

*Submission to Department of Health and Ageing  
for the  
Review of the Australian Government Rebate on  
Private Health Insurance for Natural Therapies*

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## **Executive Summary**

This submission will provide a demonstration of clinical efficacy, cost effectiveness and safety and quality in relation to the practice of hypnotherapy. Evidence for each category will be by reference to research articles. A summary of each article's conclusion will be provided in Appendix 1. Appendix 2 will provide background information of the organisation and person presenting this submission.

The profession of hypnotherapy is emerging as a member of the health professions. Previous concerns regarding safety and quality surrounding hypnotherapy have been dispelled with reports by the South Australian Government (SAG) assessing hypnotherapy as a safe practice (Parliament of South Australia, 2009a; SADH, 2008). With nationally accredited qualifications from the vocational education sector and a developed set of practitioner skills, the profession is now developing a research base. The research data is demonstrating efficacy and effectiveness across mental health conditions (Montgomery et al., 2010) and physical conditions (Patterson & Jensen, 2003). The profession's credentials are being established within a supportive role in accepted treatment regimes as hypnotherapy further validates itself with research.

Although hypnotherapy is still defining itself, it is claiming a position in the health sector. To achieve this, hypnotherapy has had to demonstrate equivalent characteristics of the other health professions. Nationally accredited qualifications (t.g.au, 2012), voluntary self regulation (HCA, 2012c), public protection policies (HCA - EP, 2012) a national set of standards (HCA, 2012a) and a research profile (UWS - EA, 2012) are confirming the place of hypnotherapy in the health care professions.

Empirical evidence is a foundation of the health sector. Hypnotherapy is further developing its research base. Empirically grounded research data has led to hypnotherapy being acknowledged as 'probably efficacious' (Chambless et al., 1998). Further research is validating hypnotherapy as efficacious and cost effective. Previously impeded by the yoking of hypnosis as an "adjunct" treatment (Amundson, Alladin, & Gill, 2003; Kirsch, Montgomery, & Sapirstein, 1995) hypnotherapy is taking its place as a primary modality in health care. New concepts in health care (Moller, 2006; Simpkins & Simpkins, 2010) are providing the pathway for hypnotherapy to play an enhanced role in mental and physiological health care.

This submission demonstrates that hypnotherapy has clinical efficacy, cost effectiveness and a proven record of safety and quality. It is recommended that hypnotherapy continue to form part of the Australian Government Rebate on private health insurance.

## **Acknowledgement**

The Academy of Applied Hypnosis gratefully acknowledges the use of this data which forms part of a literature review commissioned by the Psychotherapy & Counselling Federation of Australia (PACFA) and written by Leon W. Cowen.

## **Introduction**

Hypnotherapy is an emerging profession. As such it is currently being validated in research terms. Over many years hypnotherapy has compiled vast quantities of anecdotal evidence which has formed the basis of research (Alladin, Sabatini, & Amundson, 2007; Anbar, 2009; Jensen et al., 2006) which has then been validated in accordance with the National Health and Medical Research Council (NHRMC) guidelines (Coleman et al., 2005). This evolution process has progressed to demonstrate hypnosis is 'probably efficacious' by the American Psychological Association Task Force (Chambless & Hollon, 1998) as cited (Alladin & Alibhai, 2007) for the treatment of obesity as an adjunct with cognitive-behaviour therapy (CBT). This research (Abrahamsen, Baad-Hansen, Zachariae, & Svensson, 2011; Tahiri, Mottillo, Joseph, Pilote, & Eisenberg, 2012) demonstrates encouraging outcomes and calls for further high quality research.

As hypnotherapy training is only available in the vocational sector and research methods are taught in the higher education sector, research is primarily being conducted by other higher education graduates. This has led to a paucity of research evidence, yet the research undertaken by the medical practitioners, psychologists, dentists, nurses and other health professionals demonstrates their confidence in the benefits hypnotherapy brings to future health care.

The research evidence validates the confidence shown by other health professions. Diverse areas of treatment are demonstrating effectiveness and efficacy. From mental health conditions of anxiety to supporting cancer treatments to irritable bowel syndrome (IBS) (Whorwell, 2008), hypnotherapy is demonstrating efficacy. With the increased understanding of Neuroplasticity, hypnotherapy is now being considered as more than placebo (Kirjanen, 2012) and with no requirements for ongoing medications, less drain on medical resources by using a natural state which the patient can be taught, the cost effectiveness is substantial.

Previously there have been concerns with the safety and quality issues surrounding hypnotherapy. Reports by the SAG (Parliament of South Australia, 2009a; SADH, 2008) demonstrate potential issues, and the development of the hypnotherapy profession (HCA - EP, 2012; HCA, 2012a; UWS - EA, 2012) which is addressing those issues, provides a scenario for further development of the hypnotherapy profession in a way to benefit the public, government and the profession.

The access to services NSW Consumer Advisory Group – Mental Health Inc. (CAG, 2012) is a cornerstone of mental health recovery and the utilisation of emerging professions such as hypnotherapy demonstrates commitment to improve mental health outcomes in Australia (CAG, 2012). Incorporating hypnotherapy within the Medicare Rebate System demonstrates an understanding of the new mental health structures, a supportive view of outcomes to improve results for mental health consumers, support for the development of an emerging profession and compliance with Australian Consumer & Competition Commission (ACCC) policy of fair trade in the market place (ACCC, 2012b).

## **What is Hypnotherapy?**

Hypnotherapy is a distinct set of clinical skills (Parliament of South Australia, 2009a) and for health practitioners to develop skills in hypnotherapy they are required to undertake post graduate training delivered by private providers (Parliament of South Australia, 2009a). The profession is developing an increasing health professional profile. This is being achieved by hypnotherapists and the various health professionals who use hypnosis adjunctively to their existing skills (Elkins & Hammond, 1998), debating, developing and refining concepts (such as an acceptable definition), techniques, and skills.

“Hypnotherapy” and “hypnosis” are yet to be defined (Parliament of South Australia, 2009b). Definitions have been proposed (Araoz, 2005; Elias, 2009; Green, Barabasz, Barrett, & Montgomery, 2005; Heap, 2005; Spiegel & Greenleaf, 2005) but universal acceptance of a definition is yet to be achieved. Progressive relaxation has been identified as comparable to hypnosis (Hammond, 2010; Jensen & Patterson, 2006; Lioffi, Santarcangelo, & Jensen, 2009; Stoelb, Molton, Jensen, & Patterson, 2009) in multiple articles yet is still deemed to be non-hypnotic. More research regarding the comparison between hypnosis and the placebo is being undertaken. Over 50 years ago it was acknowledged (Shapiro, 1960) that placebo and hypnosis were different. The new concept of Neuroplasticity further extends the potential research as hypnotherapy supports the concepts of placebo (Kirjanen, 2012) and Neuroplasticity (Moller, 2006; Simpkins & Simpkins, 2010). In a recent literature review (Kirjanen, 2012) it is noted that the neurophysiology of hypnosis and placebo are measurably different. However when suggestion (Kirjanen, 2012; Shapiro, 1960) can alter the clinical effect of both the hypnosis or the placebo group it is obvious that more research is required and a universally accepted definition of hypnotherapy becomes a research imperative.

The research dilemma which arises is illustrated where it is asserted that progressive relaxation, relaxation, placebo (or similar techniques) may be used by the control group and identified as something other than hypnosis. It is further complicated when the terms hypnosis and hypnotherapy are used interchangeably (Abramowitz, Barak, Ben-Avi, & Knobler, 2008; Alladin & Alibhai, 2007; Parliament of South Australia, 2009c) in a variety of professional articles. This interchangeability was addressed (Frischholz, 1995; Frischholz, 1998) by the editor of the American Journal of Clinical Hypnosis yet the practice continues. With no universally accepted definition of hypnosis (Parliament of South Australia, 2009b), and confusion regarding the use of the terms hypnosis and hypnotherapy, it can be postulated that the profession requires clarification on these issues. Amidst the intellectual debate (or as a result of it) a professional profile for hypnotherapy is developing (Katz, 2000) with a research base validating clinical efficacy.

