



## THE CODE OF ETHICS OF THE NATIONAL GUILD OF HYPNOTISTS

*The National Guild of Hypnotists requires its members to conform to the following ethical principles, and shall hold members accountable for any departure from these principles, which may include revocation of membership.*

**A. Client Welfare:** Members shall make the physical and mental well-being of each client a prime consideration.

**B. Client Safety:** Members shall not engage in verbal, physical or sexual abuse of any client.

**C. Practice Limits:** Members shall use hypnotism strictly within the limits of their training and competence and in conformity to the laws of their state.

**D. Advertising:** Members shall be truthful in their advertising.

**E. Credentials:** Members shall always be honest about the nature of their titles and degrees when referring to them to the general public, the media, and within the confines of our profession.

**F. Referred Practice:** Members shall engage in hypnotic work with a client regarding a medical or mental disease only on written referral from an appropriately licensed medical or mental health professional, except when otherwise provided for by state law.

**G. Reasonable Practice:** Members shall withhold non-referred hypnotic services if a client's behavior, appearance or statements would lead a reasonable person to believe that the client should be evaluated by a licensed health care professional. Members shall provide services to such clients only after evaluation and with the approval of the licensed health care professional.

**H. Colleagues:** Members shall treat hypnotist colleagues without public defamation.



## Introduction to the Recommended Standards of Practice

The Guild has a strategy to protect the right of its membership to practice hypnotism. While other professions have sought state licensure and regulation, the Guild learned by experience that this was not the best plan for a smaller profession such as our own. It is simply too easy for larger and more politically connected groups to modify such legislation in a way that does not serve the interests of Guild membership.

As we look to the future we set a different course. Instead of seeking to pass license laws we seek to pass a different sort of law altogether. At the heart of the new strategy is the Client Bill of Rights, a disclosure statement that we want every hypnotist to give to every client.

The Client Bill of Rights is a document that truthfully discloses to the client what we do as hypnotists and what we do not do. It also truthfully states the practitioner's training.

The strategic purpose of the Client Bill of Rights, besides encouraging clean and healthy relationships with clients, is to prove that we mislead no one. A sample Client Bill of Rights is included in this document and we invite you to modify it for your own use.

In order to pass laws that restrict our freedom to practice hypnotism, others have to argue that we pose a danger to the public. The claim is that we engage in deceptive behavior, encouraging the public to believe that we are primary health care professionals. If hypnotists are distributing a Client Bill of Rights to every client that makes clear that we are not primary health care professionals, this argument against us is impossible to make. By giving your clients a truthful Bill of Rights, you prevent anyone from ever saying that you were deceptive.

Practitioners living in states that regulate the content of a Client Bill of Rights should follow the format stated in the relevant law. Remember a Client Bill of Rights can only protect you if you are frankly honest in what you put into it and do not conceal anything a reasonable person would expect to know about you. The protection a Client Bill of Rights provides is that you will be able to prove to your state government or to a court that your clients completely understood your training, background and methods and had a method of redress to insure ethical practice.

Finally, we seek to pass legislation that requires every hypnotist to give a truthful Client Bill of Rights to every client. We would like every one of our Chapters to seek such a law in their home states, and we will provide a model for this legislation. We will also cooperate with coalitions of other professions who wish to pass such legislation. Such laws are hard for other professions to oppose without seeming to be in favor of deceiving the public. However, even if our proposed legislation does not pass, hypnotists in a state



still come out ahead. The mere fact that local hypnotists are trying to pass such a law proves to the state government and to the press that we are responsible people. By proposing such legislation we win something in the court of public opinion, even if we lose in the state legislature.

Members should be aware that every aspect of the Guild Recommended Standards of Practice and its associated Terminology is the creation of a team of successful, well-known, full-time hypnotists. Every section of the plan has been thought through and tested. We know it will work and that it will have a direct marketing benefit to you that will result in an increase in your clientele.

This document sets forth the standards the Guild advocates: using a Guild approved title of practice, distributing a truthful Client Bill of Rights, attending to outcomes research and avoiding the language of the licensed health care professions. We advocate these standards because we feel they are appropriate and effective. We encourage members to observe them.

