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In April 2012 Sherry Hood was given the opportunity to present at a national conference for rural physicians held at Whistler, British Columbia, Canada. This was unique in that the topic of hypnosis and hypnotherapy is rarely seen on the program of conferences for medical professionals. It was an opportunity to present how hypnotherapy could compliment clinical care. The medical profession as a whole is somewhat skeptical of the effectiveness of hypnotherapy and, therefore, it is seldom on the radar as a tool to be used in clinical situations. The importance of presenting scientific evidence related to the effectiveness of hypnotherapy cannot be underestimated. The hypnotherapy profession (as with any other approach to care) will always be challenged to provide “evidence” before being accepted into the mainstream of clinical care. The intention of this article is to provide some background on what evidence really is; what it means to be “evidence-based” and how one can go about providing that evidence. The second part of this article (in the next issue) will provide an overview of the materials actually presented at the conference.

Any discussion around being “evidence based,” must at the outset acknowledge its limitations. Science and evidence are tools, albeit important tools, but using these tools in the clinical setting always falls in the context of interacting with people. Science is one side of the coin in which art is the other. Not everything physicians do is “evidence based.” As much as the medical profession seeks to back up management strategies with science and evidence, much of patient care continues to be based on personal experience including previous training and the expert advice of others.

Undoubtedly, a full breadth of knowledge and experience become part of the fabric that makes up the expertise that

patients seek in their care providers. However, patients generally seek much more. Display of knowledge without caring and empathy is cold and lifeless. In other words, the art of the therapeutic relationship using listening and communication skills along with deep-rooted empathy and caring will always be an important part of clinical care. Expanding and disseminating knowledge will never change this and therefore seeking to be evidence based will never diminish the importance of practicing the art of therapy skillfully.

Passion about the craft one practices is equally important. Hypnotherapy fundamentals and the scientific basis for hypnotherapy can be taught; however, the creative aspect that makes a hypnotherapist excellent is the same as those characteristics that make an artist or musician outstanding, that of being completely absorbed in their craft. This is not something that is taught, although it can be role modeled, mentored, cultivated and nurtured. Science provides a deeper understanding of the tools of hypnotherapy and how the mind works. The art of hypnotherapy, on the other hand, involves the creative delivery of suggestion, crafting of words, use of techniques, using the voice as a tool, creating a healing ambience, observational and listening skills, seeing through the eyes of the client, hearing what is left unspoken and wanting the best possible outcome for the client. The art of hypnotherapy involves, speaking from the heart and not just reading a written script; the art of hypnotherapy involves spontaneity and openness to exploration without advanced planning.

How does evidence fit into this and what does it mean to be “evidence based”? Evidence based practice has been defined as “the process of systematically finding, appraising and

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using contemporaneous research findings as the basis for clinical decisions.”¹ Evidence based practice aims to apply the best available knowledge gained from research studies to clinical situations and the management of patients. This process provides for a means of applying new knowledge to situations and also allows for prioritizing different approaches in a legitimate way; the management strategy shown to have the highest likelihood of success having a higher priority than other strategies. Also, strategies shown to be ineffective can be legitimately abandoned.

We as clinicians and therapists have a moral obligation to know as much as possible, as to what may be beneficial or what may be harmful in providing for the welfare of our clients and patients.

Many management strategies are not well researched. This situation applies to much of hypnotherapy. The jargon that is applied in this circumstance is that there is “insufficient evidence” to proclaim a particular treatment as effective or beneficial. This does not mean that the therapy does not work; it simply means that research showing the effectiveness of the therapy has not been published. Such research needs to be of high enough quality that it meets certain criteria to be respected among those who appraise this literature. In many areas of application, hypnotherapy has not been researched enough in well-designed studies to actually show its benefit.

In some ways this can be problematic. For example, when a group (such as the Cochrane Collaboration, well known for its rigorous systematic reviews) sets out to do an appraisal of the literature for a given topic they might come to the conclusion that there is “insufficient evidence” to recommend a specific therapy for a clinical condition. To reemphasize, this may

simply mean that there are no quality research studies published. One example of this situation is a review done by the Cochrane Collaboration on hypnotherapy for smoking cessation² in which the conclusion drawn was that there was insufficient evidence to recommend hypnotherapy as a treatment strategy for smoking cessation. A more recent review did not fair much better.³ The conclusions drawn, “We have not shown that hypnotherapy has a greater effect on six-month quit rates than other interventions or no treatment ... Although it is possible that hypnotherapy could be as effective as counselling treatment there is not enough good evidence to be certain of this.”