## **The Hypnotherapy Profession in Australia**

Hypnotherapy is an emerging profession. The first Vocational Educational Training and Accreditation Board (VETAB) course accreditation (AAH, 1998) for hypnotherapy occurred in 1998. Currently the profession has Australian Skills Quality Authority (ASQA) courses accredited (t.g.au, 2012) to Advanced Diploma level. Whilst this ensures the training is quality assured it also means that training to conduct research is limited, as conducting research remains a constituent of the higher educational sector. Research is therefore being conducted by health professionals who have not had the training (as provided in an ASQA-accredited course) included within their original health qualifications.

For these health professionals to undertake further study to acquaint themselves with hypnotherapy methodology sufficient to conduct research, indicates their belief in the efficacy of hypnotherapy. To further illustrate the belief in hypnotherapy's efficacy, a world wide organisation of health professionals was established in 1957 (ASCH, 2012) to promote greater acceptance of hypnosis. The Australian branch of the world wide organisation, the Australian Society of Hypnosis (ASH), was founded in 1971 (ASH, 2012) with similar aims to the American parent. For health professionals from established health disciplines to form an international society, which has now continued in Australia for over 40 years, to promote greater acceptance of hypnotherapy demonstrates their belief in the benefits of this modality.

The research into hypnotherapy is growing. Researchers from established, validated health modalities such as medicine (Tahiri, et al., 2012), psychology (Montgomery et al., 2009) and nursing (Jones et al., 2012) are now researching hypnotherapy. The research is being commissioned (PACFA, 2011) and published by organisations such as The Cochrane Collaboration and other prestigious journals.

This evidence has led to hypnotherapy meeting the American Psychological Association (APA) criteria for “probably efficacious” treatments for depression (Alladin & Alibhai, 2007) and as an adjunct to CBT for obesity (Chambless & Hollon, 1998). With the growing research into hypnotherapy, evidence of validity is also growing.

Within Australia there is one newly established peak body and several professional hypnotherapy associations. These are:

### **Australian Peak Body**

Hypnotherapy Council of Australia (HCA, 2012c)

### **Australian Associations**

Australasian Subconscious Mind Therapists' Association (ASTA, 2012)

Australian Association of Prof. Hypnotherapists and NLP Practitioners (AAPHAN, 2012)

Australian Association of Clinical Hypnotherapy & Psychotherapy (AACHP, 2012)

Australian Hypnotherapists' Association(AHA, 2010)

Australian Society of Clinical Hypnotherapists (ASCH, 2010)

Australian Society of Hypnosis (ASH, 2010)

Professional Clinical Hypnotherapists of Australia (PCHA, 2004)

Professional Hypnotists of Western Australia (PHWA, 2010)

The Hypnotherapy Council of Australia (HCA) was a long time in development (Cowen, 2011) and has been established for the purpose of self regulation. The HCA's members comprise professional associations and teaching institutions. Each member undertakes to comply with the guidelines established by the peak body. These guidelines include HCA Handbook of Ethical Practice - Version 10d (HCA - EP, 2012). Public safety is keynote within the doctrine of the HCA. The Handbook of Ethical Practice requires ethical advertising as well as professional and ethical treatment to members of the public as outlined in the NSW Health Complaints Commission Code of Conduct (NSWHCCC, 2012).

Hypnotherapy supports the government reforms in the mental health sector (DOHA, 2012). Mental health plays an important role in the prevention of disease. Smoking and weight issues, which can lead to chronic disease states (DOHA, 2012) are areas where hypnotherapy has demonstrated efficacy and cost effectiveness (Sapp, Obiakor, Scholze, & Gregas, 2007). Hypnotherapy has demonstrated a supportive role in the area of cancer. Research has verified cost effectiveness and efficacy in reducing state anxiety (Hammond, 2010), sleep, fatigue, mood and quality of life (Farrell-Carnahan et al., 2010). Using hypnotherapy to deal with the mental health aspect of these issues reduces the costs by reducing consumption of pharmaceuticals, improves patient safety, reduces administration burden, and increases available time for clinical care (DOHA, 2012).



## **Efficacy of Hypnotherapy**

The evidence supporting the efficacy of hypnotherapy is outlined in Appendix 1: Clinical Efficacy of Hypnotherapy.

Research is demonstrating positive clinical outcomes (as referenced in Appendix 1) when hypnotherapy is used to treat anxiety, depression, irritable bowel syndrome, pain, psychophysiological symptoms or disorders, post traumatic stress disorder and smoking. The South Australian Department of Health (SADH) has acknowledged the emergence of promising evidence in the efficacy of hypnotherapy (SADH, 2008). With the adoption of the concept of Neuroplasticity, hypnotherapy is being acknowledged as a method to affect and enhance the brain's neural pathways (Moller, 2006, p. 234; Simpkins & Simpkins, 2010, p. 74).

Recognition of the relationship between mind-body, psychosomatic illness (Flammer & Alladin, 2007) and the newer concept of Neuroplasticity (Doidge, 2007; Simpkins & Simpkins, 2010) validates the existing research which demonstrates the supportive role of hypnotherapy in what has previously been considered purely physiological domains (Lindfors et al., 2012; Uman, Chambers, McGrath, & Kisely, 2008).

The efficacy of hypnosis in acute procedural pain and chronic pain management is supported by a number of research studies (Patterson & Jensen, 2003; Stinson, Yamada, Dickson, Lamba, & Stevens, 2008). These findings demonstrate hypnotic analgesia as superior to no treatment and often superior to other viable pain treatments, but equivalent to relaxation and autogenic training for chronic pain conditions. The current evidence illustrates that hypnosis reduces the need for pain reduction medication during labour and shows efficacy in IBS and needle-related procedures in children and adolescents. The data indicate that hypnosis is a safe intervention and should be considered in cases where pain is an issue and patients have not responded to standard medical treatment. As hypnosis is demonstrating qualified efficacy in the areas of pain, IBS and childbirth, it is now appropriate for the efficacy of hypnosis to be investigated across a broader scope of conditions (Cowen, 2009).

Hypnotherapy is now demonstrating efficacy in the treatment of (or supporting the treatment of) issues of anxiety (Montgomery, et al., 2010), asthma (Brown, 2007), coping with medical procedures (Marc et al., 2009), depression (Schnur, 2008), eating disorders (SADH, 2008), insomnia (Barnes et al., 2010; SADH, 2008), IBS (Lindfors, et al., 2012), smoking cessation (Barnes, et al., 2010; SADH, 2008), pain management (Elkins, Jensen, & Patterson, 2007), pregnancy and childbirth (Landolt & Milling, 2011), supporting cancer treatment (Richardson et al., 2007), and post traumatic stress disorder (AHRQ, 2011). The use of hypnotherapy is indicated when there is a psychosomatic component (Flammer & Alladin, 2007). As hypnotherapy proceeds along the path of recognition it has been acknowledged meeting the APA criteria for “probably efficacious” treatments for depression (Alladin

& Alibhai, 2007) and as an adjunct to CBT for obesity (Chambless & Hollon, 1998). Research is validating claims put forward by the anecdotal evidence showing the wide range of conditions hypnotherapy is assisting.

In comparison to mainstream medical and psychological practices, hypnotherapy is an emerging profession. Hypnotherapy is further developing its research identity however there are some factors which impede that development. These may be a few factors although others may also impact. Research methodology is a component of study in university based programs. In Australia, hypnotherapy education is based in the vocational education training (VET) sector. The VET sector does not train graduates to undertake research. At best they are taught to read and analyse research and that would be predominantly at the advanced diploma level. It is self evident that authors of hypnotherapy research publications come from a variety of health disciplines which include medicine, psychology, dentistry and nursing. Hence it appears the educational sector in which hypnotherapy training is housed has had an affect on the profession's ability to produce researchers. As hypnotherapy continues to develop educationally, the availability of hypnotherapists available to undertake research will grow.

Although hypnotherapy is still developing its researchers the number of practitioners is increasing. Professional associations claim their membership is rising but it is uncertain if this is because more clinical hypnotherapists are joining the profession or the same clinical hypnotherapists are joining additional professional associations. The 2008 SAG report (SADH, 2008, p. 56) provides the number of hypnotherapists on a state/territory and association basis with the total number of clinical hypnotherapists being 618. The membership for the Australian Hypnotherapists Association (AHA) and the Australian Society of Clinical Hypnotherapists (ASCH) are included. In response to a 2011 email requesting current membership the AHA current figures are 609 (AHA, 2011) and previous figures were 219 whilst the ASCH current figures are 284 (Zwickl, 2011) and previous figures were 128. This level of increase (44%) would suggest that rather than existing clinical hypnotherapists joining a second association there have been increases in the number of practicing clinical hypnotherapists. This indicates that there is sufficient work in this vocational sector and further denotes that the public believes they are achieving benefits from hypnotherapy, indicating clinical effectiveness.

