

AN INTERVIEW

Valerie Hlady of Global Television News Canada sat down with Sherry Hood and Dr. Janke on behalf of Unlimited Human.

VH: How did you become interested in hypnotherapy as a form of complementary treatment for your patients?

I was frustrated with managing chronic pain in my patients and felt that there had to be a better way. Chronic pain management generally defaults to a medication cocktail together with a few ancillary treatments such as physiotherapy if a patient can afford it or their insurance covers it. In Canada, multidisciplinary pain clinics have huge waiting lists (1-2 years) and private clinics are unaffordable for most patients. Patients often become addicted to narcotic analgesics and entrenched in the disabled role, making it hard to break out of that cycle without a determined will to do so. I was exploring what other avenues are available to patients and discovered that clinical hypnotherapy had much to offer. Familiarizing myself with the many facets of hypnotherapy has broadened my vision to what hypnotherapy provides to clinical situations.

VH: How did you go about your search for a hypnotherapist you could work with?

Initially I went online to research hypnotherapists near me. I contacted a number of hypnotherapists and had questions around training, experience and how they might approach a patient with chronic pain. I asked questions around experience with clinical problems and pain management in particular. I was quite taken aback with either the lack of response or the unprofessional replies. I was surprised that a physician with these inquiries wouldn't be taken more seriously. The only hypnotherapist who responded to me in a professional manner was Sherry Hood.

VH: What education, experience and qualities are important to you when choosing a hypnotherapist?

I see the lack of training standards as a significant issue facing acceptance of hypnotherapy in the mainstream. I advise my colleagues to seek out someone who has had extensive training and experience. In medical education, there is a progressive shift away from time-based to competency-based training, meaning that it is not that the time that is important but rather what competencies have been achieved. So, I look for a variety of competencies: being able to assess the various hypnotic assets of a

patient, knowing how to use these to advantage in a session, being familiar with a wide variety of techniques and knowing which are the most appropriate for a patient, supervised instruction with real patients, training in a wide variety of clinical applications and most importantly having training and experience in dealing with acute adverse reactions such as abreactions. As in any vocation, "inflated" credentialing has the effect of marginalizing credibility and integrity.

VH: What do you expect in terms of reports and feedback from a hypnotherapist working with your patients?

I would expect at minimum an initial acknowledgement of the referral and a consultation report. Moving beyond the minimum toward excellence I would welcome follow-up reports and a dialogue (with patient consent) about the problem and approach to management.

VH: Do you find it difficult or challenging to talk with your patients about hypnotherapy?

The short answer is no, not at all. I feel very comfortable talking about hypnotherapy. Unfortunately, this is not the case for many physicians. We have to acknowledge that many physicians, as do patients, hold preconceived negative ideas around hypnosis, most of which are myths. I will often have to debunk some of these myths. Most patients have never even considered hypnotherapy as a means of addressing their problems. I use the articles that Unlimited Human has graciously published on our behalf, as a jumping off point, will use other published papers and/or videos as a resource for patients. Patients are often happy to consider an alternative to medication if it is something their physician has faith in.

VH: How important is it for you as a physician to have evidence based studies in hypnotherapy?

The short answer is, that it is everything. It is research and evidence that opens the door to the hearts of medical professionals. In general, the lay public, and many complementary therapists, have little understanding of what it means to be evidence based. Many complementary therapists rely on and post testimonials. However, this is the least meaningful type of evidence. It is a case report. Studies of hundreds or even thousands of

patients is really a thousand times more powerful by comparison and speaks to the physician with a thousand fold increase in impact.

VH: How do you think a hypnotherapist should go about contacting physicians?

Don't simply drop off brochures or business cards at a clinic as these would probably be ignored and thrown out. Likewise, emails are likely to be ignored or deleted. Relationship is important so it would be best to meet the physician face to face. This could be challenging but making an appointment to meet with a physician is one way as long as the purpose of the appointment is disclosed upfront. A good way to approach a clinic is to schedule a presentation. Often this kind of thing happens over the lunch hour and providing a lunch (even simple sandwiches for busy physicians can go a long way). In a sense the hypnotherapist is providing an "in-service" to the clinic; he/she should have a succinct PowerPoint available on what hypnotherapy has to offer and provide some available evidence. The hypnotherapist could outline the services they offer and how they would liaise with the clinic in a working partnership.

VH: How do you feel about hypnotherapists that list metaphysical and spiritual modalities on their Webpages?

