

### **Informed Consent for Use of Hypnosis in Pastoral Counseling**

I \_\_\_\_\_ understand that hypnosis is a safe modality that is used to assist me to achieve my goals in pastoral therapy. I understand that it is not a state of sleep, but a state of deep relaxation and openness to suggestion. I further understand that being in a state of hypnosis permits the counselor to assist me to bypass my critical or analytical thinking to permit creativity at the subconscious level so that new, positive, and helpful subconscious thoughts or awareness's may assist the conscious mind to engage in more helpful, positive, and hopeful functioning. I also recognize that bypassing the critical or analytical mind may permit recognition of underlying conflicts that may not be pleasant but can be utilized ultimately for greater wholeness. I agree to the exploration of any conflicts if deemed advisable by the counselor.

I further understand that hypnosis is not a form of mind control and that I cannot, by hypnosis, be made to do anything beyond my will. Further, I understand that the counselor will only ask me to engage in mental activities congruent with my stated goals.

I understand that the counselor, in the performance of hypnosis, may utilize a respectful and light touch or tap on the back of my hand, arm, shoulder, or forehead, and that the counselor may pick up my wrist a few inches and release it to fall on the arm of the chair, in my lap, or at my side, whatever would appear to be most natural and comfortable. I agree to these possible actions with the exception of (list any here or write "none")

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Hypnosis, like any other modality used in the therapeutic process, comes with no guarantees for "success or cure," and I understand this. I also believe that my imagination is very important in helping me with my own self-image and in imaging and engaging creatively in the form that my daily awareness and life will henceforth take.

I have discussed my stated goals with my counselor and I desire to experience a natural hypnotic state to assist me in achieving my stated goals.

Following the hypnosis session, if I choose to engage in self-hypnosis, I will do so only when I am in a safe and relaxing place that does not require me to engage in anything that might be dangerous to myself or others such as, but not limited to operating any form of equipment or driving any vehicle.

I understand that I will be fully conscious following the hypnosis session. I also understand that I may remain very relaxed, and so I will make sure that I am alert and focused before driving or engaging in any activity that might be dangerous to me or others.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

