

LIGHTING THE RESEARCH FIRE WITHIN ... A STARTER KIT ...

Co-authored by Sherry Hood

Published in Unlimited Human Magazine Fall 2014 Issue

I are often asked how hypnotherapy can become accepted within the medical community. Providing research evidence is a powerful way to do this. I feel passionate that research evidence is the gateway to achieving mainstream acceptance. Even one hypnotherapist from each Province or State diligently pursuing basic research could propel hypnotherapy forward. There is a spectrum of research methods from simple to sophisticated. Along the continuum different possibilities are available to each of you. This article attempts to provide a framework from which to start.

A case report can be published without an ethics review but requires a signed consent form from the individual(s) involved. The editor is the only one who see's the consent. Within the case report, the identity of the client must remain anonymous. More sophisticated methods require ethics approval from an ethics board before being accepted for publication.

Ethics approval is the first step in having any research published and must be obtained before embarking on any project. Universities have a research ethics board to approve research proposals. However, allied health professionals that are not associated with a university can apply to their local health authority ethics board. In Alberta, the Health Research Ethics Board of Alberta oversees community applications. Such avenues will be available in different ways across the country and the US. Writing a research proposal is not something one does on a whim. From my personal experience (Sherry), it takes a lot of dedication, time and

sions are very important. Think about a research proposal in the same way. It should represent your best effort.

A few years ago I embarked on a research proposal exploring smoking cessation intervention. I had developed a protocol over many years of practice with clients, fine tuning the intervention to a degree that it was ready to be put the test. The first step was to begin the arduous task of a literature review, looking at studies that had already been published (unfortunately some were quite negative). We read and documented facts and statistics from these studies. One learns a lot about conducting a study, by reading those that have gone before. For me this was like learning a new language.

Research can be either simple or complex. Research at the "coal face" can often be the most powerful, simply because it originates from the grassroots. It provides preliminary data on which further research builds. Research is important because it adds to the body of evidence available regarding the benefits of any intervention in the care of patients. The following will outline various formats of basic research that would be acceptable in the medical literature.

CASE REPORTS:

A case report is an accounting of an experience from the perspective of the therapist. A case report would disclose an intervention(s) with a client that was different from the average: a new technique applied to a given problem or an unusual or challenging problem that responded to the techniques applied. For publication, the report would have to be "value added". An example would be the very first article we published in Unlimited Human, describing hypnotherapy by phone for a child undergoing a painful procedure. 1 The two unusual in this case are: 1) applying hypnotherapy by phone over a long distance and 2) using hypnotherapy directly in a physician's office for the benefit of a patient undergoing a procedure. Within the article is a literature review regarding the issues involved. The article was first submitted to the Canadian Medical Association Journal, however was rejected. More about rejection later.

CASE SERIES:

A case series is a report on more than one client undergoing the same technique for the same problem. More people undergoing the same intervention with similar outcomes are more meaningful. An example would be our first research study on smoking cessation. In this study, there was a "retrospective" review of clients who had all undergone the same hypnotherapeutic protocol for smoking cessation. This study was not accepted for publication in a journal because it was too small, however, was presented at a provincial medical conference as a poster.2 The intent had always been for this project to serve as a pilot for a much broader and longer "prospective" cohort study. Prospective means going forward in time. Retrospective means going backward in time. Case series are often confused with cohort studies. A case series is simply an accounting of patients or clients who have undergone an intervention for the same problem and comparative information about the clients is available. In our case, a researcher contacted clients after the fact and had them answer a questionnaire. Doing what was in this case, a "retrospective" study makes a good case for maintaining good records in order to follow-up on clients. This not only allows publication of results but also makes for good professional conduct.

COHORT STUDIES:

A cohort study involves following a group of people over time. One can do this "prospectively" or "retrospectively". In our smoking cessation study we went back to clients who had already received the intervention (some as long as ten years previously). We then assessed their experience as they moved

forward in time allowing us to gather information for 18 months post-intervention. Many smoking studies only look at 3 - 6 months follow-up. A future prospective cohort study would involve a series of clients given the same intervention, follow-up and recorded data.

A research proposal and ethics application for such a study would require: 1) an introduction or overview of the study, 2) a reason for the study - why it is needed, 3) an example of an introduction that is provided to possible candidates explaining the study, a description of their involvement and an option to leave the study at any time, 4) a copy of a consent form, 5) a full explanation of the research methods including how it will be decided which clients enter the study, the intervention planned, a detailed description of the follow-up planned, how the follow-up will take place and a detailed description of the data collected, 6) a description of how the data will be analyzed and finally 7) a description of how the data will be used. Most ethics boards will have an application form to fill out (usually online) that will cover all of these details.