Our approach to patients should be neutral and free of any bias be it religious or cultural. While I recognize that this might be a sensitive area, it really shouldn't be part of a clinical orientation to practice. I would see those hypnotists that delve into the metaphysical as a different group to those who dedicate their practice to clinical problems and as a physician would always seek out the latter. To be honest, many patients (and physicians) might view such business information as unprofessional. The metaphysical may be seen by some as spiritual or religious and therefore appears negative to those of a different orientation.

VH: How do you feel about hypnotherapists working in hospitals?

I believe that there is a large role for hypnotherapy in hospitals. It amazes me that there are not more hypnotherapists on staff in hospitals throughout North America. Hypnotherapy can: reduce length of stays, reduce the use of medications, provide better pain management, improve wound healing and provide stress reduction when facing surgery and procedures. All of these not only improve cost effectiveness but also improve quality of care. Children can especially benefit by reducing pain and anxiety around challenging events. Hospices and palliative care units can benefit from what hypnotherapists offer.

VH: Do you see hypnotherapy used routinely in surgical situations?

I would truly love to see hypnotherapy offered as an alternative to general anesthesia as it is in Liege, Belgium and other institutions. However, at the same time I see that we have such a long way to go in North America to get to the same degree of application. There is so much potential by way of patient care and overall cost saving.

VH: Sherry, how did you first become interested in clinical hypnotherapy?

I became a client after experiencing a trauma. I had debilitating symptoms that impacted my life on a regular basis. Clinical hypnotherapy helped free me from the emotional pain of the situation. I decided that I would like to help others in the same way. My passion is around clinical hypnotherapy and I love to see hypnotherapy becoming accepted and appreciated.

VH: What types of medical referrals have you received?

I have received many medical referrals for smoking cessation, pain management, pre operative anxiety, postoperative rehabilitation, fears and phobias, anxiety and depression, cancer care, MS and cholestasis in pregnancy.

VH: Have you worked in clinical hypnosis without referrals? What are the more common kinds of clinical problems that you encounter?

I have worked in clinical hypnosis without medical referrals more often than I have with referrals. I prefer receiving a referral but not every physician is willing to consider hypnotherapy. My main areas of practice are; fears, phobias and anxiety, catastrophic illness, childbirth and pain management. I enjoy working with any medical clients. Over the years, many clients have come to me for help with diabetes, MS, stroke recovery, heart conditions, Parkinson's, enuresis, hip and knee replacement, weight management, bulimia, anorexia, neuropathy, MVA recovery, cancer care, palliative care, help with medical procedures and much more.

VH: When a physician refers a patient to you, how do you respond?

I immediately acknowledge the referral including a thank you. Once I begin working with the patient, I send a report to the physician regarding progress along with my thoughts regarding further sessions. I keep the physician updated as we collaborate.

VH: Do you send detailed client information back to the physician about the treatment?

Yes I do but I am careful not to include hypnotherapy jargon and am ever mindful about patient confidentiality.

I feel that the physician is looking for the facts. I'm careful not to overload him/her with information that is not relevant.

VH: How do you think hypnotherapists should approach physicians about working together?

When a hypnotherapist has helped a client with a medical issue, the hypnotherapist can ask permission to contact the client's physician and let him/her know about the hypnotherapy session work. Not every client will give permission, but many do. Once communication is established, hypnotherapy may be on that physician's radar. If a patient was helped with pain, coping with a long-standing problem or addiction, the physician may consider referring other patients. It is a way to let other professionals know about the work that we do. Meeting physicians in person is another powerful way to extend information about clinical practice in hypnotherapy.

VH: How can a hypnotherapist transition into clinical work?

Study and learn about clinical conditions. Learn through client experiences feeling compassion for others to improve their life situation. Take educational courses from leaders in the field as well as those that are not necessarily hypnosis / hypnotherapy related. Reading studies, articles and reviews are important. Research the mainstream treatments used for different conditions and develop ways to re-create them virtually. Think outside of the box while still respecting traditional medicine and the people that are involved with it. Always ask questions when the opportunity presents.

VH: What do you feel are common mistakes that hypnotherapists make regarding clinical work?

I think that many new hypnotherapists think they can just walk through the door and become a colleague with physicians. Because our work is not considered mainstream and there are many different levels of skill and expertise among hypnotherapy practitioners, we need to prove ourselves. Patience, transparency, professionalism, confidence, expertise and very real skills that are developed over time are important. I believe that with honesty and professionalism, we can begin a relationship of trust that will help in moving our profession forward.

VH: Are you interested in hypnosis for surgery?