You can be certain that the Guild cares about every one of its members, and we put this plan forward after great thought and planning. We are certain that it will help you and help our profession.

Members of the National Guild of Hypnotists must follow the Code of Ethics. However, the Recommended Standards and Terminology are not obligatory. Yet they do represent the best advice the Guild can give you about how to practice hypnotism.

This information is the intellectual property of the National Guild of Hypnotists. Intellectual property rights are claimed for its overall concept, synergy, look and feel. However, the National Guild of Hypnotists encourages other hypnosis organizations to distribute this information, believing this to be in the best interest of our common profession. The National Guild of Hypnotists requests only that its leadership in this matter be acknowledged.



## THE RECOMMENDED STANDARDS FOR HYPNOTIC PRACTICE

*The National Guild of Hypnotists advocates the following standards for the professional practice of hypnotism. Except for members living in states where different practice standards are explicitly set by law, we urge our members to voluntarily conform to these standards.*

**Record Keeping:** Members shall establish and maintain proper records necessary to a professional practice.

**Scope of Practice:** Members shall use hypnotism with clients to motivate them to eliminate negative or unwanted habits, facilitate the learning process, improve memory and concentration, develop self-confidence, eliminate stage fright, improve athletic abilities, and for other social, educational and cultural endeavors of a non-medical nature. Except where state law provides otherwise, members shall use hypnotism with clients regarding a medical or mental disease only on written referral from a licensed medical or mental health professional.

**Titles of Practice:** Members shall hold their hypnotism services out to the public using only those titles earned and approved by the National Guild of Hypnotists. In states that do not regulate therapeutic practice you may call yourself a Hypnotherapist and what you do hypnotherapy. In states that regulate the therapeutic practice of hypnotism you may be required to use the title of Hypnotist and to call what you do hypnotism. The approved Titles of Practice of the National Guild of Hypnotists are:

- Certified Hypnotist, Consulting Hypnotist or Certified Hypnotherapist, abbreviated CH;
- Certified Instructor (for persons who have passed the Guild Train the Trainer Program), abbreviated CI;
- Certified Master Instructor (for persons who are allowed to teach the Train the Trainer Program); abbreviated CMI;
- Board Certified Hypnotist or Board Certified Hypnotherapist (for persons who have passed the peer reviewed Guild Board Certification Exam), abbreviated BCH;
- Fellow of the National Guild of Hypnotists (for persons who have qualified after a period of time of Board Certification), abbreviated FNGH;
- Diplomate of the National Guild of Hypnotists (for persons who have qualified after a period of time as a Fellow), abbreviated DNGH;
- Other titles protected by state law (for example in the State of New Jersey the title “HypnoCounselor” is permitted).



Note that completion of a specialty certification in the Guild does not award you a new Title of Practice. For example, persons who have passed the Guild's Clinical Hypnotism or Medical Hypnotism certifications may say they are certified in Clinical or Medical Hypnotism. However, they may not call themselves "Certified Clinical Hypnotists" nor "Certified Medical Hypnotists."

**Disclosure:** Members shall truthfully disclose in writing to each client, using a Client Bill of Rights or similar written document, the nature and venue of the member's hypnotism training, the field of study of any higher degree used when holding services out to the public, the lawful limits of the member's practice of hypnotism, the practitioner's theoretical orientation or model, instructions for contacting the National Guild of Hypnotists should the client seek redress, and any business policies and practices maintained by the practitioner. Members holding advanced degrees from institutions that do not hold accreditation recognized by the United States Department of Education shall disclose to clients that the degree is alternative rather than academic. Members shall restrict the services described on this document to hypnotism.

**Terminology:** Unless qualified to do so by another credential, members shall avoid using the language of psychopathology or medicine when working with clients, except on referral from a licensed medical or mental health professional.

**Public Hypnotism:** Demonstrational hypnotism shall always be presented in a tasteful manner that is considerate of the individuals who have volunteered to participate in a public demonstration. Individuals participating in such demonstrations shall be treated with courtesy and respect.

