INTERNATIONAL ASSOCIATION OF INTERPERSONAL HYPNOTHERAPISTS

IAIH

Scope of Practice Standards

Professional Standards and Guidelines for Ethical, Competent, and Responsible Hypnotherapy Practice

Inside This Guide

- *Professional Boundaries and Competence*
- *Therapeutic, Nontherapeutic, and Gray-Area Work*
- *Client Safety, Crisis Recognition, and Referrals*
- *Ethics, Informed Consent, and Confidentiality*
- *Online Practice and Jurisdictional Awareness*
- *Decision Process: When in Doubt, Refer Out*

International Association of Interpersonal Hypnotherapists (IAIH)
PUBLICATION EDITION — August 2026
Educational and informational resource. Not legal advice.

Table of Contents

1. Purpose and Professional Standard

The International Association of Interpersonal Hypnotherapists (IAIH) establishes these Scope of Practice Standards to define the professional boundaries expected of IAIH-certified practitioners. These standards are intended to protect client welfare, support competent and ethical practice, and help practitioners determine when to proceed, collaborate, seek consultation, refer, or decline a case.

IAIH-certified Hypnotherapists may provide hypnosis and hypnotherapy services within the limits of their education, demonstrated competence, professional certification, and applicable law. IAIH certification does not independently authorize the practice of medicine, psychology, psychotherapy, mental-health counseling, dentistry, or any other profession requiring governmental licensure.

When a proposed service overlaps a regulated profession, the practitioner must have the legal authority required in the applicable jurisdiction before providing that service. A practitioner who also holds a governmental professional license remains responsible for the scope, standards, and requirements of that license.

Relationship to Other IAIH Standards

These Scope of Practice Standards should be read together with the IAIH Code of Ethics, the IAIH United States Hypnosis & Hypnotherapy Law and Scope-of-Practice Guide, and the IAIH Scope of Practice Assessment process. The documents serve different functions:

- Code of Ethics — establishes standards of professional conduct.
- Scope of Practice Standards — establishes what IAIH considers appropriate professional practice.
- United States Hypnosis & Hypnotherapy Law and Scope-of-Practice Guide — summarizes legal and regulatory considerations by jurisdiction.
- Scope of Practice Assessment — provides a case-by-case decision process for determining whether to proceed, collaborate, refer, or decline.

2. Core Scope Principles

Competence. Practice only within the boundaries of your education, training, supervised experience, demonstrated skills, and current competence.

Legal authority. Know and comply with the laws that apply to your services, occupational title, advertising, and professional relationships.

Client welfare. Place the safety, dignity, autonomy, and best interests of the client above financial, personal, or professional interests.

Informed consent. Clearly explain the nature of hypnosis, the purpose and limits of services, fees, confidentiality practices, and the client's right to stop or decline services.

No misrepresentation. Do not represent IAIH certification as a governmental health-care or mental-health license or imply qualifications you do not possess.

Appropriate referral. Refer or collaborate when the client's needs exceed your competence or legal authority, or when another professional is better qualified to address the client's needs.

3. Therapeutic, Nontherapeutic, and Gray-Area Work

Scope is determined by the actual service being provided, the client's circumstances, the practitioner's credentials, and applicable law—not merely by the words used to describe the service. Calling a service coaching, wellness, stress reduction, or hypnotherapy does not change its legal character if the underlying activity is regulated.

General Category	Examples	IAIH Guidance
Generally Nontherapeutic / Wellness	Relaxation; confidence; public speaking; study skills; sports/performance; motivation; personal growth; creative goals; general habit change.	Generally appropriate when within competence and lawful in the jurisdiction, provided the service is not being used to diagnose or treat a medical or mental-health disorder.

Gray Area / Context Dependent	Stress; sleep concerns; anxious feelings; situational sadness; grief; fears; relationship patterns; pain coping; trauma-related language; compulsive habits; weight management.	Clarify whether a diagnosed condition, medical issue, psychotherapy, or other regulated service is involved. Verify applicable law and seek consultation or referral when uncertain.
Clearly Clinical / Therapeutic	Diagnosed anxiety disorders; major depression; PTSD; dissociative disorders; eating disorders; substance-use disorders; psychosis; disease or injury; anesthesia; treatment of medical symptoms or psychological aspects of physical illness.	Do not provide regulated diagnosis or treatment unless you possess the legal authority required in the jurisdiction. Referral alone does not necessarily create that authority.