Absolutely! I can see myself involved in hypnosis and surgery in a major way. I was recently allowed to attend and use hypnosis for a client while she had eye surgery and I have attended many births. I would jump at the chance to

help patients undergoing surgery and to show the amazing power and benefits of using hypnosis / hypnotherapy in this way.

VH: Are you interested in hypnosis for procedures, especially for children?

I love children and helping them is always very important to me. I have not had that many opportunities to work with children, mostly because parents don't always think of hypnotherapy as a viable modality. I have worked over the telephone helping two special patients. One young patient was having a procedure where several lesions were being curretted from her skin. I helped her with hypnosis / hypnotherapy over the telephone during the procedure.

Another young patient was being sent for lab work for possible kidney dysfunction. Although in the next province, I was able to help her over the telephone with hypnosis / hypnotherapy in alleviating her anxiety. Being a province away from each other gave us some unique challenges to work through but we found that many things are quite possible over distance.

I have worked with another young doctor referral patient in my office for trauma resulting from childhood sexual abuse and I have worked with several children with enuresis. I have worked with children; helping with nightmares, sleep disturbances, OCD and more. I have worked with my own son in emergency medical situations before brain surgery as well as pre and postoperative sessions, cancer care, fears around chemotherapy and radiation and end of life transition work.

I are hoping to embark on a pilot project for pediatric oncology patients in Edmonton to help them go through the procedures they require. Having had a son with cancer makes this a particular interest of mine.

VH: Do you see yourself working in a hospital setting? In what capacity?

I certainly do and I expect that I will. In fact, I have been asked to move in this direction on several occasions. At the moment, I am very busy teaching clinical hypnotherapy and working with my own clients. I see my role in clinical hypnotherapy always evolving. There will probably be a time when I have others taking over my teaching responsibilities at my school. This will allow me to move further into the hospital setting.

VH: Do you see yourself ever working with a pain management group or clinic?

This would be a very natural thing for me to do. I would love to work in a team environment with other allied health professionals in managing chronic pain.

VH: What research in clinical hypnotherapy might you be interested in?

I am particularly interested in hypnotherapy research for cancer, neuropathy, pain management, physical rehabilitation, smoking cessation, burns and hypnosedation. That is my short list.

VH: You recently became an associate member of The College of Family Physicians of Canada. How do you feel that will help Hypnotherapy in Canada move forward?

This membership may be the beginning of a new direction for hypnotherapists in Canada and elsewhere. As more hypnotherapists work with physicians, it is possible that they too can eventually gain associate membership standing in the CFPC. The CFPC is a time honored and trusted college. As we gain numbers in membership, we can begin hosting annual general meetings and presentations at their National conferences, which could lead to further inclusion and interactions within the medical world. The CFPC is the accreditation body for family medicine training in Canada and by being affiliated with this institution, perhaps we too can move toward some type of accreditation.

VH: What are your plans concerning hypnotherapy and medicine for the future?

I plan to keep moving forward. To date, I have been fortunate to make some headway into the medical academic world. I like being a trailblazer. Clinical hypnotherapy is truly my passion. I find enormous pleasure in this amazing field that is all about helping others.

There is a staggering amount of ideas and projects that I constantly come up with regarding hypnotherapy and medicine. It could keep me busy for the rest my live. I continue to search for funding to embark on research projects. This includes a two-year smoking cessation study and a study on treating neuropathy. I am looking forward to completing the birthing course that I am writing. I would like to continue submitting articles to UH and medical journals as well as presenting at more medical conferences. I look forward to starting our online course work in competency based learning modules and so much more.



VH: What would you like to say to hypnotherapists interested in clinical hypnotherapy?

If you are going to become involved with clinical work, keep your passion alive. Surround yourself with like-minded people that support your vision. Be proud of the work you accomplish as a clinical hypnotherapist and let it speak for itself. Your work, the competency you have achieved is what defines you and moves the profession forward. Be the best you can be for every client.

VH: Sherry, is there anything else that you would like to add?

I am privileged to work in a profession that I love. The finest people I have met in my life have been through my work as a clinical hypnotherapist and educator. I have surrounded myself with excellent students and grads, amazing clients and wonderful colleagues. I learn more every day and I always apply what I've learned in my work and in my life. The most wonderful feeling is meeting others that have the same love for helping humanity. I am thankful for this opportunity to present this interview. I continue to work with clients in my practice in between teaching students. I feel that it is very important to stay current for both my clients and my students and teaching enables me to pass on my continuing experience.