Hypnotherapy still carries detrimental connotations regardless of efficacious research data. Historic associations of 'brainwashing', stage hypnosis and 'repressed memories' (Flory, Martinez Salazar, & Lang, 2007) may have impeded the acceptance of the therapy despite the evidence demonstrating hypnotherapy assisting with significant changes in the appraisal of patient's symptoms (Brown, 2007).

## Cost Effectiveness

There are no recommended fees for clinical hypnotherapists; however they are similar to those of counsellors in private practice. To enable a cost comparison the published fees for counsellors and psychologists form the basis for the cost assessment. The schedule of fees provided by WorkCover NSW (WC) reflects the current cost fees for hypnotherapy.

### SCHEDULE A – Maximum fees for counsellors (WC (Cou) - NSW, 2013)

Item	Column 1 Type of Treatment	Column 2 Maximum Amount (\$) (excl GST)
COU002	Initial consultation	148.50
COU003	Standard consultation	133.00

The average fee for an hypnotherapist is \$128.70 which is significantly less than that of a psychologist as determined by WorkCover.

### SCHEDULE A – Maximum fees for psychologists (WC (Psy) - NSW, 2013)

Item	Column 1 Type of Treatment	Column 2 Maximum Amount (\$) (excl GST)
PSY001	Initial consultation	199.50
PSY002	Standard consultation	166.30

The WC NSW fees are less than the recommended fee for psychologists (APS, 2012a) as provided by the Australian Psychological Society (APS). Psychologist consultation costs vary depending on the fee being charged by the psychologist (APS, 2012b).

### APS 2012-2013 Schedule of recommended fees and item numbers for psychological services 1 July 2012 to 30 June 2013

Service Description		Service Time (minutes)						
		1-15	16-30	31-45	46-60	61-75	75-90	91-120
<b>Initial consultation</b>	Item number*	IO1	IO2	IO3	IO4	IO5	IO6	IO7
	Recommended fee**	n/a	\$122	\$169	\$222	\$273	\$322	\$417
<b>Subsequent consultation</b>	Item number*	SO1	SO2	SO3	SO4	SO5	SO6	SO7
	Recommended fee**	\$69	\$122	\$169	\$222	\$273	\$322	\$417

\* These item numbers are not to be confused with the Medicare Benefits Schedule (MBS) item numbers

\*\* Recommended fees do not include GST (where applicable)

These figures relate to the fee structures of two other mental health professions. There are immense savings in areas such as IBS (as outlined in Appendix 1) where hypnotherapy has demonstrated efficacy and cost effectiveness. Research (BHC, 2012; Grundmann & Yoon, 2010; Pirotta, 2009) has shown that most studies indicate IBS occurs in populations at a rate of between 10% and 15%. Cost savings from reduced medical care, medication and ancillary costs are significant.

Cost effectiveness inherently contains a social responsibility. To achieve balance between population needs, quality, equity and effectiveness is an unenviable task. The public's use of hypnotherapy is validation of public confidence. If equity, availability and access of service for all (Woollard, 2006) is a government objective, hypnotherapy cannot be excluded from the Medicare Rebate.

In 2012 the ACCC called for comment regarding hypnotherapy and private health insurance (ACCC, 2012a). State legislative restrictions, most recently in South Australia, have been removed from the practice of hypnotherapy (Parliament of South Australia, 2009e) allowing the profession to further develop and provide cost effective solutions by reducing medical costs e.g. IBS (Whorwell, 2008). This is only the commencement of the financial gains with the inclusion of hypnotherapy in the Medicare rebate.

## Safety and Quality

When South Australia reviewed state psychological practices legislation it reviewed hypnotherapy (Parliament of South Australia, 2009a) as an individual entity. The hypnotherapy profession was then the subject of rigorous scrutiny to assess whether the legislative restriction should be maintained or removed. The report (SADH, 2008) was expressly required to determine any risk of harm from hypnosis and practitioners using hypnotherapy. The report examined the scientific literature, consumer protection issues and codes of conduct relating to ‘lay’ hypnotherapists and other unregistered practitioners. The report concluded that “the evidence of a high risk of harm to the public does not appear sufficient to warrant a prohibition on practise” (SADH, 2008, p. 2). The report continued to state:

- Some harms are known but they can be prevented or remedied if training covers these issues;
- National standards of competency are developed; and
- A national voluntary self regulation scheme is established.

The South Australian Parliament reviewed the report on hypnosis (SADH, 2008) and supported the 1996 Australian Health Ministers’ Advisory Council (AHMAC) decision (cited in (Parliament of South Australia, 2009d)) that there was no need to regulate hypnosis as there was no evidence of harm.

The hypnotherapy profession commenced addressing the concerns raised in the SADH report many years ago. In 1998, the VETAB accredited the first vocational education sector training in clinical hypnotherapy (AAH, 1998). Since that time the level of accreditation has risen to that of an advanced diploma. With accredited training now accepted to an advanced diploma level, the standard of education addresses the harms noted in the South Australian report (SADH, 2008).

With the inception of the HCA, voluntary self regulation for hypnotherapy was established. Other issues of concern have been addressed with the publication of national standards (HCA, 2012a) and the Code of Conduct and Practice (HCA - EP, 2012), which also relates back to the *NSW Code of Conduct for unregistered health practitioners* (NSWHCCC, 2012) has provided a national framework for all hypnotherapy practitioners. It is now a requirement that all HCA member entities ensure their practitioner members have professional indemnity insurance and have completed Continuing Professional Development (CPD) in accordance with professional standards.

The HCA is the vehicle from which the profession will establish a greater collaboration within all branches of the profession. The Mission Statement of the HCA states:

*“The HCA provides a cohesive identity for the diversity of hypnotherapy methodologies and promotes their professional and ethical practice for the benefit of the community.”* (HCA, 2012b)

The Mission Statement directs the profession to form internal partnerships which will advance research into national training standards, research into the effectiveness of hypnotherapy and develop ongoing structures to ensure an increasing quality of client care. Currently there is research being conducted under the auspices of the University of Western Sydney (UWS) entitled *Developing Clinical Hypnotherapy Guidelines Through Consensus* (Cowen, 2012; UWS - EA, 2012). A part of this research will be conducted by Delphi surveys. Stakeholders who have been invited to participate include government departments, organisations advising government, non-government organisations, associations, practitioners and students. It is hoped that the research will be assessed by the profession and used by organisations such as the HCA to further develop the quality of the hypnotherapy profession.

The South Australian Parliament removed legislative restrictions on the practice of hypnotherapy. They also acknowledged this action was to ensure consistency with national competition policy principles. The practice of hypnotherapy falls well within the safety and quality requirements as evidenced by recent government documents and the implementation of voluntary self regulation by the profession.

## **Conclusion**

This submission has demonstrated the clinical efficacy, cost effectiveness and safety and quality in relation to the practice of hypnotherapy. Appendix 1 has delineated the research evidence in each category and Appendix 2 has provided background information of the organisation and person presenting this submission.

As an emerging member of the health professions, hypnotherapy must maintain the health standards demonstrated by currently accepted health professions. The conversion of anecdotal information to research based evidence demonstrating efficacy and cost effectiveness across mental health conditions and physical conditions has been provided. Further supporting hypnotherapy's professionalism are nationally accredited educational standards (t.g.au, 2012), the advent of voluntary self regulation (HCA, 2012c) and research initiatives (UWS - EA, 2012). These developments have addressed concerns of public safety which are further addressed by the publication of a national ethical code of conduct (HCA - EP, 2012) for the hypnotherapy profession.