Again, this does not mean that hypnotherapy does not work; it simply means that there are no really good studies published providing the evidence. Studies regarding hypnotherapy for smoking cessation have been published; however, these are generally not of sufficient rigor to pass the standards outlined for a Cochrane review.

By comparison, other Cochrane reviews have shown the effectiveness of medications for smoking cessation: namely nortriptyline, bupropion and varenicline.^{4,5} A medical professional is much more likely to use the therapy for which there is research evidence, especially if he or she is unfamiliar with alternative strategies. Hence, the significant importance of producing and providing that evidence in the form of high quality reproducible studies.

A number of systems to stratify or rank the quality of evidence have been developed. An often-used system is one developed by the Oxford Centre for Evidence-based Medicine.

Table 1. Modified presentation of the Oxford Centre for Evidence-Based Medicine levels of evidence⁶

Grade of Recommendation	Level of Evidence	Type of Study
A	1a	SR (with homogeneity) of RCTs and of prospective cohort studies
	1b	Individual RCT with narrow confidence interval, prospective cohort study with good follow-up
	1c	All or none studies, all or none case series
B	2a	SR (with homogeneity) of cohort studies
	2b	Individual cohort study
	2c	Outcomes research, ecological studies
	3a	SR of case control studies, SR of 3b and better studies
	3b	Individual case control study, nonconsecutive cohort study
C	4	Case series/case report, poor quality cohort studies
D	5	Expert opinion, bench research

SR: systematic review; RCT: randomized controlled trial.

Randomized controlled trials (RCTs) are considered the gold standard in modern medicine for determining the efficacy of a treatment. The highest standard is when homogeneous RCTs (similar in methodology) can be combined to form strong conclusions level 1a.

Note that the type of support often cited by complimentary therapists, namely that of “anecdotal evidence” or testimonials, did not make it on the list. This is because testimonials are not considered evidence at all. It may be nice that certain celebrity personalities have used a therapy, and this may be used to promote the therapy to the lay public but with respect to gaining acceptance in clinical decision-making it means nothing.

Hypnotherapists can become more evidence based on a number of different levels:

First and foremost, hypnotherapists must become aware of and conversant around the published literature pertaining to their craft. Research literature can be used to support claims as well as to inform one another and clients. The more hypnotherapists become versed and aware of the research literature that involves what they do, the more orthodox and accepted in the main stream of the allied health professionals they will become. Listing evidence based literature studies on websites, social media sites and publications automatically provides an element of sophistication that elevates the overall image of hypnotherapy.

Because of copyright legislation, published literature is not always easily accessible and available to the public. University libraries make electronic journals available to the university's faculty. Medical associations, such as the Canadian Medical Association, also provide access to literature and up to date resources. Associations or group alliances may be able to advocate on behalf of the profession

to negotiate the access to a number of key journals for its members. Pertinent journals would include: The American Journal of Clinical Hypnosis, Contemporary Hypnosis and The International Journal of Clinical and Experimental Hypnosis. However, even without access to these journals, there are many available options that hypnotherapists can take advantage of to become more familiar with the literature. Simply doing an online search in a specific area such as “hypnotherapy in paediatrics” or “hypnotherapy and clinical trials” can yield amazing results. By using “PubMed” or “Google Scholar,” one can become aware of the kinds of research and literature available. Most of these gateways will provide an abstract of the publication at the very least. Perusing medical journals can also be useful. Even though most journals will not provide open access, one can often obtain the abstract for an article of interest. Examples of useful journals include: The Canadian Medical Association Journal, The Journal of the American Medical Association, Canadian Family Physician, American Family Physician and The British Medical Journal. Doing searches within these journals can be quite revealing. For example, just doing a search for “hypnosis” in The British Medical Journal will bring up a clinical review article on “Hypnosis and relaxation therapy.”⁷ Becoming familiar with the medical literature allows one to gain insight into what being evidence based is all about. Furthermore, the medical literature can be a good source of information with respect to clinical conditions, which a

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therapist might be treating. Aligning with authorities that produce reputable information (universities and colleges), can raise the bar in becoming more evidenced based and building a solid reputation.