HOW TO MAKE A COHORT STUDY MORE POWERFUL:

One can make a cohort study more powerful by forming collaboration among a group of hypnotherapists. The more practitioners involved over a wider geographical area, the more powerful the study. As this broadens, it becomes akin to a "multi-centre" trial. There are many advantages to such an approach. It is easier to enter a larger number of clients into the study. It becomes compelling, because the client base is more diverse, not just from one particular group or cultural area. By involving more practitioners it addresses the bias (or argument) that the intervention had an impact simply because of the practitioner involved. The catch is, that all the interventions need to be the same (or comparable). This speaks to the intervention causing the change rather than any given practitioner, which might introduce confounding factors. One does not want to end up comparing apples to oranges.

Another powerful cohort study would include a comparative group. In this type of study, a similar group of patients with the same problem, not receiving the intervention being studied would be included and followed for the same time period. Using the smoking cessation study as an example: the study could include a number of smokers receiving hypnotherapy and a number of smokers not receiving hypnotherapy. By collaborating with a physician or group of physicians, smokers seeking assistance to quit smoking from their physician can be compared to those choosing hypnotherapy. Given that the physicians are left to choose their own management strategies, the comparison is hypnotherapy to "standard care."

There are more sophisticated research methods, but such strategies are likely out of reach for the average allied health professional without being involved in a research team receiving major funding.

FUNDING:

We have described types of research, which would not involve major funding, just hard work and dedication. However, this does not prevent ambitious folk from applying for funding. There are agencies that are willing to fund smaller projects as well as those just starting out in research. Local agencies are often interested in supporting initiatives (a Google search for "local research funding" might reveal possibilities). Smaller research grants can be in the range of \$5-10 ,000, enough to cover the cost of an assistant to gather research data and do the analysis. Such an approach "objectifies" the data, eliminating bias introduced by the investigator who may have a vested interest in the results. This increases the likelihood of ethics approval and publication. Even if funding is not available, having a volunteer student working on the project can achieve the same objectivity. Students are often looking for research projects to fulfill course requirements.

PUBLICATION:

Apart from case reports, a manuscript will never be accepted for publication without ethics approval, so this is always the first step. The next step is to choose a "target" journal. There are many possible journals for different types of articles. All journals will have a guide for submitting authors, which includes the expected format for the manuscript. Different types of reports will have different expectations. These guidelines can be found online for each journal.

For case reports, "high end" journals are:

CMAJ (Canadian Medical Association Journal)

CFP (Canadian Family Physician)

The Lancet

BMJ (The British Medical Journal)

JAMA (Journal of the American Medical Association)

More low-key journals would include:

The Journal of Family Practice

The Journal of Family Medicine and Primary Care

However, there are smaller journals that may be more local... a specific local medical school newsletter. Some medical schools produce their own journal. An example is the Mayo Clinic Proceedings.

For more involved research any of the above would be appropriate, however there also complementary medicine journals: Journal of Alternative and Complementary Medicine
Complementary Therapies in Medicine

Evidence-Based Complementary and Alternative Medicine
The Open Complementary Medicine Journal

There are also journals specifically addressing hypnotherapy: American Journal of Clinical Hypnosis

International Journal of Clinical and Experimental Hypnosis
European Journal of Clinical Hypnosis

REJECTION:

First manuscripts are often rejected; do not be discouraged. Usually reviewers provide a good inventory of constructive criticism. Revising your document, based on these critiques, will lead to more likelihood of success with the next submission. This is a hard lesson for all of us to learn. As an example, I (Fred) submitted a manuscript regarding MVA experience of family medicine residents that was rejected four times by different journals before finally being accepted for publication.³ I was quite discouraged, however, by incorporating the constructive suggestions of reviewers, the final published manuscript was very different from the original. Keep trying and try again. Even if the study is not accepted for journal publication, it could be accepted as a poster. A poster is a graphic summary of the study, including results, that is printed as a 4x6 (or similar size) display. Many conferences have poster presentations and a poster is considered a publication. Some conferences publish the poster abstract in a conference syllabus.

It would be wonderful if the IMDHA added a poster display for original research at its annual conference.

We hope that you are encouraged to embark on some form of research that could move the field of hypnotherapy forward. Every journey begins with a step. Get stepping now.

1) Janke FH, Hood SM. Hypnotherapy Done by Phone to aid in a Family Physician's Office, Unlimited Human, Fall 2011:6-8

2) Janke FH, Hood S, Szafran O, Nardelli A, Duerksen K. Intensive Single Session Hypnotherapy for Smoking Cessation. [poster] Alberta Scientific Assembly. February 2010

3) Janice FH, Dobbs B, McKay R, Lindsell M, Babenko O, Family medicine residents' risk of adverse motor vehicle events: a comparison between rural and urban placements, CMEJ 2013,