These categories are professional risk-management guidance rather than universal legal classifications. A topic that is ordinarily nontherapeutic can become clinical because of diagnosis, purpose, severity, client circumstances, or state law.

4. Medical and Mental-Health Conditions

IAIH-certified practitioners who are not independently licensed to diagnose or treat medical or mental-health disorders must not present themselves as doing so. Practitioners should distinguish between supporting a client's personal goals and undertaking the diagnosis, treatment, or management of a regulated health condition.

- Do not independently diagnose medical, dental, psychiatric, or mental-health disorders unless separately licensed and legally authorized to do so.
- Do not advise a client to discontinue, reduce, increase, replace, or otherwise alter prescribed medication or medical treatment.
- Do not discourage a client from seeking or continuing appropriate medical, psychiatric, psychological, or other licensed care.
- When a medical or mental-health condition is involved, determine whether applicable law requires referral, prescription, supervision, direction, collaboration, licensure, registration, or another form of authorization.
- A referral, prescription, supervision arrangement, or recommendation from a licensed professional does not automatically authorize an otherwise restricted activity. The practitioner must verify the law that applies.
- When collaboration is appropriate, obtain the client's authorization before exchanging confidential information except where disclosure is otherwise legally permitted or required.

5. Client Intake, Informed Consent, and Documentation

The intake process should gather enough information to determine the client's goals, whether hypnosis appears appropriate, whether the matter may fall outside the practitioner's competence or legal authority, and whether referral or consultation is indicated. An unlicensed practitioner should not convert intake into a clinical diagnostic assessment.

- Clarify the client's goals and how the client describes the concern.
- Ask whether the client has received a relevant medical or mental-health diagnosis when that information is reasonably related to the proposed service.
- Identify relevant medications, current professional care, and other factors that may affect safety or scope without independently interpreting or changing medical treatment.
- Explain the nature and limits of hypnosis and hypnotherapy, the practitioner's credentials, fees, confidentiality practices, and cancellation/communication policies.
- Maintain accurate, factual, secure records appropriate to the services provided and applicable law.
- Use professional language that accurately reflects the practitioner's credentials and services; avoid documentation that falsely implies a governmental license or clinical authority.

6. Professional Boundaries and Client Relationships

IAIH practitioners are expected to maintain clear professional boundaries and avoid relationships or conduct that could impair judgment, exploit a client, or interfere with client welfare. The prior IAIH protocols appropriately

emphasized boundaries, dual relationships, transference/countertransference, consultation, and professional self-reflection; these principles remain central to the updated standard.

- Avoid sexual or romantic relationships with current clients and other exploitative relationships prohibited by the IAIH Code of Ethics.
- Recognize dual relationships and conflicts of interest and avoid or manage them in accordance with ethical standards.
- Monitor strong emotional reactions, idealization, rescue impulses, dependency, attraction, or other relational dynamics that may compromise professional judgment.
- Seek qualified consultation when personal reactions, values, beliefs, or circumstances may interfere with objective and ethical practice.
- Establish reasonable communication, time, financial, privacy, and physical-contact boundaries.

7. Crisis Recognition and Emergency Response

IAIH-certified Hypnotherapists who are not independently licensed and trained as crisis clinicians should not assume the role of diagnosing, formally assessing, treating, or managing a psychiatric crisis. Recognizing that a client may be in danger and taking reasonable steps to connect the person with appropriate emergency or crisis resources is different from conducting a clinical suicide-risk assessment.

If a client expresses suicidal intent, homicidal intent, an immediate threat of serious harm, acute psychosis or severe disorientation, overdose, or another apparent emergency, ordinary hypnotherapy should stop and safety should take priority.

- Remain calm and take statements of immediate danger seriously.
- Use emergency or crisis resources appropriate to the circumstances, such as 988 for behavioral-health crisis support in the United States or 911/emergency medical services when immediate physical intervention is required.
- For remote sessions, know the client's physical location and an appropriate emergency contact or local emergency pathway.
- Do not undertake a formal suicide-risk classification, clinical safety plan, psychiatric evaluation, or ongoing crisis management unless independently qualified and legally authorized to do so.
- Document objectively what the client communicated, what actions were taken, and what referrals or emergency contacts were made.
- Follow applicable law, informed-consent terms, and ethical standards concerning confidentiality and disclosure; do not assume that reporting duties are identical in every jurisdiction.

