Australian Hypnotherapists'Association

ABN 20 004 388 872

Code of Ethics and Conduct

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INTRODUCTION

The Australian Hypnotherapists' Association (AHA) promotes ethical practice for all areas of hypnotherapy including clinical practice, supervision, professional development, training and research.

The AHA ethical framework is for all members of the AHA Community including supervisors, educators, trainers, researchers, students, graduates, professional, clinical and advanced clinical members and any honorary members such as Fellow, Affiliates or Life members.

This document supersedes all previous documents.-

This document provides information in relation to:

- The ethical framework for the practice of Hypnotherapy;
- The principles, attitudes and behaviours required for ethical practice;
- Standards of practice that support and promote ethical conduct and quality service to clients and:
- A clear accessible document available to the wider community.

ETHICAL PRINCIPLES

1. Members respect the essential humanity, worth and dignity of all people and promote this value in their work.

2. Members recognise and respect diversity among people and opposediscrimination and oppressive behaviour. This is inclusive and not limited to a client's lifestyle, values, gender, age, ability, culture, religion, spirituality and/or sexual identity.

3. Members respect the privacy of their clients and preserve the confidentiality of information acquired in the course of their work.

4. Members protect the rights of their clients, including the right to informedconsent.

5. Members take steps to maintain and develop the highest standardof professional competence and integrity in the application of hypnotherapeutic knowledge and techniques throughout their professional careers.

ETHICAL RESPONSIBILITIES

1. Responsibilities to the Client

(i) Members take all reasonable steps to avoid harm to the client as a result of the therapeutic process.

(ii) Members promote client autonomy and encourage clients to make responsible decisions on their own behalf.

(iii) Members consider the social context of the client and their connections with others.

(iv) Members are responsible for setting and maintaining professional boundaries within the therapeutic relationship.

(v) Members do not have any relationships with clients during,and, for a period of two (2) years after therapy.

2. Exploitation

(i) Members shall not exploit clients, past or present, in a financial,sexual, emotional or any other manner.

(ii) 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 Refer to AHA **Advertising and Business Guidelines** and **AHA Policy for the use of Clinical Hypnotherapists' Client Testimonials** which can be found here https://members.ahahypnotherapy.org.au/member-area/policies-procedures-and-guidelines-for-members/

(iii) Members shall not accept or offer payments for referrals, or engage in any financial transactions, apart from the ordinary fee charged to clientsfor interviews.

(iv) Sexual relations between a member and the client is never acceptable and constitutes unethical behaviour. This includes any form of physical contact, whether initiated by the client or the Hypnotherapist, and may be construed as a form sexual gratification.

(v) Any physical contact within the boundaries of a therapy session must be contained to hypno-therapeutic techniques that have been specifically taught through a recognised hypnotherapy training organisation. Such techniques may include rapid inductions, ideomotor signals, anchoring (e.g. on finger, hand, wrist, arm, shoulder) where prior informed consent has been obtained from the client.

(vi) Members shall consider that the deeper the involvement with a client's emotional life during therapy, the less likely is the possibility of a subsequent equal relationship following termination of therapy.

(vii) Membersshall seek professional supervision should any attempt to build a relationship with a former client be considered and under the above clause **Responsibilities to the Client** Point (v) must be adhered to.

3. Confidentiality

(i) Members 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. Allrecords, whether in written or any other form, need to be protected with the strictest of confidence in line with the Privacy Act 1988 (Cth) including all subsequent updates and all relevant state and territory legislation, which may change from time to time.

(ii) The client shall not be observed by anyone other than their therapistwithout having given informed consent. This applies both to direct observation and to any form of audio or visual transmission or recording.

(iii) Members shall refer to AHA Guidelines in relation to online therapeutic sessions. Which can be found here https://members.ahahypnotherapy.org.au/member-area/policies-procedures-and-

guidelines-for-members/

(iv) Exceptional circumstances may arise which give the therapist good grounds for believing that the client may cause serious physical harm to others or themselves. In such circumstances, the breaking of confidentiality is required in order to ensure the safety of the client and/or others. An emergency report is made to the appropriate external agency who can then provide appropriate interventions. Preferably this is done in consultation with the client, although permission in this case is not required. Therapist supervision should be sought in all such instances.