**Age-regression and Forensic Hypnotism:** Age-regression and forensic hypnotism shall be used only by those who have had additional training in these specific fields of study.

**Imagery:** Frightening, shocking, obscene, inappropriately sexually suggestive, degrading or humiliating imagery shall never be used with a hypnotized client.

**Claims:** Members shall not disseminate false or exaggerated claims regarding hypnotism, but shall attempt whenever possible to inform and educate the public with a true perspective of hypnotism. Members shall make only those specific claims for the effectiveness of hypnotism as can be justified by outcomes data. Members shall publicly maintain a professional demeanor toward other professions expressing divergent views on hypnotism.

**Advertising:** All advertising shall be factually presented in a professional and ethical way consistent with accepted standards. Members shall advertise services and capabilities as hypnotists in conjunction with other specialties, occupations, vocations, arts or



professions only if duly trained, properly qualified and professionally recognized in those fields.

**Education:** Schools of instruction now existing and those to be established in the future shall provide a full curriculum consisting of the theory, practice and applications of hypnotism, instruction and supervised practice in hypnotic methodology, the possibilities and limitations of hypnotism, with thorough instruction on the Ethics and Standards of our profession as set forth herein. All curricula used at schools recognized by the National Guild of Hypnotists shall be approved by the National Guild of Hypnotists. Instructors at such schools are expected to be approved and certified by the National Guild of Hypnotists or to hold credentials judged by the Guild as equivalent.

**Good Standing:** Members who maintain the required number of continuing education hours, are of high moral character, conduct themselves and their practice of hypnotism in a professional and ethical manner and meet their financial dues obligation shall be considered as members in good standing of the National Guild of Hypnotists.

**Recommendations:** When a member recommends a client consult a colleague or health care professional, the member shall, whenever possible, provide the client with a list of more than one recommended name.



Sample Client Bill of Rights  
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*Italicized sections are instructions to the writer to show where the document should be personalized.*

**Contact Information:** My name is *(give the name you wish to be known by professionally)*. I can be contacted through my office *(list your address)* or by telephone at *(give your business telephone number)*.

**Education and Training:** I was trained in hypnotism *(or "hypnotherapy")* at *(List the name of your school or training program; if the school was state approved, say so.)*. I am a Certified Member of the National Guild of Hypnotists and I do annual continuing education to maintain my training at a high level. The National Guild of Hypnotists is the oldest and largest hypnotism organization in the world and its certification is the most widely recognized credential for the professional practice of the hypnotic arts. *Here you would list your degree if you mention a higher degree when offering services to the public. If your degree is accredited say: "My highest degree is in [state field of study] and is accredited by an agency recognized by the United States Department of Education." If your degree is an alternative degree, say "My degree in [state the field of study] is an alternative degree earned through intensive distance learning."*

**Notice:** **AS THE STATE OF *(State name)* HAS NOT ADOPTED EDUCATIONAL AND TRAINING STANDARDS FOR THE PRACTICE OF HYPNOTISM, THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.** Hypnotism is a self-regulating profession and its practitioners are not licensed by state governments. I am not a physician nor a licensed health care provider and may not provide a medical diagnosis nor recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. In the event my services are terminated by a client, the client has a right to coordinated transfer of services to another practitioner. A client has a right to refuse hypnotism services at any time. A client has a right to be free of physical, verbal or sexual abuse. A client has a right to know the expected duration of sessions, and may assert any right without retaliation. *(This section should be in bold print with the first sentence in capitals.)*

**Redress:** I am a certified member of the National Guild of Hypnotists, and practice in accordance with its Code of Ethics and Standards. If you have a complaint about my services or behavior that I cannot resolve for you personally, you may contact the National Guild of Hypnotists at P.O. Box 308, Merrimack, NH 03054-0308, (603) 429-9438, to seek redress. Other services than my own may be available to you in the community. You may locate such providers in the telephone book.