8. Remote and Interstate Practice

For remote services, practitioners should determine the client's physical location at the time services are provided. Laws may apply based on the practitioner's location, the client's location, or both. IAIH recommends a conservative approach: comply with all applicable laws where the practitioner is practicing and where the client is physically located, and when requirements conflict or remain uncertain, follow the more restrictive applicable requirement until competent legal guidance is obtained.

- Verify whether the occupational title and proposed service are permitted in the relevant jurisdiction.
- Do not assume that authorization to practice in one state automatically permits services to a client located in another state.
- Maintain an emergency plan appropriate for remote work, including a way to identify the client's current location when needed.
- Consider privacy, recordkeeping, technology, and informed-consent requirements applicable to remote services.

9. Referral, Consultation, Supervision, and Collaboration

Referral, consultation, supervision, and interdisciplinary collaboration are important professional safeguards, but they serve different purposes and should not be treated as interchangeable.

Referral directs or recommends a client to another qualified professional or service.

Consultation provides professional input or guidance but does not necessarily create legal authority to perform a restricted service.

Supervision may involve oversight and responsibility, but its legal effect depends on the profession and jurisdiction.

Collaboration coordinates services among professionals while each practitioner remains responsible for practicing within their own lawful scope.

When uncertain about a case, seek consultation from a qualified professional familiar with the relevant issue. Consultation can improve decision-making, but a consultant cannot grant a legal scope of practice that the law does not provide.

10. Continuing Competence

IAIH practitioners should maintain and improve professional competence through continuing education, self-study, supervision or consultation, peer learning, and review of current professional standards. Completion of a course or certification does not by itself establish competence for every population, condition, technique, or circumstance.

- Pursue additional training before using techniques or working with populations beyond your demonstrated competence.
- Maintain records of relevant continuing education and professional development.
- Stay informed about changes in law, ethics, professional standards, and research relevant to your services.
- Use supervision, mentoring, or consultation proactively rather than only after a problem develops.

11. IAIH Scope-of-Practice Decision Process

Before accepting or continuing a case, the practitioner should be able to answer the following questions with reasonable confidence:

- What is the client actually asking me to help with?
- Is there a diagnosed or suspected medical, dental, psychiatric, or mental-health condition relevant to the work?
- Am I trained and competent to provide the proposed hypnosis or hypnotherapy service?
- Do my credentials and applicable law authorize the service and occupational title I intend to use?
- Does the work overlap with medicine, psychology, psychotherapy, counseling, dentistry, or another regulated profession?
- Would referral, collaboration, supervision, or consultation be appropriate—and does the law require any of these?
- Is there a meaningful safety concern, crisis, active addiction/withdrawal concern, severe instability, or other reason the case should be handled by another professional?
- Are boundaries, conflicts of interest, dual relationships, or strong emotional dynamics affecting my judgment?
- For remote work, where is the client physically located and have I considered the laws of that jurisdiction?
- If I am uncertain, have I paused and obtained qualified consultation or legal/regulatory clarification before proceeding?

WHEN IN DOUBT: PAUSE • VERIFY • CONSULT • COLLABORATE OR REFER

12. Professional Standard and Disclaimer

IAIH members and certified practitioners are expected to apply these standards in good faith and in conjunction with the IAIH Code of Ethics. A practitioner's lawful scope may be narrower than the professional activities described in these standards because state and local laws vary.

Practitioners should consult the current IAIH United States Hypnosis & Hypnotherapy Law and Scope-of-Practice Guide and independently verify applicable law when determining whether a proposed service is legally within scope. Where the law is unclear, practitioners should consult the appropriate regulatory authority or a qualified attorney in the relevant jurisdiction.

These standards are educational and professional guidance and are not legal, medical, psychological, or other licensed professional advice. IAIH certification does not constitute a state health-care or mental-health license and does not independently authorize activities reserved by law to licensed professionals.

Research and professional standards should be reviewed periodically because laws, regulations, ethical expectations, and accepted professional practices may change.

Superseding Prior Scope Materials

These Scope of Practice Standards replace the prior IAIH Scope of Practice Assessment Protocols as the Association's primary scope-of-practice policy. The prior protocols remain useful as historical training material, but any inconsistent language should not be relied upon as current IAIH policy. In particular, the current standard does not instruct unlicensed Hypnotherapists to conduct independent clinical diagnosis, formal suicide-risk assessment, psychiatric crisis management, or treatment reserved to a licensed profession.