The quote "absence of evidence is not evidence of absence" (Rees, 1980, p. 115) seems particularly appropriate in this scenario. The research base is growing as the profession of hypnotherapy takes its place within the health sector. Other researchers have supported the "absence of evidence is not evidence of absence" concept in professional publications from a variety of disciplines (Lifshitz, Campbell, & Raz, 2012; Pashler & Wagenmakers, 2012; Shedler, et al., 2010; Weiss et al., 2012) and renowned publishers including The Cochrane Collaboration (Aberegg, Richards, & O'Brien, 2010; Brooks, Baker, Goodfellow, Bodde, & Aldenkamp, 2007; Kisely, Campbell, Skerritt, & Yelland, 2010) and a recent Adult Survivors of Child Abuse document (Kezelman & Stavropoulos, 2012, p. 81) used to inform the Royal Commission to investigate Institutional Responses to Child Sexual Abuse.

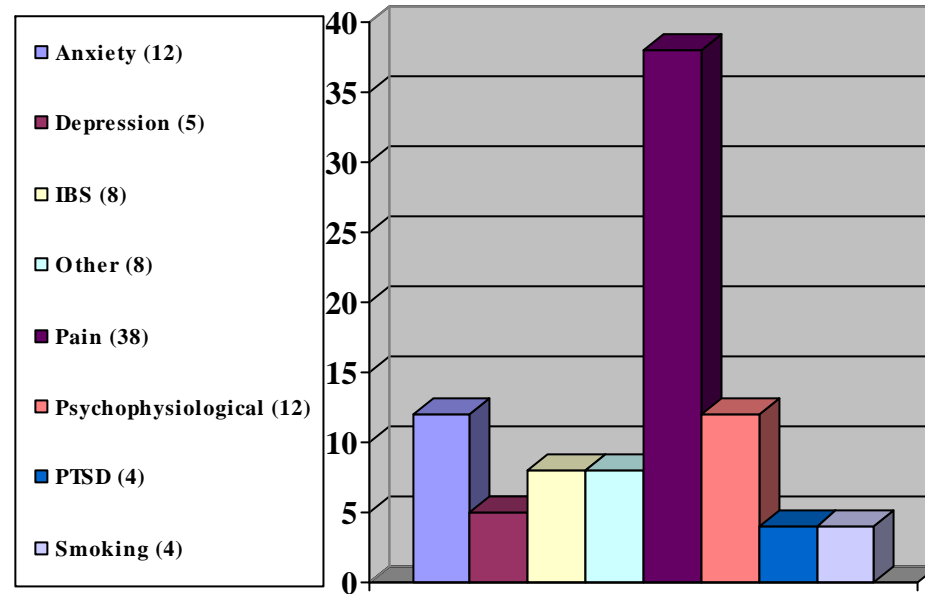
With empirical research further validating clinical efficacy and cost effectiveness and all previous concerns regarding safety and quality issues being addressed, the hypnotherapy profession is providing cost effective care with favourable outcomes over a wide range of conditions to Australians seeking assistance.

## **Recommendations**

As shown in this paper hypnotherapy has demonstrated clinical efficacy, cost effectiveness and has a proven record of safety and quality. Accordingly it is recommended that hypnotherapy continue to form part of the Australian Government Rebate on private health insurance.

## Appendix 1: Clinical Efficacy of Hypnotherapy.

Table 1: Article Groupings





## Anxiety

### Summary

The articles in this grouping all acknowledge that hypnosis is effective. The articles indicate that anecdotal data is growing and do go so far as to state that hypnosis improves the effect size in combination with CBT.

	Article	Focus	Issue	Number of cases	Summary of key findings
1.	(Al-Harasi, Ashley, Moles, Parekh, & Walters, 2010)	Anxiety	Children (dental treatment)	69	There is considerable anecdotal evidence of the benefits of hypnosis in paediatric dentistry, however, there is not yet enough evidence to claim it is empirically supported
2.	(Coelho, Canter, & Ernst, 2007)	Anxiety			The evidence from this systematic review indicates hypnosis may be of use in the treatment of performance and test anxiety but methodological limitations of the trials show there is a clear need for high quality RCTs in this area.
3.	(Montgomery et al., 2007)	Anxiety	Cancer response expectancies and emotional distress	200	This study identifies that hypnosis works to a significant extent in the mediational roles of response expectancies and emotional distress in a sample of breast cancer surgical patients receiving a hypnosis intervention.
4.	(Montgomery, et al., 2010)	Anxiety	Emotional distress	42	The results suggest that Cognitive Behavioural Therapy and Hypnosis is an effective means for controlling and potentially preventing fatigue in breast cancer radiotherapy patients.
5.	(Schnur, 2008)	Anxiety	Distress in medical procedures		Results indicated an overall large effect size (ES) of 0.88 (95% CI $\square$ 0.57–1.19) in favour of hypnosis. This data strongly supports the use of hypnosis as a non-pharmacologic intervention to reduce emotional distress associated with medical procedures.
6.	(Willemsen, Haentjens, Roseeuw, & Vanderlinden, 2011)	Anxiety Depression	Alopecia	21	In summary, hypnotherapy may be effective for significantly improving and maintaining psychological well-being and quality of life in patients with refractory alopecia areata.
7.	(Schnur, 2008)	Anxiety depression	Beast Cancer Positive & negative effect		The Cognitive Behavioural Therapy Hypnosis intervention has the potential to improve the affective experience of women undergoing breast cancer radiotherapy. Meta-analyses have further indicated that although Cognitive Behaviour Therapy is effective on its own, the combination of CBT and hypnosis can yield even larger clinical effect sizes
8.	(Brown, 2007)	Anxiety Fear	Asthma		It is difficult to evaluate the efficacy of hypnotic treatment as compared to a control condition. There is no question that hypnosis has been shown across numerous studies to have beneficial effects on the subjective aspects of asthma e.g. significant changes in the subjective appraisal of symptoms In that sense, hypnotic treatment of asthma is clinically efficacious.
9.	(Kraft & Kraft, 2009)	Anxiety fear	Phobias Psychiatric conditions		Hypnosis is a powerful adjunct to therapy. The case studies presented here demonstrate that it has been highly effective in helping patients
10.	(Marc, et al., 2009)	Anxiety pain	pregnancy termination	350	Women in the hypnosis group generally reported higher levels of satisfaction with various aspects of the procedure. This is consistent with the growing literature in favour of hypnotic interventions to improve pain management and care.

11.	(Hammond, 2010)	Anxiety Stress	Self hypnosis		<p>This review has demonstrated that the inclusion of hypnosis with other treatment modalities (e.g., CBT or acupuncture) commonly improves the outcomes obtained by the other therapeutic modalities alone. Hypnosis has been shown to be effective in reducing state anxiety associated with cancer, surgery, burns and a variety of medical/dental procedures.</p> <p>Self-hypnosis training has also been demonstrated to effectively treat anxiety-related disorders, such as tension headaches, migraines and irritable bowel syndrome.</p> <p>Six studies have demonstrated changes in trait anxiety from self-hypnosis training, but further randomized controlled outcome studies would be desirable on the hypnotic treatment of generalized anxiety disorder and in further documenting changes in trait anxiety.</p> <p>Self-hypnosis training has been demonstrated to be a rapid, cost-effective, non addictive, side-effect free and safe alternative to medication for the treatment of anxiety-related conditions, and the public has been shown to be open to hypnosis treatment.</p> <p>Economic factors reinforce the importance of the principle of parsimony in guiding treatment selection – utilizing the least complex and most rapid methods of treatment first and only turning to invasive or more time-consuming treatments in the more chronic or complex cases where less complicated methods have not proven sufficient.</p> <p>In patients with more severe problems, self-hypnosis training may very easily be combined with other forms of treatment.</p>
12.	(Graham, Vettrano, Seifeldin, & Singal, 2010)	Anxiety stress		16	<p>This study showed the feasibility of doing virtual hypnosis as a means to allay test anxiety, but they were unable to demonstrate efficacy in this study.</p>

## Depression

### Summary

The overall impression is that hypnosis appears to be at least useful and others claim hypnosis appears to be effective.