Secondly, one becomes more evidence based by embarking on systematic evaluation of what is done in practice. How does one know that any one approach is consistently better than another? One may have an intuitive feel based on experience, but unless evaluated in a systematic way ... one cannot really know. As an example, if one technique were effective in many more clients than another technique, it would make sense to use the more effective technique first. Patients and clients will always respond differently because of individual variation. However, it would be worth knowing if one intervention was consistently more beneficial. These kinds of studies become the method by which hypnotherapists inform each other in an evidenced based way. Any hypnotherapist could complete such a comparison case control study just from his or her own practice. The more one can involve objective third party reviewers (unrelated to the field of hypnotherapy) to assess the results, the less biased such a study is and in the mainstream, more accepted.

Many hypnotherapists claim success rates on their websites without a clear explanation of how those success rates were determined. Without proper follow-up, this might just be guesswork. How should follow-up be conducted and how should it be documented? It is always best to have data gathered by an objective third party (perhaps a student) to decrease the level of bias. What length of time for follow-up is appropriate (6,12,18 or 24 months)? This kind of data is the kind of information that could easily be gathered by an individual hypnotherapist and submitted for publication. This could form either a case series or, if done well, an individual cohort study. Such information would inform true success rates.

The third level of becoming more evidence based is by becoming involved in more sophisticated research. This may be a much more challenging endeavor, but not impossible. There are many ways one might accomplish this. Approaching experienced researchers with ideas and concepts for projects could open doors. Universities, colleges and other organizations often have newsletters that highlight some of the research that they are involved in. As an example see the following link for Alberta Innovates: www.aihealthsolutions.ca. This will bring up the spring issue of Research News in which is an article on mental illness and addictions.⁸ This article highlights several researchers in the field together with websites and contact information. So if addiction was an area of interest one might contact such researchers to explore ideas around conducting studies involving hypnotherapy and addictions. Even if the person contacted did not have interest, he/she might suggest other contacts. This is one way how such a research newsletter

might be used. A research organization's web site, such as the Cancer Society, might be used in the same way.

Often graduate students, or more likely undergraduate students are looking for topics to develop a research project around. Contacting such students may be worthwhile. Being involved in high quality research takes time and patience. For example, graduate students earning their PhD will often take four to five years to complete their dissertation.

Volunteering services at institutions of interest could lead to contacts and then research projects. Consider for example, volunteering at palliative care units, hospices or pain clinics.

In summary, the more hypnotherapists become versed in what it means to be evidenced based and to practice this way, the more impact hypnotherapy will have in the mainstream of allied health professionals. There are manuals and books available on this topic, such as "User's Guides to the Medical Literature: A Manual for Evidence Based Clinical Practice"⁹ for anyone who wishes to know more. Knowing what evidence is and presenting it in a credible form increases respect from potential clients, colleagues and other health professionals. Work in this direction will lead to a decrease in scepticism and an increase in partnership.

NOTES:

- 1) Evidence-based Medicine Working Group. "A new approach to teaching the practice of medicine." *Journal of the American Medical Association* 1992; 268:2420-5
- 2) Abbot NC, Stead LF, White AR, Barnes J. "Hypnotherapy for smoking cessation." *Cochrane Database of Systematic Reviews* 1998; 2: Art. No. CD001008
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- 5) Cahill K, Stead LF, Lancaster T. "Nicotine receptor partial agonists for smoking cessation". *Cochrane Database of Systematic Reviews* 2012, Issue 4. Art. No.: CD006103
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- 8) Bryson C. "Opening minds on mental illness and addictions." *Research News; Alberta Innovates Health Solutions* 2012; 1:10-5
- 9) Guyatt G, Rennie D, Meade MO, and Cook DJ. "User's Guides to the Medical Literature: A Manual for Evidence Based Clinical Practice" Second Edition, American Medical Association, McGraw Hill Companies Inc.