**Fees:** The charge for my services are *(list fees)*. You will be given *(state number)* days notice of any change in fees. *(You can also list here any other business policies you have that concern fees, such as a cancellation charge, whether you take insurance or credit cards, etc.)*

**Confidentiality:** I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record about you.

**Insurance:** I suggest you think of my services as something that you will pay for personally. That will both protect your privacy and help you value the work you are doing more. In general, insurance companies do not like to cover hypnotic services, and I caution you not to expect them to do so.

**My Approach:** *(Write a brief paragraph here that explains your theory of why hypnotism is effective and about how you use it. Be sure that what you actually do with a client is a good match for what you say here. However keep this section broad and general. It should be more a statement of your overall philosophy than a list of specific techniques.)*

**Client Signature:** I have received and read this Client Bill of Rights and understand what I have read.

Print Client Name:

Client Signature:

Date:



## Questions and Answers about the Recommended Standards

***How does the Client Bill of Rights protect hypnotists?*** The core of the concept is that the Client Bill of Rights provides consumer protection without regulating the training or freedom of the practitioner. If the public is protected from unscrupulous practitioners through use of a Client Bill of Rights, regulation by the government becomes less important or necessary. Under this plan hypnotists and schools can continue to operate just as they have in the past. However, as the Client Bill of Rights creates a marketing benefit to practitioners who have better education, it encourages (but does not require) people to improve their training and motivates schools to seek accreditation. Many colleagues (and most Chapters of the Guild) have come forward to endorse the idea, seeing the wisdom of using a Bill of Rights to protect the public as both a way of holding ourselves accountable and of blocking more restrictive legislation. This is a correct understanding of how it works.

***Wouldn't the Guild rather have license laws for hypnotists?*** Not necessarily. We have tried for just licensure for years. Our current plan, which is under development, provides a preferred alternative with something that is affordable, effective and that can be accomplished at once through voluntary compliance. It also creates a form of self-regulation that cannot be used by special interests for self-serving purposes.

***Do I have to use exactly the words of the sample Bill of Rights, or can I modify them?***

The answer is that you do not have to use the same words. In some states the exact wording you have to use is set by law. The sample document is similar, but not identical, to those laws. If you live in those states you must use the wording required by law. In other states you are free to modify the wording, provided what you end up using conforms to the disclosure requirement in the Guild's Recommended Standards of Practice. However, we recommend the wording of the sample simply because it has been tested and found to produce positive responses from clients and prospective clients. The sample wording can be easily adapted for those states that mandate specific wording.

***Does the client actually have to sign the Bill of Rights and return the signed copy to me, or can I use some other procedure?*** Obviously, having the client sign a copy of the document is the gold standard. If you have a signed copy of the Bill of Rights in the client's file, you can prove that the client examined it. If you live in a state that requires you to use a Bill of Rights, you do need to get a signature. In other states you have more freedom. You can just give the client a copy, simply post it on the wall of your office in some obvious way, or just include it in your brochure. If you do this you should also have some way of indicating in the client's record that the client has looked at a copy (for example, a check box on the intake form showing that you asked if they had read the Bill of Rights). However, while perfectly acceptable, these alternative methods do not provide you with quite as much protection if a client later accuses you of some sort of deception. The client can always say he or she never saw the Bill of Rights and that you checked the



box on the intake form without ever asking the question. Most practitioners have the client sign the Bill of Rights and then give them a copy to keep. Most have not had a single complaint and have gotten new clients simply because people hear that the practitioner tells people all about his or her training in writing and doesn't "try to pull any wool over anyone's eyes."

***If I have a certificate from the Guild that awards me an older Title of Practice than the titles in use now, can I still use the older title?*** The current Titles of Practice approved by the National Guild of Hypnotists are: Certified Hypnotist (or Certified Hypnotherapist), Consulting Hypnotist, Certified Instructor, Certified Master Instructor, Board Certified Hypnotist (or Board Certified Hypnotherapist), Fellow of the National Guild of Hypnotists and Diplomate of the National Guild of Hypnotists. However, many colleagues possess older certificates giving other titles that were used by the Guild in the past (such as "Advanced Hypnotherapist" or "Certified and Registered Hypnotherapist"). The writer of this document himself possess such a certificate. Our recommendation is that you change over to the new titles, as the Guild will only use the new titles in its statements to media and advertising. The Guild can work with you to obtain a new certificate with the current title if it is important to you.