	Article	Focus	Issue	Number of cases	Summary of key findings
13.	(Butler et al., 2008)	Depression		46	Results indicate that significantly more meditation group participants experienced a remission than did controls at 9-month follow-up. Eight hypnosis group participants also experienced a remission, but the difference from controls was not statistically significant. Overall, these results suggest that these interventions show promise for treating low- to moderate-level depression.
14.	(Dobbin, Maxwell, & Elton, 2009)	depression		58	Results indicate that a self-help, self-hypnosis program may be a useful addition to depression treatment available in primary care and the next stage of evaluation is being explored.
15.	(Shih, Yang, & Koo, 2009)	depression			The combined effect size of hypnosis for depressive symptoms was 0.57. Hypnosis appeared to significantly improve symptoms of depression ( $p < .001$ ). In summary, results from the present meta-analysis based on a small number of studies suggested that hypnosis can be a viable non pharmacologic intervention to address the symptoms of depression.
16.	(Hudacek, 2007)	Depression Psychophysiological increased NK cells	Breast cancer		Although a recommendation about the use of hypnosis as adjuvant therapy in the treatment of breast cancer cannot be made because the clinical relevance of its immunological effects is unknown, psychological intervention can only serve to help patients.
17.	(Dale, Adair, & Humphris, 2010)	Depression anxiety	Quality of life An Palliative care		The multiple problems in drawing accurate comparisons between studies makes it difficult to draw conclusions. Psychoeducational interventions often brought mixed results, with those implementing CBT-based interventions being more consistently effective in eliciting psychosocial outcomes; hypnosis also appeared effective.

## Irritable Bowel Syndrome (including Inflammatory Bowel Disease)

### Summary

These studies support the use of hypnosis with IBS for global symptom relief. One study raised a query regarding long term benefits although other studies have no such issue.

	Article	Focus	Issue	Number of cases	Summary of key findings
18.	(Carruthers, Morris, Tarrier, & Whorwell, 2010)	IBS	Mood colour	156	Approximately 66.67% of patients with irritable bowel syndrome (IBS) respond well to hypnotherapy. Patient selection of a positive mood colour can be used a predictor of a good response to hypnotherapy
19.	(Heitkemper, 2009)	IBS			Meta-analysis of 4 studies supports hypnotherapy as beneficial short-term therapy with global symptom relief but long-term benefits are uncertain
20.	(Kraft & Kraft, 2007a)	IBS			This paper clearly demonstrates that the combined use of hypnotherapy with psychodynamic psychotherapy is capable of leading to a complete recovery.
21.	(Lindfors, et al., 2012)	IBS		208	This long-term follow-up study indicates that gut-directed hypnotherapy in refractory IBS is an effective treatment option with long-lasting effects, also when given outside highly specialized hypnotherapy centres. Apart from the clinical benefits, the reduction in health-care utilization has the potential to reduce the health-care costs.
22.	(Miller & Whorwell, 2008)	IBS	Inflammatory bowel disease	15	Hypnotherapy appears to be a promising adjunctive treatment for inflammatory bowel disease and has steroid sparing effects. Considerable experimental data supports the notion that hypnosis might have the capacity to positively influence some of the accepted mechanisms involved with inflammatory bowel disease as well as having useful psychological effects.
23.	(Miller & Whorwell, 2009)	IBS			In conclusion, hypnotherapy offers patients with functional gastrointestinal disorders a 60% to 70% chance of substantial reduction in their symptoms. Patients receiving this form of treatment go back to work, exhibit less absenteeism, take less medication and consult their doctors less frequently. Hypnotherapy appears to be a valuable additional to an integrated care package.
24.	(Phillips-Moore, 2002)	IBS			Hypnotherapy has been shown to be effective in the treatment of IBS but so far, has failed to take into account both physiological and psychological symptoms.
25.	(Phillips-Moore, 2009)	IBS			This study highlighted the use of hypnosis as a treatment for IBS. Previous studies have demonstrated a relatively high success rate with hypnosis in the treatment of IBS. It is now being considered as a genuine and useful treatment which is gradually becoming acknowledged by medical authorities
26.	(Whorwell, 2008)	IBS			Video – “Teaches the mind to control the gut. Hypnosis sorts out 70% of patients”
27.	(Wilson, Maddison, Roberts, Greenfield, & Singh, 2006)	IBS			The published evidence suggests that hypnotherapy is effective in the management of IBS. Over half of the trials (10 of 18) indicated a significant benefit. A randomized placebo-controlled trial of high internal validity is necessary to establish the effectiveness of hypnotherapy in the management of IBS. Until such a trial is undertaken, this form of treatment should be restricted to specialist centres caring for the more severe forms of the disorder.

**Other** (includes Alexithymia, Emotional Numbing, Learning, Obesity, Self efficacy, Sexual dysfunction, Sleep issues and Trauma)

Summary  
 Although this grouping had a variety of symptoms and conditions one study showed small treatment effects whilst the other studies found hypnosis to be effective, highly effective and statistically significant.

	Article	Focus	Issue	Number of cases	Summary of key findings
28.	(Gay, Hanin, & Luminet, 2008)	Alexithymia		31	The findings indicate that hypnosis is an effective technique for obtaining a decrease in alexithymic scores and that hypnosis has exerted a direct effect upon alexithymia
29.	(Sebastiani, D'Alessandro, Menicucci, Ghelarducci, & Santarcangelo, 2007)	Emotional Numbing		26	The results indicate that the specific numbing suggestion is the main factor in hypnotic modulation of the experience of fear.
30.	(Wark, 2008)	Learning			Evidence suggests that hypnosis may be used to increase higher level cognitive processes such as reading speed and listening comprehension and hence improve academic performance.
31.	(Sapp, et al., 2007)	Obesity			Overall it has been found that hypnosis as a treatment for obesity, whether alone or in combination with other treatments, is effective in producing weight loss. Hypnosis is a promising treatment in treating individuals with obesity.
32.	(Barker, Jones, & Greenlees, 2010)	Self efficacy	Sports performance	59	[...following the intervention, the hypnosis group were more efficacious and performed better than the control group. These differences were also seen at the 4-week follow-up stage. The study demonstrates that hypnosis can be used to enhance and maintain self-efficacy and soccer wall-volley performance.
33.	(Kraft & Kraft, 2007b)	Sexual dysfunction	Sexual dysfunction		This paper has demonstrated quite clearly that hypnotherapy is an extremely valuable tool in the treatment of sexual dysfunctions
34.	(Farrell-Carnahan, et al., 2010)	Sleep issues	Cancer Self hypnosis recordings	28	Overall adjusted effect sizes show small self-hypnosis treatment effects in sleep, fatigue, mood, and quality of life; however, with this small sample size, improvements were not found to be statistically significant.
35.	(Pfitzer, 2008, p. 86)	Trauma	crime		However, meta-analyses on the efficacy of therapeutic approaches in general demonstrated a superiority of hypnotherapy over most other interventions. E.g. Psychodynamic treatments, CBT treatments, EMDR, Stress Inoculating Treatments (SIT) as well as a combination of treatments.

## Pain

### Summary

Pain issues were by far the largest cohort. The results indicate that for both chronic and acute pain conditions patients report that hypnosis significantly reduces their perception of pain.

	Article	Focus	Issue	Number of cases	Summary of key findings
36.	(Accardi & Milling, 2009)	Pain	Children & adolescents – Procedure related		Empirical research has demonstrated the effectiveness of hypnosis for reducing the pain and discomfort experienced by youngsters undergoing a variety of invasive medical procedures.
37.	(Askay, Patterson, Jensen, & Sharar, 2007)	Pain	Wound care	46	The authors found that the group receiving hypnosis had a significant drop in pain compared with the control group. The findings suggest that hypnosis affects multiple pain domains and that measures that assess these multiple domains may be more sensitive to the effects of hypnotic analgesia treatments.
38.	(Castel, Salvat, Sala, & Rull, 2009)	Pain	fibromyalgia	47	The analyses indicated that patients who received CBT plus hypnosis showed greater improvement than those who received CBT without hypnosis. The findings are consistent with previous research demonstrating the additive benefits of hypnosis when combined with other effective treatments.
39.	(Corey Brown & Corydon Hammond, 2007)	Pain	obstetrics and labour and delivery		Hypnosis was shown to be an effective adjunct to the medical treatment of preterm labour and in a case of quadruplets. Much more research is needed to answer the question “Does hypnosis make a difference?” for both singleton and multiple gestations.
40.	(Cyna, 2011)	Pain	Childbirth		The data suggests hypnosis reduces the need for pharmacological pain relief.....
41.	(De Pascalis, Cacace, & Massicolle, 2008)	Pain		36	In conclusion, our findings support the hypothesis that hypnosis procedure can affect earlier and later stages of stimulus processing but the interpretation of the present finding is limited by the potential emotional effect of the oddball stimuli involving painful shocks.
42.	(Derbyshire, Whalley, & Oakley, 2009)	Pain	fibromyalgia	13	Our results provide evidence that appropriate suggestion can relieve fibromyalgia pain with and without a formal hypnotic induction. These findings imply a therapeutic benefit from both hypnotic and non hypnotic suggestion but with some additional benefit that is unique to suggestion following a hypnotic induction.
43.	(Dhanani, Caruso, & Carinci, 2011)	Pain			The current literature on hypnosis for the treatment of pain demonstrates that the quality and quantity of research are insufficient to form definitive conclusions, and indicates a significant need for further scientific inquiry into this area..
44.	(Elkins, et al., 2007)	Pain			The findings indicate that hypnosis interventions consistently produce significant decreases in pain associated with a variety of chronic-pain problems. Low patient numbers, lack of standardisation and long term follow-up inhibit definitive research evaluations.
45.	(Filshie, 2008)	Pain	Pre & post operative	200	The present randomised controlled trial demonstrated that a brief hypnosis intervention before breast cancer surgery statistically significantly reduced intraoperative use of

