



Are Hypnotherapists' Standards Changing?

By Leon W. Cowen

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Australian clinical

hypnotherapy is poised. Poised to either enter mainstream health care or be overtaken by becoming a subset of other mental health disciplines such as counselling, psychotherapy or psychology. The Australian Society of Hypnosis (ASH) previously restricted membership to medical practitioners, psychologists and dentists. However they have recently opened their membership to other health professionals (SASH, 2010). You may ask what does this mean to me as a clinical hypnotherapist. It means times and standards are changing.

As the Council of Australian Governments (COAG) is implementing their National Action Plan on Mental Health (COAG, 2006) all mental health disciplines are coming under scrutiny. It doesn't necessarily mean that things will change but if we look at the changes that have already started happening in the Private Health Insurance Rules the effect on our profession will be felt and felt deeply.

Health funds are now required to adhere to a set of rules determined by the Department of Health and Ageing (Department of Health and Ageing, 2008). Section 10 of these rules outlines the "treatments provided by other health care providers", and that's us! To qualify we must be a member of a professional organisation which:

- (a) is a national entity which has membership requirements for the profession; and
- (b) provides assessment of the health care provider in terms of the appropriate level of training and education required to practise in that profession; and
- (c) administers a continuing professional development scheme in which the health care provider is required, as a condition of membership, to participate; and
- (d) maintains a code of conduct which the health care provider must uphold in order to continue to be a member; and
- (e) maintains a formal disciplinary procedure, which includes a process to suspend or expel members, and

an appropriate complaints resolution procedure.

These rules changed the criteria by which health funds paid benefits to clinical hypnotherapists'. As I understand it the Executives of the AHA put in an immense amount of work over the last couple of years going to meetings to ensure that AHA members would still qualify for health fund rebates. However in a letter from the Department of Health and Ageing it was stated that '*counsellors and psychotherapists are not included as eligible providers because as a group they are not recognised as having the knowledge, skills and experience to treat diagnosed mental disorders*' (Calder, 2008). It seems this is now changing as the ACA notified its members in their December 2010 Newsletter that they have been "approved by Medibank Private for provider numbers". PACFA is undergoing the same process and it is expected they will achieve the same recognition shortly.

On the other hand, this does not necessarily change government attitudes and in the Department of Health letter clinical hypnotherapists are not even mentioned but it could be thought we are part of psychotherapy. That raises another question: Do we want to be part of counselling and psychotherapy or do we want to be seen as a profession in our own right? Obviously the answer is that we want to continue to be seen as a modality in our own right and not just an adjunct to either counselling or psychotherapy.

However the attitudes from bureaucracies and government are already directing clinical hypnotherapy's professional direction. For example some health funds are again removing or limiting rebates for clinical hypnotherapy. While others like Bupa Australia Group (encompasses MBF, NRMA, SGIO, SGIC, HBA and Mutual Community) have instituted specific guidelines for Natural Health Provider Registration. They state (Bupa Australia Health Pty Ltd, 2009) within their educational qualification that minimum qualifications should be a "Diploma or Advanced Diploma qualification and must be obtained from an Australian

Registered Training Organisation (RTO)" and "Any educational qualification attained by distance learning only will not be recognised". Bupa and other health funds are no longer accepting any qualification, they are specifying what qualification and where it is obtained.

Of course we can resist the process and remain as we are but if other mental health modalities embrace any new government clinical hypnotherapy requirements they may receive the benefits of health funds and government recognition whilst we miss out. That is why most associations, are now lifting their standards. They are endeavouring to ensure that the clinical hypnotherapy profession will continue to be run by clinical hypnotherapists for clinical hypnotherapists.

Many of us older hypnotherapists owe our existence as Clinical Hypnotherapists to the proliferation of "therapists" brought about in the 70's and 80's. We were told that the limited training then available was all that was necessary, and that we were then qualified professionals. Maybe that was so then, and it was necessary to give the profession a firm foundation and to create the demand for this specialised skill. Without that original foundation we could not have spread the word and established a clinical hypnotherapy niche in the therapy marketplace.

However, times have changed and we have had our professionalism and competency challenged - rightly so. I'm sure most will agree with me when I say that I do not believe that anybody can be trained to be a professional clinical hypnotherapist in a weekend, or in 50 hours or even 100 hours - even with a background in psychology or medicine. Our training needs to be seen by all as professional and competent. I'm not talking about University or any such like but we need to support associations such as the AHA when they raise standards and insist on professional training courses if we want to validate our credentials to government and health funds. I believe we need to not only be professionals but we need to be seen as professionals.

Are Hypnotherapists' Standards Changing? (continued)

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Which brings up another question, do we consider ourselves as a 'trade' or a 'profession'? It is generally considered the qualifications of a professional are higher than those of a tradesperson. Traditionally trade qualifications involve manual and practical activities and are non academic (Agbola & Lambert, 2010; APEC, 2005). The components that comprise a 'profession' are a specialist body of knowledge, professional autonomy and professional judgements applied in a service to the client (Watts, 2000) and are usually considered as being taught in an academic environment. Which are we? Does it matter? We already get health fund rebates, cheap professional indemnity insurance and our names are accepted on various registers do we need anything else? It only matters if we want the same recognitions that other mental health colleagues enjoy.

So how are we going to deal with these different standards? Will our qualifications be acceptable in the future? No one knows but we can get some insurance. There is something called Recognition of Prior Learning (RPL). This is a nifty little device that can get acknowledgment for any of us and take us up to the required standards with little or no additional study. RPL is an academic process (Hargreaves, 2006) where we use the skills and knowledge we gained outside the formal education system to be assessed and credited towards a qualification e.g. a government accredited Diploma or Advanced Diploma. This will give you a qualification recognised nationally by the Vocational Education Training (VET) accrediting authorities. In New South Wales the accrediting body is called VETAB and other states have different names. However, when COAG establishes a national regulator for the VET sector (COAG, 2009) in 2011, it is assumed that all the VET authorities will use the same name.

We want to be acknowledged as health professionals. How can a government recognise a profession which has these issues? We now need to look at ourselves and make the changes that need to be made to allow the recognition that all associations have been working so hard to achieve.

So do you need to do anything? If you do, when should you do something? Now is better than later. Just find out about RPL if you think you may need it. By the time you do need it, it may be too late. Everything may have moved further and it may be more complicated. Each school will have their own requirements, so check them out. A little effort now may save a lot of effort later. Have a talk to your association or school and find out what they are planning to do to deal with these issues. Remember, you, the clinical hypnotherapist is what makes this profession great. You and people like you have made the profession what it is today. We are the ones that will make our profession what we want it to be. It's up to us.

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