***I live in a state that the Guild lists as "Guild Standard." What should I say in my Client Bill of Rights about this?*** When the Guild lists a state on the State Law List as "Guild Standard," this means that there is some law on the books that could be interpreted to cause a problem with your freedom to practice hypnotism in that state and you should carefully follow Guild Standards. In most cases these laws are simply used to harass hypnotists and do not hold up when challenged, provided the practitioner stays within our Recommended Standards. However, if you live in such a state we recommend that you add to your Client Bill of Rights the following paragraph: "The services I render are held out to the public as a form of motivational coaching using non-therapeutic hypnotism and instruction in self-hypnosis. I do not represent my services as any form of health care or psychotherapy, and despite research to the contrary, by law I may make no health benefit claims for my services."

***I live in a state that the Guild lists as "Regulated." Is there anything more I need to do beyond practicing within the Guild's Recommended Standards (including using a Client Bill of Rights)?*** Yes. When the Guild lists a state as "regulated," this means that there is some law that explicitly regulates the practice of hypnotism. In many cases simply following the Guild's Recommended Standards is all you need to do. However, in some states you must do more (register with a specific agency, take a test, etc.). If you are not aware of the laws in your state, contact your Guild Chapter for information or contact the Guild Headquarters directly.



***I am a licensed practitioner of another profession. Do I need to practice hypnotism only in accordance with the Guild's Recommended Standards?*** It depends. If you are a licensed practitioner of the healing arts and the Scope of Practice section of your license law specifies that hypnotism is part of what you do under that license (for example, if you are a licensed clinical psychologist), then you are regulated by your license law, not the Guild's standards. Do what your law says you can do and the Guild will have no problem with that. However, if you are a licensed practitioner of the healing arts and the Scope of Practice section of your license law does not specify hypnotism as included as part of what you do under that license (for example, if you are a licensed physical therapist), then you should follow the Guild's standards as well as the requirements of the license law.

***The new Recommended Standards for Practice require that before I make public statements about the effectiveness of hypnotism, I am supposed to have hard information from outcomes research to back up those statements. Where do I get this information?*** The Journal of Hypnotism now contains a regular column titled "Hypnotic Outcomes" that will give you the information you seek. The column contains summaries of published research on the effectiveness of hypnotism. We suggest you place this information on file in case you are ever challenged to back up a statement you make in your advertising or marketing materials. Also, you will find such information in other places as well, such as textbooks and articles in other publications. The Guild will publish only quality research in "Hypnotic Outcomes." You are responsible for the validity of information you get from other sources.



## Introduction to the Recommended Terminology for Hypnotic Practice

In order for the practice of the hypnotic arts and sciences to become a recognized profession it must develop its own language. All professions have their unique terminology and hypnotism deserves no less. This document presents the Recommended Terminology for Hypnotic Practice of the National Guild of Hypnotists and we urge all members to employ it faithfully in their professional practice.

The National Guild of Hypnotists is clear that the hypnotist is a teacher, a motivator, a coach and a guide whose goal is to assist persons in resolving normal problems of living. We do not envision our members as “Junior Psychologists.” We see the work of the hypnotist as non-therapeutic in nature, as hypnotists do not engage in the independent diagnosis and treatment of medical or mental disease.

Most authorities agree that all hypnosis is self-hypnosis. Perhaps better than the word “hypnotist” would be “hypnotic guide.” The hypnotist simply guides the client into the state called hypnosis and teaches the client techniques that will allow the client to use his or her natural ability to change the way he or she thinks, feels or behaves.

Unfortunately, therapeutic words have become part of common language. This has given rise to confusion in the minds of the public who often casually employ such words to mean something other than the strict definitions found in diagnostic and statistic manuals of disorders. As hypnotists do not independently work with medical or mental disorders we advise practitioners to avoid even casual use of the common language versions of therapeutic language. We provide an alternative here.

Before working with a client who may informally use therapeutic words to describe his or her problem, the hypnotist should be careful to restate the client’s issue in non-therapeutic terminology and to use this terminology in all records.