					medications and post operative patient reported surgical pain thus simultaneously reducing symptom burden and costs
46.	(Hammond, 2007)	Pain	Headaches and migraines		Hypnosis been shown to be efficacious with headache and migraine, free of the side effects, risks of adverse reactions, and the ongoing expense associated with the widely used medication treatments. Hypnosis should be recognized by the scientific, health care, and medical insurance communities as being an efficient evidence-based practice.
47.	(Huet, Lucas-Polomeni, Robert, Sixou, & Wodey, 2011)	Pain	Children (dental anaesthesia)	30	Significantly more children in the hypnosis group had no or mild pain. This study suggests that hypnosis may be effective in reducing anxiety and pain in children receiving dental anaesthesia.
48.	(Jensen et al., 2007)	Pain	Multiple Sclerosis	22	The results support the efficacy of self-hypnosis training for the management of chronic pain in persons with MS.
49.	(Jensen et al., 2008)	Pain	Self hypnosis		Despite the limitations of this study, the findings suggest that self hypnosis training is associated with substantial decreases in daily pain and report benefits from self hypnosis use for up to 12 months after treatment.
50.	(Jensen et al., 2009)	Pain			While enough may now be known of its efficacy to recommend that hypnotic treatments be made more available to those individuals with chronic pain who are interested in this approach, research is also needed to help identify and develop methods for enhancing its efficacy, so that more individuals can obtain the significant benefits that hypnosis has to offer.
51.	(Jensen, 2009)	Pain			Hypnotic treatment for chronic pain results in significant reductions in perceived pain that maintain for at least several months. Such changes in pain are not observed in patients who do not receive hypnosis treatment. Treatments that are hypnotic-like, such as progressive muscle relaxation and autogenic training, seem to be about as effective as hypnosis for chronic pain.
52.	(Jones, et al., 2012)	Pain	Labour		Findings for hypnosis from the Cochrane review were inconclusive which is in line with earlier non-pharmacological interventions for pain relief in labour which was insufficient evidence was available to draw conclusions about the effectiveness of hypnosis and findings.
53.	(Kisely, et al., 2010)	Pain	Chest		This review suggests a modest to moderate benefit for psychological interventions, particularly those using a cognitive-behavioural framework, which was largely restricted to the first three months after the intervention. Hypnotherapy is also a possible alternative.
54.	(Kohen, 2010)	Pain	Self hypnosis	52	In children and adolescents, self-hypnosis is associated with significant improvement of headaches and with an enduring positive effect for many years following training.
55.	(Landolt & Milling, 2011)	Pain	labour and delivery		Hetero-hypnosis and self-hypnosis were consistently shown to be more effective than standard medical care, supportive counselling, and childbirth education classes in reducing pain.
56.	(Landry, Bergeron, Dupuis, & Desrochers, 2008)	Pain	Vestibulodynia		A small number of studies have shown significant benefits however the methodological limitations (e.g. no randomization, no control group) of the treatment studies and the small number of participants included in these studies clearly shows that the evaluation of these treatments is still in its preliminary phase.

57.	(Lioffi, White, & Hatira, 2009)	Pain		45	Results confirmed that patients in the local anaesthetic plus hypnosis group reported less anticipatory anxiety, and less procedure-related pain and anxiety, and were rated as demonstrating less behavioural distress during the procedure than patients in the other two groups.
58.	(Mackey, 2010)	Pain	Dental	106	This research indicates that the use of hypnosis and therapeutic suggestion as an adjunct to intravenous sedation significantly reduces postoperative pain and postoperative pain reliever consumption in patients having third molar removal in an outpatient surgical setting.
59.	(Milling, 2008)	Pain	Children		Meta-analytic and qualitative reviews have concluded that hypnosis is effective for reducing both experimental and clinical pain.
60.	(Patterson, Jensen, Wiechman, & Sharar, 2010)	Pain		21	These preliminary findings suggest that Virtual Reality Hypnosis analgesia is a novel technology worthy of further study, both to improve pain management and to increase availability of hypnotic analgesia to populations without access to therapist-provided hypnosis and suggestion.
61.	(Shakibaei, Harandi, Gholamrezaei, Samoei, & Salehi, 2008)	Pain	Burn trauma	44	This study demonstrated that hypnotherapy as an adjuvant to medical therapy for the management of pain in burn patient is effective in reducing not only pain but also re-experiencing the trauma in burn patients.
62.	(Stinson, et al., 2008)	Pain	Procedural pain in children	8	There is evidence that acute procedure-related pain can be effectively reduced through the use of amethocaine, distraction and hypnosis.
63.	(Tan, Fukui, Jensen, Thornby, & Waldman, 2010)	Pain	Lower back Pain Self hypnosis	9	This pilot study indicated that a brief, 4-session standardised self-hypnosis protocol, combined with psycho-education, significantly and substantially reduced pain intensity and pain interference.
64.	(Thornberry, Schaeffer, Wright, Haley, & Kirsh, 2007)	Pain	Retrospective chart review	300	Pain levels recorded pre- and post hypnosis revealed significant improvement as a result of the intervention. Hypnosis appears to be a viable adjunct for pain management patients, including those from rural and relatively disadvantaged backgrounds.
65.	(Uman, et al., 2008)	Pain	Procedure related – Children & adolescents		The largest effect sizes in favour of intervention exist for the efficacy of distraction, combined cognitive-behavioural interventions, and hypnosis, in reducing pain and distress in children. Of all the interventions assessed in this review, there is the most positive evidence in support of hypnosis across several outcomes.
66.	(Vandevusse, Irland, Berner, Fuller, & Adams, 2007)	Pain	Childbirth		Prenatal hypnosis preparation resulted in significantly less use of sedatives, analgesia, and regional anaesthesia during labour and in higher 1-minute neonatal Apgar scores. [...hypnosis for childbirth was associated with positive outcomes in this stud...]. Studies suggest that hypnosis is a viable option for a lower technology approach to pain management with minimal to no risk.
67.	(Vlieger, Menko-Frankenhuis, Wolfkamp, Tromp, & Benninga, 2007)	Pain	Functional Abdominal Pain or IBS		Gut-directed hypnotherapy is highly effective in the treatment of children with longstanding functional abdominal pain (FAP) and irritable bowel syndrome (IBS)
68.	(Abbasi, Ghazi, Barlow-Harrison, Sheikvatan, & Mohammadyari, 2009)	Pain	Labour and childbirth(pregnancy)	6	Our limited findings concluded that women who learn hypnosis before delivering babies may suffer fewer complications, need less medication, and be more likely to have healthier babies than are women without hypnosis.
69.	(Hunt & Ernst, 2011)	Pain	Children		Hypnotherapy was shown to be effective in treating enuresis in one of two RCTs <sup>25</sup> and



