including any other modalities you use, (For example, NLP, Reiki, EFT, etc.).

Ask the Therapist if this person - (your prospective Client), is someone that you could safely assist, using the methods you have available.

Also ask the Therapist what specific methods or modalities they approve for you to use with their Client, and then **follow those guidelines**.

If the person's Therapist says that they are not to do Regression or deep emotional work, or any other method that you normally use with clients, **honor that judgment**.

If the person's Therapist says that they are not to work with you (at this time), because of their current condition, be grateful for this, and **respect their decision**.

Ask them if it might be possible to work with this person later on, as they improve, and again, **follow what the Therapist tells you**.

## 3. Situation:

## **A new or prospective Client has been diagnosed with a mental illness, and wants to do hypnotherapy with you:**

### **Protocol for response:**

Have them sign a **Release of Information form**, giving **the person who diagnosed the mental illness**, (the Therapist) permission to discuss (with you), the possibility of you working with them.

This includes permission for the Therapist to discuss (with you), the Client's current condition and readiness to participate in any of the modalities you have to offer, as well as to discuss the ramifications of their particular mental illness, any medications they may be taking, and any contraindications which might arise.

Then **have this Discussion** with their Therapist: (by phone or in person).

In the discussion with their Therapist, describe the kind of work you do, including any other modalities you use, (For example, NLP, Reiki, EFT, etc.).

Ask the Therapist if this person - (your prospective Client), is someone that you could safely assist, using the methods you have available.

Also ask the Therapist what specific methods or modalities they approve for you to use with their Client, and then **follow those guidelines**.

If the person's Therapist says that they are not to do Regression or deep emotional work, or any other method that you normally use with clients, **honor that judgment**.

If the person's Therapist says that they are not to work with you (at this time), because of their current condition, be grateful for this, and **respect their decision**.

Ask them if it might be possible to work with this person later on, as they improve, and again, **follow what the Therapist tell you**.

## **4. Situation:**

## **You need to assess if a new or prospective Client is suicidal:**

### **Protocol:**

If a Client tells you they are suicidal or makes any self-harming comments, you must intervene and document your intervention. Many people think that by asking someone if they are suicidal, they might then be encouraging someone to be suicidal or increase the chances of suicide. This is NOT true. Asking in a caring yet straightforward way is the way to prevent it.

First, determine if the Client has a plan. Ask, "Do you feel like harming yourself now?" "How serious are you about that today?" "Have you thought of how you would do it?" "Have you ever hurt yourself or tried to kill yourself before?" If the Client has a plan, this shows that they are more likely to act on it rather than more passive ideation.

Some Clients might say "I just don't want to be here anymore." Or, "Everyone would be better off if I weren't around." However, this Client might not have a plan or real intent to hurt/kill themselves. This is called **passive ideation** and is fairly common in clients experiencing depression. Document the passive ideation, what the Client said, and document your intervention. Intervene with this by getting the Client's commitment that if they DO feel like they will act on harming themselves, they will talk to you (while you are meeting with them as a client) or someone else (get a specific name. i.e., "my friend Susan Smith") who can then refer them to the hospital and/or mental health professional depending on the seriousness of the situation and resources available.

If you are getting **active ideation**, which is Client stating that they intend to hurt/kill themselves, use **SLAP** to assess the seriousness and therefore action required:

**S - Specific:** Is there a detailed, thought out plan?

**L - Lethal:** Is the method more or less likely to result in death? For example, it is more lethal to attempt suicide with a gun, by hanging, or jumping off a tall space than it is to cut wrists or overdose.

**A - Access to Means:** Do they have access to all that they would need to kill themselves? For example, if they say they will shoot themselves, do they have a gun and bullets?

**P - Privacy:** Do they have time alone in which they would be unsupervised and could follow through with the plan?

Risk factors to watch for that increase likelihood of suicide attempts:

- Intent to die

- Intoxication
- Hopelessness
- History of suicide attempts
- Insomnia
- Giving away important possessions
- Does not come in for scheduled appointments

If the Client is actively suicidal and it appears they may attempt suicide after leaving you based on their answers to the SLAP questions, contract with them that they will not harm themselves and that they will immediately go to the emergency room. If suicide attempt seems imminent, call the friend to come pick up the Client and take them to the emergency room. If a friend is not available, call the police and they will take the Client to the emergency room. Put this in writing and have them sign it. Contact the emergency room and make sure the staff is watching for the Client and knows that they are suicidal. Give the staff any pertinent information that the Client shared with you. Do this with the Client in the room with you, before the Client leaves for the emergency room. Have the emergency room staff call you when the Client arrives or call the staff back if you do not hear from them to ensure the safe arrival of the Client.

