

Scope of Practice Protocols

This is an example of what International Board of Hypnotherapy members are using. Of course, hypnotherapists must honor their state laws pertaining to Scope of Practice and professional titles. **We present the following for discussion only.**

Situations and Protocols

1. 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 he or she is 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.

2. 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 & review 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 tells you**.

Even if the mental health professional agrees with the use of hypnosis, like always, you still must use your judgment as to whether to accept this person as a client, or not. For example, if the potential client has a diagnosis of mental illness, **we recommend that you refer the client to a hypnotherapist who is also a licensed mental health practitioner**.

3. 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 or MD) 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 physician or 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**.

4. Situation:

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

Protocol:

Have them sign a **Release of Information form**, giving **the person who diagnosed the mental illness**, (the therapist or MD) 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 tells you**.

5. 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.) If at another time, who else (get a specific name. i.e., "my friend Susan Smith") can then accompany them to the hospital and/or mental health professional depending on the seriousness of the situation and resources available. This client is now to be referred to a licensed mental health practitioner for assessment and/or treatment.

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
- Being bullied

If suicide attempt seems imminent, call 911 and have the police and ambulance transport them to the hospital. Document your actions. Contact the emergency room and make sure the staff is watching for the client and knows that they are suicidal.

Give the police and paramedics 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.

This client is no longer in your scope of practice. Document everything you did in the client's notes.

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 Sierra 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:

Inform your new or prospective client that you are not able to 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.

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