		Enuresis			in one RCT for assisting the induction of anaesthesia. [.....hypnotherapy may be effective in reducing procedure-related pain.]
70.	(Thompson, Steffert, Steed, & Gruzelier, 2010)	Pain Psychophysiological Immune function Sleep	Self hypnosis	35	This study suggests that Virtual Reality has potential as an effective medium for those who have trouble engaging with interventions involving visualization or where the context for visualization training inhibits engagement (e.g., pain management).
71.	(Bernardy, Fuber, Klose, & Hauser, 2011)	Pain Fatigue Depression	fibromyalgia	239	Efficacy of hypnosis/guided imagery to reduce pain was associated with low methodological study quality. Because of the methodological limitations we cannot fully recommend hypnosis/guided imagery for FMS therapy. The use of hypnosis/guided imagery as an adjunct to efficacious pharmacological and non-pharmacological treatments had been recommended by the German interdisciplinary guideline on FMS based on expert consensus
72.	(Martínez-Valero et al., 2008)	Pain Fatigue Depression	Fibromyalgia	6	The results suggest that psychological treatment produces greater symptom benefits than the conventional medical treatment only, especially when hypnosis is added. On line with other studies, we conclude that hypnosis may be a useful tool to help people with fibromyalgia manage their symptomatology..
73.	(Stoelb, et al., 2009)	Pain Analgesia			The results indicate that for both chronic and acute pain conditions: (1) hypnotic analgesia consistently results in greater decreases in a variety of pain outcomes compared to no treatment/standard care; (2) hypnosis frequently out-performs non-hypnotic interventions (e.g. education, supportive therapy) in terms of reductions in pain-related outcomes; and (3) hypnosis performs similarly to treatments that contain hypnotic elements (such as progressive muscle relaxation), but is not surpassed in efficacy by these alternative treatments.

## Psychophysiological

### Summary

Overall, hypnosis interventions were considered safe, effective, clinically valuable and statistically significant. One study questioned the stability of short term gains over a longer period. The quality of research was queried so it was suggested that hypnosis be used with existing treatments. There was sufficient significance to suggest more research into links to the immune system.

	Article	Focus	Issue	Number of cases	Summary of key findings
74.	(Bay & SujataVaidya, 2012)	Psychophysiological Blood sugar levels	hypnotherapy, transcendental meditation and acupressure	20	Our study established mind-body therapy provides the patient with the power to decrease the blood sugar level and to enhance the body's own capacity for healing. Results show that after each session of mind-body therapy, the post-test blood sugar level of the experimental group was significantly reduced compared to the pre-test value for that session.
75.	(Richardson, et al., 2007)	Psychophysiological nausea and vomiting	Chemotherapy		Meta-analysis reported in this review has demonstrated that hypnosis could be a clinically valuable intervention for anticipatory and Chemotherapy-induced nausea and vomiting, in children in particular. The studies generally had small samples; nonetheless, meta-analysis revealed a large effect size of hypnotic treatment when compared with treatment as usual, and the effect was at least as large as that of cognitive-behaviour therapy.
76.	(Dominguez-Ortega & Rodríguez-Muñoz, 2010)	Psychophysiological Gag reflex	Digestive endoscopies	28	Hypnosis appears to be a safe and effective procedure for significantly reducing the anxiety of patients who undergo digestive endoscopies. [.....we believe that it would be desirable to perform a controlled and randomized trial that defines the parameters of usefulness and the cost benefit relationship of hypnosis in patients.
77.	(Elkins et al., 2008)	Psychophysiological	Cancer (Breast) Survivors Hot Flashes Among	60	Hot flash scores were reduced by 68% on average at the end of treatment. The moderating role of hypnotisability may be useful to consider in treatment of hot flashes with the hypnosis intervention. While this study was limited to breast cancer survivors it may clarify some of the complexity of the response to hypnosis.
78.	(Torem, 2007)	Psychophysiological	Immune		The field of psychoneuroimmunology postulates that the central nervous system communicates with the immune system. [..... it is well known that optimism, exuberance, joy, and laughter enhances the functioning of the immune system....]. Future research is needed with the use of control groups and the inclusion of placebo to determine effectiveness.
79.	(Barabasz, Higley, Christensen, & Barabasz, 2009)	Psychophysiological	Human Papillomavirus (HPV).	30	Our research contrasted hypnosis-only with medical-only therapies. Both hypnosis and medical therapy resulted in statistically significant ( $p < .04$ ) reductions. At the 12-week follow-up, complete clearance rates were 5 to 1 in favour of hypnosis. Our finding suggests immunological links that should be pursued.
80.	(Gay, 2007)	Psychophysiological	Mild hypertension	30	The present study evaluated the effectiveness of eight weekly hypnotic sessions. It showed the effectiveness of hypnosis in the short and middle run but failed to demonstrate the stability of the result in the long run.
81.	(McCormack, 2010)	Psychophysiological Nausea and	pregnancy		There seems to be currently insufficient evidence to recommend routine use of hypnosis in the treatment of Hyperemesis gravidarum (HG). Clinicians who use hypnosis in the treatment of HG

		Vomiting			would be advised to treat hypnosis as an experimental treatment and use standardised measures of HG symptom severity to monitor treatment progress. In addition, it would be advised that hypnosis be used as an adjunct treatment alongside routine evidence-based medical treatments.
82.	(Shah, Thakkar, & Vyas, 2011)	Psychophysiological	pregnancy	40	The hypnosis group had a significantly shorter preterm delivery rate ( $p = .004$ ) and fewer incidence of low birth weight babies ( $p = .009$ ). Significantly reduced operative intervention in terms of lower rate of caesarean section ( $p = .008$ ) was also observed in the experimental group. Hence, the use of clinical hypnosis as a viable adjunct to medical management is suggested to help to prevent neonatal morbidity and foetal loss. .
83.	(Reinhard, Huesken-Janßen, Hatzmann, & Schiermeier, 2009)	Psychophysiological	Preterm delivery	64	Hypnosis was shown to be effective therapy without side-effects, which can reduce preterm delivery.
84.	(Lotfi-Jam et al., 2008)	Psychophysiological nausea and vomiting	Strategies for Managing Common Chemotherapy Adverse Effects		Hypnosis was one treatment modality which yielded a positive intervention effect for reducing fatigue; and scalp cooling for hair loss. Although some strategies seem promising, the quality of the RCTs was generally quite low, making it difficult to draw conclusions about the effectiveness of self-care strategies.
85.	(Flammer & Alladin, 2007)	Psychophysiological	psychosomatic disorders.		The meta-analysis clearly indicates hypnotherapy is highly effective in treatment of psychosomatic disorders.

## Post Traumatic Stress Disorder (PTSD)

### Summary

It was concluded that hypnosis was effective in reducing the symptoms of PTSD.

	Article	Focus	Issue	Number of cases	Summary of key findings
86.	(Abramowitz, et al., 2008)	PTSD	Sleep disorders, depression	32	In conclusion, we found that symptomatic hypnotherapy is an effective adjunct to psycho- and pharmacotherapy (Zolpidem) for chronic insomnia and sleep disorders in a group of patients suffering from chronic combat-related PTSD.
87.	(AHRQ, 2011)	PTSD			<i>Hypnosis</i> may be used as an adjunct to psychodynamic, cognitive-behavioural, or other therapies, and has been shown to significantly enhance their efficacy for many clinical conditions; however, little published data exists on the efficacy of hypnosis in treating patients with PTSD.
88.	(Bisson & Andrew, 2007)	PTSD			Hypnotherapy was grouped with supportive therapy, non-directive counselling and psychodynamic as only one trial existed in each therapy. A general comment of “psychological treatment can reduce traumatic stress symptoms” with specific comment regarding hypnotherapy.
89.	(Lynn & Cardeña, 2007)	PTSD			Hypnotic procedures can serve as a useful adjunct to cognitive, exposure, and psychodynamic therapies. Today, hypnosis remains a promising, albeit far from definitively “proven,” technique for ameliorating posttraumatic symptoms.

## Smoking

### Summary

Two studies concluded hypnosis and nicotine patches were beneficial, one remarked on insufficient evidence and one study concluded that hypnosis may help smokers quit.

	Article	Focus	Issue	Number of cases	Summary of key findings
90.	(Barnes, et al., 2010)	Smoking	Smoking		11 studies. Different types of hypnotherapy are used to try and help people quit smoking. Although it is possible that hypnotherapy could be as effective as counselling treatment there is not enough good evidence to be certain of this.
91.	(Carmody et al., 2008)	smoking	Counselling and nicotine patches	286	It was concluded that hypnosis combined with nicotine patches compares favourably with standard behavioural counselling in generating long-term quit rates.
92.	(DATA, 2008)	Smoking		286	The authors conclude that their findings support the use of hypnosis as an evidence-based intervention for smoking cessation when combined with nicotine patches
93.	(Tahiri, et al., 2012)	Smoking			Acupuncture and hypnotherapy are used by a large number of smokers as alternative smoking cessation aids. Our results suggest that these alternative aids may help smokers quit. Thus, we recommend that physicians promote the use of acupuncture and hypnotherapy.