Before the Client leaves you, refer them to a mental health professional for treatment if they are not already meeting with one. Let them know that you can continue meeting with them once they have resolved their suicidal ideation through the appropriate treatment. If the Client is completely unwilling to work with you or if they do not arrive at the emergency room in a reasonable amount of time, contact the police immediately and report to the police the pertinent information about how they may attempt the suicide so that they can intervene. The police may come escort the Client to the hospital if the Client is not cooperative. Document everything you did in the Client's notes.

## **5. Situation:**

**You need to assess every new Client to see if they are within your scope of practice.**

**Protocol:**

Use the Global Assessment of Functioning (GAF) from the DSM-IV to assess a Client's level of functioning. A Client's level of functioning determines whether or not they are within the scope of practice of a Hypnotherapist who is not also a licensed mental health professional.

**How to use the GAF:**

1. Start at the top level and evaluate each range by asking, "Is either the individual's symptom severity or level of functioning worse than what is indicated in the range description?"
2. Keep moving down the scale until the range that best matches the individual's symptom severity or the level of functioning is reached, whichever is more severe.
3. Look at the next lower range as a double-check against having stopped prematurely. This range should be too severe on both symptom severity and level of functioning.
4. The suggested cut-off score for Hypnotherapists is **61**. Any Client that is assessed at a 61 or above is appropriate for a Hypnotherapist to meet with. Any Client below 61 should be referred to a mental health professional to increase their functioning and then they meet for hypnotherapy once they are at a 61 or above or at the recommendation of the mental health professional.

**6. Situation:**

## **A new or prospective Client has a medical ailment and wants to do hypnotherapy to “cure” or heal it.**

### **Protocol:**

Discuss the fact that hypnotherapy never cured a medical condition. Instead, talk about how there are many cases in which the client’s mind has healed their own body. Have Client first talk with physician about their desire to include hypnotherapy in their treatment plan.

Have Client sign a **Release of Information form**, giving their Physician permission to discuss (with you) the client’s case.

This includes permission for their Physician to discuss (with you), the Client’s current condition and readiness to participate in any of the modalities you have to offer, as well as to discuss the ramifications of any medications they may be taking, and any cautions or contra-indications that might arise as a result of their current condition.

Then **have this discussion** with their Physician: (by phone or in person).

In the discussion with their Physician, describe the benefits to the adjunctive use of clinical hypnotherapy. Ask physician for goals for the client and physical limitations of the Client.

(See *Medical Hypnotherapy: Principles and Methods of Practice* by Simmerman for a more detailed protocol on Hypnotherapist/Physician relations. )

## **7. Situation:**

### **A new or prospective Client has a medical ailment and wants to do hypnotherapy to get off of their medication.**

**Protocol for response:**

Inform your new or prospective Client that you are not able discuss the use or non-use of any medications because you are not a licensed physician.

Inform them that they **must** consult with their prescribing Physician about their medication and dosages. Doing this will be safe for them, because they will be under the guidance and supervision of their own Physician, who is the only person with the knowledge and authority to adjust the dosage or usage of the drug.

**(Note: See [hypnotistexaminers.org](http://hypnotistexaminers.org) for detail requirements of agreement and have your legal advisor help you design your own form.)**

## **Example Client Information and Participation Agreement**

(Example of a hypnotherapist who is also a NeuroLinguistic Programming Practitioner

**John Doe provides the following services:**

**clinical hypnotherapy, self-hypnosis training, and neuro-linguistic programming.**

C.Ht. Certification Number: \_\_\_\_\_

NLP Master Practitioner Certification Number: \_\_\_\_\_

This information will be used to aid in serving you as the client. Please answer honestly and know that answering yes or no to any particular question does not mean that you cannot receive services from this practitioner. Your honest answers serve in your receipt of appropriate care and service. All information will be kept confidential within the Health Insurance Portability and Accountability Act (HIPAA) regulations.