Remember that we cannot give you legal advice. Only a person licensed to practice law in your state may do that. These recommendations represent our best-considered opinion about what we think you should do. You are responsible to ensure that what you do corresponds to the laws in your state.

Throughout the Recommended Terminology that follows we have applied an “Up” formatting style, meaning that we have capitalized or placed in italics many words to emphasize them. This style is intended to help the reader by making clear that the words are used in a special way. You do not have to use this formatting when you apply the words in your professional practice.



In general, a word in *italics* is a word that you should avoid, and an underlined word or phrase is a part of our new terminology and you are encouraged to use that word or phrase.

You will find a non-therapeutic definition of hypnotic regression in this document. This definition is our preferred definition of regression because many practitioners have run afoul of the psychology law in their state when they have used other definitions.

Throughout this document we have used the title “Hypnotist” rather than “Hypnotherapist” to describe the hypnotic practitioner. We have done this because we believe the title is an old, proud and distinguished title and we wish to encourage members to voluntarily employ it. However, the title “Hypnotherapist” is legal in many states and members in those states may use that title if they wish. One advantage to the “Hypnotist” title is that it avoids the obvious confusion in the mind of the client if you say you render non-therapeutic services while still calling yourself a “therapist.” Practical experience has shown that clients do not see any difference between these titles.

We encourage all our members to use proper grammar when speaking and writing about their profession. Many practitioners casually refer to their profession as “hypnosis” and this is improper. “Hypnosis” is the state the client is in when he or she has been “hypnotized” by a “hypnotist” practicing “hypnotism.” While it is true that “hypnosis” is easier to pronounce than “hypnotism,” that does not justify improper grammar by a professional.

Finally, if you decide to adopt this terminology, you do not have to do it all at once. Change your current terminology to match this one, then as convenient, revise your publications, advertising and client materials in an evolutionary way over a period of years. The only exception to this advice is if you are in a state that regulates therapeutic words. In that case change immediately.



## THE RECOMMENDED TERMINOLOGY FOR HYPNOTIC PRACTICE OF THE NATIONAL GUILD OF HYPNOTISTS

Under the Code of Ethics of the National Guild of Hypnotists, a hypnotist applies the Reasonable Person Test to determine if he or she can work with a client. If a client's self-report or behavior is such as to cause a reasonable person to doubt the client's mental or physical health, the hypnotist shall refer the client for medical or mental health assessment. Hypnotists work with normal people to help with normal problems in living. We do not independently work with medical or mental disease and we do not "diagnose," "treat" or "prescribe." Hypnotists may work with issues related to a medical or mental health disorder only on referral from a properly licensed health care professional.

Non-Therapeutic Hypnotism is the independent use of the hypnotic arts and sciences to help clients inculcate positive thinking and the capacity for self-hypnosis. Unless specifically allowed by state law, Hypnotists do not do *Psychotherapy*; they Coach, Teach, Guide, Instruct, and Train.

Clients do not have *Disorders*; they have Problems, Challenges or Issues.

Hypnotists do not *Diagnose* clients; they help clients do Goal-Setting regarding Problems, Challenges or Issues.

Hypnotists do not *Treat* clients; they hold Sessions at which they Induct a client into a Self-Hypnotic State.

The Self-Hypnotic State is a state of relaxed concentration which anyone can enter naturally. Hypnotists provide their clients with instruction in how to enter this natural state more easily and effectively.

Hypnotists do not *Prescribe* solutions; they Suggest ways for clients to achieve their Goals while the client is in a Self-Hypnotic State.

Suggestion is the artful use of imagination to increase a client's enthusiasm for self-improvement using Self-Help Techniques.

Self-Help Techniques are thinking strategies used by normally-functioning people to remind themselves of improvements they wish to make in their lives. Such strategies are taught by Hypnotists using Suggestion while the client is in the Self-Hypnotic State.

A common Self-Help Technique is a Regression. As used by a Hypnotist, a Regression is a review of significant or remarkable events by the client with the Hypnotist serving as a Guide.