(v) Any breaking of confidentiality shall be minimised both by restricting the information conveyed to that which is pertinent to the immediate situation and by limiting it to those persons who can provide the help required by the client.

(vi) Agreements about confidentiality continue after the client's death unless there are overriding legal considerations.

(vii) Special care is required when writing about specific therapeutic situations for reports and publication. The author shall have the client's informed consent should there be any possibility of identification of the client.

(viii) Members and supervisors are responsible for protecting the client's rights of confidentiality and any shared information shall be disguisedwhere appropriate.

Care and responsibility shall be demonstrated when using any social media or mainstream media platforms, including and not limited to: Facebook, WhatsApp, Instagram, Tik Tok, Television or print media.

Members shall:

- uphold the good reputation of the AHA and not publish anything that would put the AHA in disrepute or damage its reputation;
- respect other people's opinions and act courteously;
- not engage in discrimination, defamation, bullying or harassment;
- not post anything that might be considered inappropriate, offensive or crude humour;
- maintain privacy of personal information of clients; and
- not infringe another person's intellectual property or breach confidentiality.

4. Conducting online therapeutic sessions

Informed Consent:

- Ensure clients understand the nature, process, and potential limitations of online therapy.
- Obtain explicit consent for recording sessions if applicable.

Data Privacy:

- Use secure, encrypted communication platforms to protect client confidentiality.
- Inform clients of any data storage practices and privacy measures.

Technical Competence:

- Stay informed about the technology used for sessions and ensure competence in its use.

- Have contingency plans for technical disruptions (e.g., alternative contact methods).

Professional Boundaries:

- Maintain clear boundaries regarding communication outside of scheduled sessions.
- Set expectations for response times to non-session communications.

Cultural Sensitivity:

- Be aware of and sensitive to cultural, social, and contextual factors affecting online interactions.
- Adapt practices to accommodate diverse client needs and preferences.

Emergency Protocols:

- Establish clear protocols for handling emergencies, including local emergency contacts.
- Ensure clients know how to access immediate assistance if needed.

Session Environment:

- Encourage clients to participate from a private, quiet location to maintain confidentiality.
- Ensure your own workspace is private and free from interruptions.

Licensing and Jurisdiction:

- Confirm compliance with legal and regulatory requirements for providing online therapy across different regions.
- Be aware of and follow licensing laws related to teletherapy.

Therapeutic Relationship:

- Foster a strong therapeutic alliance, adapting techniques to suit the online format.
- Pay attention to non-verbal communication cues as much as possible.

5. Contracts

(i) Therapeutic activities are to be undertaken only with professional intentand not casually and/or in extra professional relationships.

(ii) Contracts involving the client shall be realistic and clear.

(iii) Any publicity material and all written and oral information shall accurately reflect the nature of the service offered and the training, qualifications and relevant experience of the Hypnotherapist.

(iv) Members are responsible for clearly communicating the terms onwhich therapy is being offered. This refers to but not limited to; payment details, refund policy, confidentiality/privacy, cancellation policy, duration of service/package.

(v) Members shall disclose any conflict of interest which may arise in relationto a client and shall seek supervision to resolve appropriate action which may include referral.

6. Responsibilities to Self as a Therapist

(i) 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 fromtheir therapy practice when their personal resources are sufficiently depleted to require this.

(ii) Members shall not continue to practice when their functioning is impaired due to personal or emotional difficulties, illness, alcohol, drugs or for any other reason.