**Name:**

**Address:**

**Phone number you prefer to be reached at:**

**Is it ok to leave phone messages for you at this number?**

**Age:**

**Marital Status:**

1. Medical conditions or challenges:
2. Are you currently under a physician's care for any of the above conditions?
  - a) If so, name of physician:
3. When was your last visit with a physician?
4. Was anything about this visit notable? If so, explain briefly:
5. Are you currently taking any medication(s)?
  - a) If so, what are the names of the medications, and how do they affect you?
6. Have you spoken to your physician about hypnotherapy as an adjunct to your treatment?

7. Have you ever had any mental health treatment, such as with a counselor, therapist, psychologist or psychotherapist?

a) If so, give a brief history of your mental health treatment and the results of your treatment:

8. Are you receiving any mental health treatment now?

a) If so, name of mental health professional:

b) Have you spoken to your mental health professional about hypnotherapy as an adjunct to your treatment?

9. Do you have thoughts of hurting yourself or taking your own life?

10. Do you take any prescribed psychotropic medications?

a) If so, what are the names of the medications, and how do they affect you?

11. Have you ever been hypnotized?

a) If so, briefly explain your experience:

12. Were you referred to me?

a) If so, by whom?

13. Briefly describe your spiritual/religious beliefs:

14. What is the main issue you wish to resolve with hypnotherapy?

15. Briefly describe anything about your family history that relates to your issue:

**Other issues or areas I would like to resolve:**

Stress /Anxiety

Body Shape

Guilty or Angry Feelings

Relationship Issues

Fears, Phobias or Trauma Recovery

Test Taking or Job Performance

Low Self Esteem or Shyness

Unwanted Habits

Lack of Motivation

Smoking Cessation

Other \_\_\_\_\_

**In order to be successful in reaching my goals, I agree to:**

- 1) Be an active participant in my hypnotherapy experience and see myself as a partner in the transformative nature of this process.
- 2) Recognize that my thoughts, feelings, images and actions have a direct effect on the quality of my life.
- 3) Acknowledge that my well-being depends directly on how well I care for myself physically, emotionally, intellectually and spiritually.
- 4) Accept that blaming others or myself is totally futile.
- 5) Take responsibility for my experience of life, because I create my life to the best of my ability **in the moment**, with what I know **right now**.
- 6) I agree to be on time for my sessions and allow at least 24 hours of advance notice should I need to cancel or reschedule a session. (add phone number)

**Client / Co-Therapist** \_\_\_\_\_  
 Date \_\_\_\_\_

**My commitment to you:** I will use my expertise to facilitate the changes that are mutually agreed upon to be in your best interest, in the shortest possible time.

**Hypnotherapist / Master NLP Practitioner** \_\_\_\_\_ Date \_\_\_\_\_

**John Doe, C.Ht. - Client Information and Participation Agreement**  
 509 Camino de los Marquez, Ste 1, Santa Fe, NM 87505

Like the practice of medicine, Hypnotherapy, Self-hypnosis, Regression and NLP are not absolute sciences. I personally know of no case on record where an individual has been harmed by the use of these methods. I do know of thousands of cases where people of all walks of life have benefited greatly from the use of these methods.

**As a general practice, it is necessary for everyone taking part in private sessions, classes, workshops and seminars with John, to sign this disclaimer.**

I am of legal age, and in consideration of my acceptance as a participant in this Private Hypnotherapy or NLP session, Seminar, Workshop, Class or Training, I for myself, my heirs, my executors, administrators and assignees, do hereby release and discharge John Doe, any of his employees, his employer, or other participants in any of the activities, from all claims of damages arising from, or growing out of my participation.

I further understand that recordings **may** be made at any of these events, and that John Doe and his organization retain the copyright to all of these recordings.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

If you should have a complaint about the facilitation process that has not been satisfactorily resolved by John Doe or his organization, please feel free to contact the American Council of Hypnotist Examiners at 700 S. Central Ave. Glendale, CA, 91204. It is your right to refuse any aspect of his services and to seek the service of another hypnotherapist at any time. Mr. Doe's fees are \$150. Sessions are from 45 to 90 minutes in length. In no way are Mr. Doe's services to be interpreted as providing medical or psychiatric services.

## Confidentiality Information

Clients have a right to expect that information revealed in sessions not be disclosed without extraordinary justification.

