

Previous Mental Health History

In the case of a prospective co-therapist who has or is seeing a licensed mental health worker:

Prospective co-therapist must first speak with licensed mental health worker and obtain approval to do hypnotherapy.

With Health Insurance Portability and Accountability Act of 1996 ("HIPAA") compliance, Hypnotherapist is to confer with the prospective co-therapist's licensed mental health worker on the hypnotherapy methods that will be used. Licensed mental health worker then assesses the appropriateness of hypnotherapy in that case.

If a prospective co-therapist is taking any sort of medication for mood or mental illness, the licensed mental health worker/physician that prescribed the medication must approve the use of hypnotherapy to address a specific complaint that the prospective co-therapist is seeking hypnotherapy services for. Co-therapists are only to discuss medication usage with the prescribing physician. The Hypnotherapist will direct all questions from the co-therapist about medication and other psychiatric treatment to the licensed mental health worker.

Regardless of mental health history, keep in mind the Red Flags of Mental Health with all prospective co-therapists.

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.**

With each new client a determination needs to be made whether he or she is within your scope of practice. See the following situations for specific examples.

Situations and Protocols

1. Situation:

Protocol concerning mental health:

Obtain a full history, keeping an eye open for the red flags of mental health status. A client 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. See the following situations for specific examples.

Protocol concerning medical health:

With any physical complaint, a licensed physician, nurse practitioner, or physician's assistant must have assessed the client and determined if hypnotherapy is a suitable adjunct.

2. Situation:

Your new or prospective client is already seeing a mental health professional

Protocol:

First, have prospective client discuss with his or her therapist the wish to include hypnotherapy in their wellness plan. If the therapist agrees, the therapist is to contact the hypnotherapist. In the discussion with the client's 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 the therapist what methods or modalities they approve for use with their client, and then follow those guidelines.

If the person's therapist says that the client is not to do regression or deep emotional work, or any other method that you normally use with clients, **honor that recommendation.**

Also have client sign a Release of Information form, giving you permission to discuss (with the therapist), 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.

If the person's therapist says that the client is not to work with you because of their current condition, be grateful for this, and **respect their decision.**

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:

First, have prospective client discuss with the prescriber of the medication the wish to include hypnotherapy in their wellness plan. If the prescriber agrees, he or she is to contact the hypnotherapist. In the discussion with the prescriber, 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.).

Have client sign a **Release of Information form**, giving the hypnotherapist permission to discuss the client's case with their prescribing physician, nurse practitioner, or physician's assistant. Then discuss with the prescriber the client's current condition and readiness to participate in any of the modalities you have to offer, as well as the ramifications of any medications they may be taking, and any cautions or contraindications that might arise as a result of their current condition.

Ask the prescriber if your prospective client is someone that you could safely assist, using the methods you have described.

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

If the prescriber says that client is not to do Regression or deep emotional work, or any other method that you normally use with clients, **honor that judgment.**

If the prescriber says that the client is not to work with you (at this time), because of their current condition, be grateful for this, and **respect their decision.**

4. Situation:

A new or prospective client has a mental health diagnosis and wants to do hypnotherapy with you:

Protocol:

First, have prospective client discuss with his or her therapist the wish to include hypnotherapy in their wellness plan. If the therapist agrees, the therapist is to contact the hypnotherapist. In the discussion with the client's 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 the therapist what methods or modalities they approve for use with their client and then follow those guidelines.

If the person's therapist says that the client is not to do Regression or deep emotional work, or any other method that you normally use with clients, honor that recommendation.

Also have client 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.

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

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.

CAUTION: See "Red Flags of Mental Health" Lecture

5. Situation:

You need to assess if a new or prospective client is suicidal.

Protocol:

If a prospective client is either passively or actively suicidal, they are outside the scope of practice of a certified hypnotherapist and should be referred to a licensed mental health practitioner. If a client you are already working with tells you they are suicidal or makes any self-harming comments, you must intervene and document your intervention. This client is to go to the emergency room of the hospital by ambulance from your office.

Many people think that by asking someone if they are suicidal, they might be encouraging that person 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.

Some clients might say "I just don't want to be here anymore" or "Everyone would be better off if I weren't around." This client might not have a plan or real intent to hurt or kill themselves. This might be what is called **passive ideation** and is fairly common in clients experiencing depression. Document the passive ideation and what the client said. Document your intervention and refer them to a licensed mental health practitioner.

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
- Intense chronic pain

If suicide attempt seems imminent, call 911 and have the police and ambulance transport them to the hospital. Document your actions.

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/medical practitioner about their desire to include hypnotherapy (as an adjunct) in their treatment plan.

Have client sign a **Release of Information form**, giving the hypnotherapist permission to discuss the client’s case with their physician, nurse practitioner, or physician’s assistant. Then discuss with the medical practitioner the client’s current condition and readiness to participate in any of the modalities you have to offer, as well as 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.

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.

If having a conversation with the physician is impossible, client could obtain a prescription for hypnotherapy in writing.

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

Best

1. Written prescription for adjunctive hypnotherapy. (See Module 2 business pages)

Good

2. Documentation of permission by notation:

Client states that their physician, Dr. Smith, agrees with client utilizing hypnotherapy to complement their wellness plan. Client states that they spoke with their physician on date and their M.D. agreed to them having hypnotherapy sessions.

You initial the note and have client initial the note.

7. Situation:

A new or prospective client has a medical ailment and wants to do hypnotherapy to get off their medication.

Protocol for response:

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/medical practitioner.

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.