(iii) Members shall have regular suitable supervision and shall use such supervision to develop their skills as a therapist, monitor performanceand provide accountability for their practice. Refer to AHA membership renewal policy regarding Supervision:

- Advanced Clinical Members: Annually - a minimum of three (3) one-on-one supervision sessions with an AHA recognised supervisor (six (6) pts). Remaining 18 points may be made up of one-on-one supervision, or group/peer supervision, or a mixture of both models.
- Clinical members: Annually - a minimum of three (3) one-on-one supervision sessions with an AHA recognised supervisor (six (6) pts). Remaining 18 points may be made up of one-on-one supervision, or group/peer supervision, or a mixture of both models.
- Professional members: Annually - a minimum of six (6) one-on-one monthly supervision sessions with an AHA recognised supervisor shall be completed. The remaining sessions may be one-on-one supervision, or group supervision, or a mixture of both models.
- Graduate members: Annually – 9 monthly one-on-one supervision sessions with an AHA recognised supervisor. The remaining sessions may be one-on-one supervision, or group supervision, or a mixture of both models
- International members – refer to the appropriate level of membership as shown above.

7. Responsibilities to Other Professionals and Conduct at AHA Activities

(i) Members must not conduct themselves, in their professional practice or private activities, in a way that undermines public confidence in their role as a therapist or in the work of other professionals.

(ii) Members must uphold the ethical code, policies, procedures, guidelines and standards of the Australian Hypnotherapists' Association (AHA). Breaches may result in disciplinary action, including withdrawal of membership, in accordance with the AHA Constitution and applicable policies.

(iii) A member who has a concern about another therapist's ethical conduct should, where appropriate and safe to do so, first seek to resolve the matter through respectful discussion with the therapist concerned. If the concern cannot be resolved or remedied, the member should refer it to the Ethics Committee of the relevant professional body.

(iv) Members must not solicit the clients of other therapists or otherwise impair the work of colleagues. This does not limit a client's right to seek a second opinion or choose another therapist.

(v) Members must communicate with colleagues about clients in a professional, purposeful and respectful manner, maintaining mutual respect and observing confidentiality.

(vi) When referring a client to a colleague, members must ensure that:

- the referral is in the client's best interests;
- the referral is discussed with the client and their consent is obtained before any information is disclosed; and
- the client's confidentiality is respected, with only relevant information disclosed for the referral.

Conduct in communications and AHA activities

(vii) Members must behave professionally and respectfully in all communications and interactions connected with the AHA, whether verbal, written, digital, online or in person. This includes emails, online forums, social media, events and meetings held under the AHA's name or banner, and conduct when representing the AHA.

(viii) Members attending AHA meetings must contribute respectfully and allow others to participate without intimidation or unreasonable interruption. Disagreement, criticism or the raising of concerns must be expressed in a constructive and appropriate manner. Members must not direct abusive, harassing, threatening or aggressive conduct towards other members, therapists, meeting chairs, hosts, organisers or guests.

(ix) Prohibited conduct includes, but is not limited to:

- harassment, bullying, intimidation, threats or personal attacks;
- name-calling, insults, humiliating or discriminatory remarks;
- shouting, aggressive or hostile language, or repeatedly interrupting or talking over others;
- persistent disruptive conduct, including refusing to follow reasonable directions from the chair or host; and
- any other conduct that a reasonable person would consider disrespectful, intimidating, unsafe or disruptive to the meeting.

(x) A member whose conduct is inappropriate or disruptive during a meeting may be given a verbal warning by the chair or host and directed to stop the behaviour. A written warning may also be issued at a later time. The chair and/or host may remove a member from the meeting where the behaviour continues, is serious, or removal is otherwise considered necessary to maintain order and help ensure that participants can attend and take part safely. Removal may occur without a prior warning where the circumstances warrant it.

(xi) Concerns about a member's conduct may be referred to the AHA Board. Under Part 4, clause 14 of the AHA Constitution, disciplinary action may be taken when deemed necessary by the Board, including removal from meetings and any further reasonable action available to the Board under these clauses and the Constitution as a whole.

