

This Document lays out the principles and policies to be followed by all members of The CHPA practising Hypnotherapy with Children and Vulnerable Persons.

This policy document must be read in conjunction with:

1. The CHPA Code of Ethics, Practice & Standards.
2. The CHPA guidance to Therapists dealing with Children and Vulnerable people
3. The CHPA Complaints & Disciplinary Procedures
4. The relevant statutory guidelines applying in the country where the therapists practise.

This Code of practice and complaints procedures must be considered as a working document compliant with the suite of legislation for the protection of children and vulnerable persons (See appendix), and constituted in Ireland.

A “child” in this instance, should be considered synonymous with a “client” and consequently, all relevant Clauses within the general CHPA Code of Ethics, Practice and Standards remain applicable

The use of the word ‘Child’ and or ‘Children’ in this document must be taken to also include Vulnerable Adults.

Fundamental Principles

(i) when providing a service the best interest of children is the paramount consideration; members shall ensure, as far as practicable, ensure that each child availing of their service is safe from harm while availing of that service

(ii) a proper balance must be struck between protecting children and respecting the rights and needs of parents/carers and families; the child’s welfare must take precedence

(iii) children have a right to be heard and taken seriously. Taking account of their age and level of understanding, they should be consulted and involved in relation to all matters and decisions that affect their lives;

(iv) a child does not exist in isolation; therefore the child’s welfare must be considered with regard to the family, carers, and the social, cultural, religious and ethnic circumstances of the child’s life.

Definition of a Child

The age of majority is the threshold of adulthood as it is and recognised in law. In the Republic of Ireland, a child is defined as a person under 18 years of age and who is not and has not been married. (Child Care Act 1991).



Hypnotherapy for Children

We believe that any person or organisation that is involved with children has a moral obligation to provide them with child centred, safe and high quality care.

Hypnotherapy with children draws on a broad range of solution focused approaches and therapeutic techniques that are augmented to meet the developmental stage of the child in their presenting symptom.

Careful consideration and assessment by the Hypnotherapist is necessary before making any intervention. Hypnotherapy can provide the child with support, knowledge and skills that will enable them to unfold their unique qualities.

CHPA Children Protection Officers

Should you have any questions or queries relating to children's issues and your practice, you can contact our Children's Protection Officer.

1. Standards of Practice, Competency and Training

Therapists should work with Children solely in those areas in which they are competent to do so and for which they carry relevant professional indemnity insurance.

1.1 "Competency" means adequate training, skills and experience.

1.2 They should conduct themselves at all times in accord with the CHPA Code of Ethics.

1.3 Confirm that they will never knowingly offer advice to a client which either conflicts with or is contrary to that given by the client's registered medical advisor/s. N.B. If the therapist has doubts or concerns with regards to a client's prescribed medication, they should, always with their client's permission, contact the medical advisor personally.

2. Safety of Children and Vulnerable People

The therapist has a duty of care to the child, their well-being and safety being of paramount importance .

2.1 Obtain the written consent of an appropriate adult (i.e. parent, legal guardian or registered medical practitioner) before conducting treatment with children N.B. Wherever possible and provided it is judged to be in the child's best interests, it is advisable that an appropriate adult should be present during such sessions. If the guardian or adult is not to be present written consent is needed to engage in Hypnotherapy without the adult present.

2.2 Safety and the Physical Environment

The physical environment in which the therapy is to take place must be “child friendly” and age/stage appropriate. When contracting with children, they should be given clear verbal boundaries using appropriate language about what is or is not permissible within the therapeutic environment.

2.3 Consideration should be given to the provision of a waiting area for carers. It is required that a parent or carer is present should the child need any personal care that might compromise the therapeutic boundaries.

2.4 Should the child wish to leave the session part way through, the therapist must ensure that the child has adequate supervision until they are returned to another responsible adult.

3. Responsibility of the Therapist for children’s welfare. The underlying guiding principle is that the welfare of the child is paramount.

3.1 Hypnotherapists in private practice are accountable in law. They are thus required to practise within national guidelines for child protection.

3.2 Members must have clear procedures for dealing with Child Protection issues as defined by government guidelines and accepted standards of good practice and must have attended a CPD training on Child Protection.

3.3 Where the therapist is working in private practice, it is recommended that they have an identifiable CHPA approved Child Protection Liaison Officer to contact should any issues of child protection occur.

3.4 It is a requirement for therapists in private practice to discuss their general child protection arrangements with the CHPA approved Liaison Officer.