The conditions that justify the release of information, and by law must be reported to the appropriate agencies, are the following:

1. Knowledge of child abuse or neglect.
2. Knowledge of senior citizen abuse or neglect.
3. A client poses a serious risk of suicide, and is an imminent danger to self.
4. A client poses a threat of imminent danger to another person.
5. A Judge, by issuance of a court order, may obtain information.
6. Report to law enforcement authorities knowledge of a felony that has been, or is being committed.

In other situations, signed authorization for release of information is required.

**Client** \_\_\_\_\_

**Date** \_\_\_\_\_

**Hypnotherapist** \_\_\_\_\_

**Date** \_\_\_\_\_

Transitions Hypnotherapy  
54321 Sleep Deep Rd.  
Santa Fe, NM 87505  
505-555-5555

### Authorization for Release of Information

1) I hereby authorize the use or disclosure of my individually identifiable health information as described below.

2) I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Client Name: John Doe Client Birthday: 1/1/1980

Client Social Security Number: 555-55-5555

Client Address: 555 Hypno Street, Santa Fe, NM 87505

3) I hereby authorize Transitions Hypnotherapy to (check all that apply):

Exchange with       Release to       Obtain from the parties I have indicated below.

4) I hereby authorize Transitions Hypnotherapy to exchange / release / obtain information:

verbally only       in written form only       both verbally and in writing

5) Person/organization receiving/communicating the information:

Name: Dr. Bill Smith

Address: 5555 Doctor Place Suite C, Santa Fe, NM 87505

Phone Number: 505-555-5555

6) Specific description of information to be released/exchanged/obtained: Use of all prescribed medications that John Doe is taking and possible side effects.

7) The specific purpose of this release is to: Identify appropriate hypnotherapy services for John Doe.

8) This authorization will expire May 1, 2010.

9) I have read and understand the following statements about my rights:

10) I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not have any affect on any actions the entity took before it received the revocation.

11) I may see and copy the information described on this form if I ask for it.

12) I am not required to sign this form to receive hypnotherapy services.

\_\_\_\_\_  
Signature of client or client's representative

\_\_\_\_\_  
Date

(Form MUST be completed before signing.)

## Global Assessment of Functioning (GAF) Scale

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health/illness. Do not include impairment in functioning due to physical or environmental limitations.

Code (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72)

100   91	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his/her many positive qualities. No symptoms.
90   81	<b>Absent or minimal symptoms</b> (e.g., mild anxiety before an exam), <b>good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns</b> (e.g., an occasional argument with family members).
80   71	<b>If symptoms are present, they are transient and expectable reactions to psychosocial stressors</b> (e.g., difficulty concentrating after family argument); <b>no more than slight impairment in social, occupational, or school functioning</b> (e.g., temporarily falling behind in schoolwork).
70   61	<b>Some mild symptoms</b> (e.g., depressed mood and mild insomnia) <b>OR some difficulty in social, occupational, or school functioning</b> (e.g., occasional truancy, or theft within the household), <b>but generally functioning pretty well, has some meaningful interpersonal relationships.</b>
60   51	<b>Moderate symptoms</b> (e.g., flat affect and circumstantial speech, occasional panic attacks) <b>OR moderate difficulty in social, occupational, or school functioning</b> (e.g., few friends, conflicts with peers or co-workers).
50   41	<b>Serious symptoms</b> (e.g., suicidal ideation, severe obsessive rituals, frequent shoplifting) <b>OR any serious impairment in social, occupational, or school functioning</b> (e.g., no friends, unable to keep a job).
40   31	<b>Some impairment in reality testing or communication</b> (e.g., speech is at times illogical, obscure, or irrelevant) <b>OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood</b> (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
30   21	<b>Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment</b> (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) <b>OR inability to function in almost all areas</b> (e.g., stays in bed all day; no job, home, or friends).
20   11	<b>Some danger of hurting self or others</b> (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) <b>OR occasionally fails to maintain minimal personal hygiene</b> (e.g., smears feces) <b>OR gross impairment in communication</b> (e.g., largely incoherent or mute).
10   1	<b>Persistent danger of severely hurting self or others</b> (e.g., recurrent violence) <b>OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.</b>
0	Inadequate information

Excerpt / Diagnostic & Statistical Manual of the American Psychiatric Association (DSM-IV)  
If you have not been trained in the use of GAF, you will need to obtain that training.