(xii) Members are expected to familiarise themselves with and comply with the AHA's professional and ethical etiquette protocols, codes of conduct and standards, including the Online

Meeting and Etiquette Guidelines and the relevant member policies and procedures available in the members section on the AHA website.
https://members.ahahypnotherapy.org.au/member-area/policies-procedures-and-guidelines-for-members/

7. Responsibilities to the Wider Community

(i) Members work within the law.

(ii) Members take all reasonable steps to be aware of current legislation affecting their work.

(iii) Members are committed to protect the public against incompetence and dishonorable practices and are prepared to challenge these practices by using the appropriate channels and professional bodiesfor such challenges.

(iv) Members may only publicly or privately represent a personal point of view or opinion based on their own professional framework as a hypnotherapist. It shall not be presented as an opinion on behalf of The Australian Hypnotherapists' Association.

(v) The AHA would like to remind members of their responsibilities with regard to professional boundaries. It is not appropriate to accept friend requests on social media platforms, from clients to personal pages, as this contravenes 'best practice' guidelines, which state that personal relationships should not be entered into within a two-year period post therapy.

8. Complaint Procedure

- Complaint procedures are clearly defined in the Complaints Procedure on the AHA website which can be found here: https://members.ahahypnotherapy.org.au/member-area/policies-procedures-and-guidelines-for-members/

(i) All complaints are dealt with by the Ethics Committee in a confidential manner.

MANDATORY REPORTING

The primary role of Mandatory reporting is to establish whether a threshold of reasonable belief or suspicion has been reached regarding a child needing to be protected. Each jurisdiction has guides and agencies to assist in making such a decision.

Where the information you have received suggests that a child is at risk of abuse, then the relevant agency shall be informed to allow the next steps to unfold.

Please note that you do not need to be absolutely certain that there has been abuse or neglect of a child or young person to contact these authorities. If you suspect a child is at risk of harm, you should call the authority to discuss your concerns, and they will decide whether an investigation is required.

In each state and territory, all serious concerns should be reported **by phone** rather than online or via email. Serious concerns include when you suspect a child or young person is in imminent or immediate danger of serious harm, serious injury or chronic neglect. *See links below for contact details.*

Mandatory reporting primarily relates to children (age limits may differ between states and territories- refer links below) but may also relate to adults where the person involved is living in a residential service.

Mandatory reporting of child abuse and neglect is determined by state and territory legislation, and it is necessary for all members to check their state and territory legislation in relation to this matter.

Mandatory **legislative requirements** for all Australian jurisdictions are found using the links below:

- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

Further details and information about mandatory reporting can be obtained from the relevant statutory child protection authority in each jurisdiction. Contact and other details for each state and territory office can be found in the CFCA Resource sheet: *Reporting child abuse and neglect: Information for service providers*.

The **contact** details of the reporting authority in each Australian state and territory are found using the links below:

- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

A related requirement when working with children includes the need to obtain a government *Working* with *Children Check,* which is administered by state and territory governments.

- *The AHA requires all members who are working with children to ensure that their Working with Children Check is current and on file with the AHA.*

Where members are unclear about what decision to take in relation to mandatory reporting the AHA encourages you to consult with your supervisor.

RESEARCH ETHICS

(i) The psychological well-being of the individual subject is always more important than the research itself. Members engaging in research, please refer to Human Research Ethics Committee and the ethical guidelines covering Aboriginal and Torres Strait Islander people.

https://www.nhmrc.gov.au/research-policy/ethics/human-research-ethics-committees and

https://www.nhmrc.gov.au/research-policy/ethics/ethical-guidelines-research-aboriginal-and-torres-strait-islander-peoples

(ii) For all practical purposes, a "research subject" rights shall be identical to that of any "client" and accordingly, all relevant clauses within the general section of the "Code of Ethics and Conduct" remain applicable. **In addition** to this, a 'research subject' will also be subject to the

- **Guidelines, Standards and Advice**: https://www.nhmrc.gov.au/about-us/publications/guidelines-standards-and-advice – Central hub listing all current clinical practice guidelines, public health advice, and standards, including Dietary Guidelines, Infection Control Guidelines, and National Statement on Ethical Conduct in Human Research.