In order to apply the Recommended Terminology the practitioner must develop skill in restating the client's issues and problems in a way that avoids the use of the language of medicine or psychopathology. We provide below our recommendations on how best to do this.

A Hypnotist's clients do not have *Addictions* nor are they *Chemically Dependent*; they seek to regain Self-Control.

A Hypnotist's clients do not have *Eating Disorders*; they seek Weight Management or to Improve Appearance.

A Hypnotist's clients are not *Depressed* or *Anxious*; they seek to regain a Positive Mental Attitude or to Manage Situational Stress.

A Hypnotist's clients do not have *Insomnia* or *Sleep Disorders*; they seek Sleep Improvement.

A Hypnotist's clients do not have *Phobias*; they have Apprehensions or Fears.

A Hypnotist's clients do not seek to change their *Mood*; they seek to become more Optimistic.

A Hypnotist does help clients discover a Definite Chief Aim or to Determine and Set Goals in their lives.

A Hypnotist does help clients Attract into their lives what they need or hope for.

A Hypnotist does help clients explore their Spirituality.

A Hypnotist does teach clients Self-Confidence so that they may view and place many aspects of their lives in the proper perspective.

A Hypnotist does help clients become more Successful and High Achieving or to Enhance Personal Skills and Assets.

A Hypnotist does help clients with issues of Personal Organization and Management.

A Hypnotist does help clients become more Persuasive and Interpersonally Effective.

A Hypnotist does help clients promote Wellness in their lives.



## Example of a Properly Worded Report on a Client Session

Mr. Jones presented with two overlapping problems: a negative mental attitude and a loss of self-control regarding smoking. I applied the “Reasonable Person Test” and judged that there was no reason to believe Mr. Jones was an addict or mentally ill.

Over a course of ten sessions he was inducted into a self-hypnotic state during which I offered suggestions on how he might restore self-control regarding his use of tobacco products and apply other self-help techniques to achieve a more optimistic frame of reference. At session ten the client reported cessation of smoking and greatly improved optimism.

As these non-therapeutic, self-help techniques were successful in resolving his problems, the work concluded and it was not necessary to refer Mr. Jones for mental health assessment.

[Note how in this example the word choice is intended to make it clear that the locus of control in the sessions remains with the client, not the hypnotist. As the general tone of the Recommended Terminology is one of “teaching self-help” that tone is important.]

## A Recommended Appraisal Form

The form supplied to you on the next page is to assist you in using our Recommended Terminology for Hypnotic Practice. Provided you do not remove the copyright notice you may reprint the form or modify the form for your use.

The top section of the form is simply to record the basic demographic and contact information on your client. A section is provided for you to list any health problems. The second section contains a checklist of common non-therapeutic problems. Sections are provided for you to enter additional explanatory notes, to list other issues and to indicate if you are seeing the client for an issue for which you have medical or mental health referral. The third section contains an area where the Goals you and your client have set can be listed, and a checkbox is provided so that you can check off the goals as they are achieved. Use additional pages to list other goals if you have more than four.

As an example, imagine that a client came for smoking cessation hypnotism. You would not refer to this client as an addict or as having a nicotine addiction. Instead, your goal would be to assist the client in regaining self-control over his or her behavior. Therefore, you would check the Self-Control issue, and in the notes section write "smoking." Then in the Goals section, you would list your long and short-range goals for this client, such as "Reduce Cigarette Consumption from 1 pack per day to .5 pack per day.



# Intake Appraisal

Client: \_\_\_\_\_

Date: \_\_\_\_\_

## Client Information

Male

Female

Single

Married

Partnered

Divorced

Widowed

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Spouse/Partner \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Referred By \_\_\_\_\_

Children

Health Problems and Medications

## Presenting Issues

Self-Control

Weight Management

Situational Stress

Sleep Improvement

Apprehensions

Appearance

Interpersonal Skills

Optimism

Goal-Setting

Attraction

Success/Achievement

Become Persuasive

Spirituality

Self-Confidence

Occupation

Personal Organization

Relationships

Facilitate Wellness

Referred Medical Issues

Other Referred Issues

Other Issues

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Notes

Notes

## Goals

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_