3.5 In cases where the Hypnotherapist suspects the child may be at risk... It is advisable to always take note of the child’s G.P. When reporting a risk, a consultation with a CHPA approved Child Protection Officer should take place so a record can be made within the Association.

3.6 Hypnotherapists should keep up-to-date with any changes that might occur in law relating to children.

4. Working Arrangements with Children

Hypnotherapists are encouraged to make every effort to value the opinion of the child; however, this must be balanced with the duty of care towards the safety of the child and responsibilities towards parents, caregivers and agencies involved in the care of the child.

4.1 Communication with each child needs to be relevant to each age and stage of development.

4.2 Therapists need to work in transparent and effective partnership with parents/ carers, colleagues and other professionals as a measure to safeguard themselves from potentially unfounded allegations of abuse.

If the therapist after careful assessment decides to use touch as part of the treatment plan, it must be clearly contracted with the child and used only if the child is in agreement.

4.3 It is strongly advised that contracts with clients reflect the level of confidentiality on offer. All therapy is undertaken as a result of a contract between the client and the therapist. It should preferably be a written contract. Such a contract should include statements of cost per session or whole course of therapy, confidentiality, the client's right of access to the complaints procedure of the CHPA and the fact that there can be no guarantee of a 'cure'. The inclusion of a clause that defines the scope of confidentiality; within therapy raises it from a Common Law duty to Contractual Limitations and duty to deliver. (Thus it becomes easier for all parties to understand their rights and duties within the therapeutic relationship and lowers any risk of abuse or misunderstanding.) Details of what level of confidentiality is permissible under the law can be found in the appendices along with a link to a sample contract.

5. Confidentiality and Record Keeping

Hypnotherapists have to balance many different and sometimes conflicting factors when making confidentiality contracts with children. These include the child's own maturity, the child's safety and protection, the parents' or carers' concerns, agency policies and the legal obligations

5.1 Limits to Confidentiality

Therapists need to ensure that children understand confidentiality is not absolute. "Keeping secrets" cannot be part of the relationship, since any necessity to make disclosures could then lead to a breakdown of trust.

5.2 Breaking Confidentiality.

All disclosures should be brought to the attention of a Child Protection Officer within seven days.

5.3 Liaison with Parents.

At the outset of the therapy, parents and carers need to be fully apprised of the limits of the disclosures that the therapist will make with regards to the progress and content of the therapeutic work with a child. It is recommended that this be done through the consent form rather than verbally as rapport must be protected in the interests of the client. It is understandable that parents and carers will express interest in the therapy but that this needs to be balanced with the rights of the child to privacy and confidentiality and the child's level of maturity. Sensitive involvement of parents can be beneficial to the child, however, any parental involvement and disclosures to parents needs to be carefully negotiated with the child.

5.4 Liaison with other Professionals.

Liaison with other professionals must be limited to those agencies and individuals as per the procedures outlined in the Children First Act 2014

5.5 Record Keeping. Members must:

5.5.1 ensure that client notes and records be kept secure and confidential and that the use of both manual and computer records remains within the terms of the Data Protection Act. N.B. Manual records should always be locked away when not in use and those held on computer should be password coded. The therapist should provide, in advance, arrangements for the secure disposal of all client records in case of their permanent incapacity or death.

5.5.2 recognise that the maintenance of case note should include personal details, history, diagnosis and/or identification of problem areas; programme of sessions as agreed between therapist and client (if any), session progress notes and a copy of any contract.

5.5.3 advise the Person giving consent that disguised case studies may sometimes be utilised for the purposes of either their own supervision or the supervision and/or training of other therapists and refrain from using such material should the respective client indicate that it should not be used for these purposes. Limit the elicitation and giving of information to that which is necessary for professional purposes.

6. Therapist Supervision, Support and CPD

The therapist's responsibility to themselves is based on the ethical principle of self respect. This includes promoting self-knowledge, self-protection and self development. Working with children therapeutically presents unique challenges to the therapist.

6.1 Hypnotherapists are required to maintain or improve their level of skills and professional competence and

a) undertake continuing training, by attending workshops, conferences, courses and seminars specifically related to working with children.

b) keep themselves up to date with relevant knowledge, research methods, and techniques, through the reading of relevant literature, peer consultation, and continuing education activities, in order that their services or their research activities and conclusions shall benefit and not harm others.

6.2 Personal Support.

Hypnotherapy with children carries particular demands that can trigger powerful emotional responses in the therapist. Hypnotherapists need to be aware of when they need to seek therapeutic help for themselves. As part of the care for self, therapists are advised to engage in activities and relationships that enhance and support a balanced, healthy life style and that are independent of their work.