(iii) **Clinical Practice Guidelines**: https://www.nhmrc.gov.au/health-advice/clinical-practice-guidelines – Specific to approved clinical guidelines with evidence-based recommendations for healthcare professionals.

(iv) **Grant Guidelines**: https://www.nhmrc.gov.au/funding/find-funding/grant-guidelines – Current funding scheme guidelines (e.g., Investigator Grants 2026, Synergy Grants 2026).

(v) Members shall ensure that informed consent has been obtained prior to the commencement of any research project. This is especially so in the case of Minors or persons with Special Needs.

Please note: It is not permissible for therapists to undertake research with regards minors unless below guidelines are in place.

Please refer to **NHMRC Child Safe Policy**: https://www.nhmrc.gov.au/about-us/policy-and-priorities/child-safe-policy

(N.B. This does not apply where general research of a purely statistical nature is carried out)

(vi) Members accept that all participation by subjects shall be on a completely voluntary basis and that no pressure of any type should be exerted in order to secure participation.

(vii) Members maintain complete openness and honesty with regard to both the purpose and nature of the research being conducted.

(viii) Prior to asking for the subject's consent, members consider any potential adverse consequences to the subject as a result of any intended research project and take allnecessary steps to ensure that the subject shall not suffer harm from any such a study.

(ix) Confidential data obtained during research studies shall never be disclosed in situation or circumstances which might lead to identification of the subject unless prior consent to the disclosure of such information has been received.

(x) Members are not to use a position of authority to place pressure on prospective subjects for the purpose of securing their participation and consent in any research.

(xi) Where relevant, members provide for the ongoing care of participants with regard to any adverse effects that might arise as a consequence of and within a reasonable timeperiod after, their involvement within any research project

(xii) Research shall be carried out so that bias is not deliberately introduced into planning, conducting, or reporting of a research study.

Members shall give adequate supervision to those who may be assisting them with their research to ensure that AHA ethical principles are not disregarded, and all governing legislative (federal, state and territory) requirements are adequately met.

WRITING AND PUBLISHING ETHICS

(i) Members shall not to publish as their own something which is essentially not their own work, or to which they have not made a major contribution.

(ii) Members are not to try to prevent the publication of a review that is critical of their work.

FALSE MEMORIES OF CHILDHOOD SEXUAL ABUSE

False memory guidelines are intended to apply to AHA members working in all professional contexts in which false memories of childhood sexual abuse issues may arise. It is clearly part of the professional duty of such members to seek to maintain an awareness of the debate about 'recovered memory therapy and to develop an empirical and professional perspective on false memory/recovered memories and base their practice on sound therapeutic principles and evidence.

As the result of extensive reviews by various professional bodies there is no doubt that child sexual abuse is a serious social and individual problem, commonly with long-lasting effects. In addition, there can be little doubt that at least some recovered memories of Child Sexual Abuse are recollections of historical events. However, there is also genuine cause for concern that some methods of intervention and questioning can lead clients to develop illusory memories or may foster false beliefs concerning Child Sexual Abuse.

Members are reminded of their ethics for good practice.

REFERENCES

The following policies and guidelines can be further referenced here – https://members.ahahypnotherapy.org.au/member-area/policies-procedures-and-guidelines-for-members/

Advertising and Business Guidelines for Members
AHA Social Media Policy and Guidelines for members
AHA Guidelines for AHA members using Online Hypnotherapy
Guidelines for AHA members relating to False Memory Syndrome
Guidelines for AHA members working with Regression Therapy
AHA Complaints Procedure
Online Meeting Etiquette and Protocols

The below are further resources and reference which may be useful

Privacy Act 1988 (Cth)
https://www.nhmrc.gov.au/about-us/accountability-and-reporting
https://www.nhmrc.gov.au/research-policy/ethics/human-research-ethics-committees
https://www.nhmrc.gov.au/research-policy/ethics/ethical-guidelines-research-aboriginal-and-torres-strait-islander-peoples