## Cost Effectiveness

### Summary

The following articles have demonstrated hypnotherapy is cost effective.

	Article	Focus	Issue	Number of cases	Summary of key findings
94.	(Accardi & Milling, 2009)	Pain	Children & adolescents – Procedure related		<p>Self-hypnosis is potentially a very cost-effective intervention because it eliminates the need for a clinician to be present during an invasive procedure.</p> <p>In sum, empirical research has demonstrated the utility of hypnosis for reducing the pain and discomfort experienced by youngsters undergoing a variety of invasive medical procedures. It is a relatively time-efficient treatment that has proven to be more effective than standard medical care or control conditions, and at least as effective as such time honored interventions as distraction. A variety of uses of hypnosis qualify as a possibly efficacious therapy for reducing post-surgical or lumbar puncture pain. Several other hypnotic interventions have shown considerable promise relative to the criteria for empirically supported therapies as an intervention for lumbar punctures, bone marrow aspirations, venipunctures, and voiding cystourethograms. A growing emphasis on empirically supported therapies and evidence-based practice underscores the exciting potential of hypnosis as a tool for clinicians who work with children and adolescents undergoing invasive medical procedures.</p>
95.	(Alladin & Alibhai, 2007)	efficacy			<p>Schoenberger (2000) proposed that since many CBT procedures are easily conducted with hypnosis or simply relabeled as hypnosis, CBT oriented clinicians with experience in hypnosis could easily establish a hypnotic context “as a simple, cost-effective means of enhancing treatment efficacy” (p. 244).</p>
96.	(Anbar, 2009)	Children			<p>Utilization of hypnosis as part of the care of children with respiratory disorders helps them achieve symptomatic relief, improves the clinician’s ability to diagnose and treat patients with complicated clinical presentations, and saves some patients from undergoing costly investigations or receiving nonessential treatments.</p>

97.	(APA, 2012)	Effectiveness Related To Health Care Policies		<p><b>WHEREAS:</b> the effects produced by psychotherapy, including the effects for different age groups (i.e. children, adults, and older adults) and for many mental disorders, exceed or are comparable to the size of effects produced by many pharmacological treatments and procedures for the same condition, and some of the medical treatments and procedures have many adverse side effects and are relatively expensive vis-a-vis the cost of psychotherapy (Barlow, 2004; Barlow, Gorman, Shear, &amp; Woods, 2000; Hollon, Stewart, &amp; Strunk, 2006; Imel, McKay, Malterer, &amp; Wampold, 2008; Mitte, 2005; Mitte, Noack, Steil, &amp; Hautzinger, 2005; Robinson, Berman, &amp; Neimeyer, 1990; Rosenthal, 1990; Walkup, et al., 2008; Wampold, 2007, 2010);</p> <p><b>WHEREAS:</b> large multisite studies as well as meta-analyses have demonstrated that courses of psychotherapy reduce overall medical utilization and expense (Chiles, Lambert, &amp; Hatch, 2002; Linehan, et al., 2006; Pallak, Cummings, Dorken, &amp; Henke, 1995). Further, patients diagnosed with a mental health disorder and who received treatment had their overall medical costs reduced by 17 percent compared to a 12.3 percent increase in medical costs for those with no treatment for their mental disorder (Chiles, Lambert, &amp; Hatch, 2002);</p> <p><b>WHEREAS:</b> there is a growing body of evidence that psychotherapy is cost-effective, reduces disability, morbidity, and mortality, improves work functioning, decreases use of psychiatric hospitalization, and at times also leads to reduction in the unnecessary use of medical and surgical services including for those with serious mental illness (Dixon-Gordon, Turner, &amp; Chapman, 2011; Lazar &amp; Gabbard, 1997). Successful models of the integration of behavioral health into primary care have demonstrated a 20-30 percent reduction in medical costs above the cost of the behavioral/psychological care (Cummings, et al., 2003). In addition, psychological treatment of individuals with chronic disease in small group sessions resulted in medical care cost savings of \$10 for every \$1 spent (Lorig, et al., 1999);</p> <p><b>WHEREAS:</b> many people prefer psychotherapy to pharmacological treatments because of medication side-effects and individual differences and people tend to be more adherent if the treatment modality is preferred (Deacon &amp; Abramowitz, 2005; Paris, 2008; Patterson, 2008; Solomon et al., 2008; Vocks et al., 2010). Research suggests that there are very high economic costs associated with high rates of antidepressant termination and non-adherence (Tournier, et al., 2009), and psychotherapy is likely to be a more cost effective intervention in the long term (Cuijpers, et al., 2010; Hollon, et al., 2005; Pyne, et al., 2005);</p> <p><b>THEREFORE:</b> Be It Resolved that, as a healing practice and professional service, psychotherapy is effective and highly cost effective.</p> <p>In controlled trials and in clinical practice, psychotherapy results in benefits that markedly exceed those experienced by individuals who need mental health services but do not receive psychotherapy. Consequently, psychotherapy should be included in the health care system as an established evidence-based practice.</p>
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98.	(Askay, et al., 2007)	Pain	Wound care	46	<p>Furthermore, recent evidence suggests that hypnosis can have a cost-saving role in medicine as well. Lang and colleagues (2000) demonstrated substantial cost savings in the operating room with hypnosis. Specifically, they found that procedures performed with standard sedation cost an average of \$638, whereas those done using hypnosis as an adjunct are only \$300 on average. A 50% reduction in cost is important in today's health care environment.</p> <p>The authors also made suggestions for future studies on hypnosis, including using larger sample sizes, standardizing hypnotic procedures, measuring suggestibility, measuring nonspecific effects, and determining the cost effectiveness of hypnosis seen in the Lang study (Lang et al., 2000)</p>
99.	(Astin, Shapiro, Eisenberg, & Forsys, 2003)	Mind body			<p>A number of clinical studies<sup>18,145–147</sup> and narrative reviews<sup>42,120,148–150</sup> suggest that Mind Body Therapies (MBT) can be cost-effective. Most recently, the previously discussed trial conducted by Blumenthal et al, have included a cost-effectiveness component, additional research is required before definitive conclusions can be drawn regarding the relative costs or cost savings associated with mind-body–psychosocial interventions.</p> <p>[.....which showed significant reductions in coronary events for patients randomized to a stress management intervention, found significant cost savings associated with the program (when compared with an exercise program or usual medical care). To date, however, because relatively few MBT trials</p> <p>Although we have noted several areas that future research should address (e.g., mechanisms of action of MBTs, the relative contribution of nonspecific factors), given the relatively infrequent and minimal side effects associated with such treatments and the emerging evidence that these approaches can also result in significant cost savings, we believe that the integration of psychosocial–mind-body approaches, particularly in the clinical areas highlighted above, should be considered a priority for medicine.</p>
100.	(Barabasz & Watkins, 2005)				From pages 219 – 430 various references in regarding cost effectiveness
101.	(Barker, et al., 2010)	Sport	Performance		<p>In conclusion, this study is the first to demonstrate that hypnosis can enhance self-efficacy and performance in a nomothetic design (including a follow-up assessment phase). However, self-efficacy did not mediate performance and future research could further delineate the effect of hypnosis on self-efficacy and subsequent performance. The positive influence of hypnosis on self-efficacy levels has important applied implications given the relationship between self-efficacy and performance (Bandura, 1997; Moritz et al., 2000). Sport psychologists and athletes may consider using hypnosis (in group settings) as a relatively cost-effective intervention to increase efficacy beliefs and improve sport performance.</p>
102.	(Barnes, et al., 2010)	Smoking			<p>This approach also includes training in self hypnosis which may be as important as hypnosis by a therapist (Katz 1980). Self hypnosis can be used at will by the patient. Compliance may be higher and costs lower because only one session is required. In uncontrolled studies six-months abstinence rates using this method are reported to vary between 20 and 35%.</p>

103.	(Baumann, 2002)	children			Relaxation therapies use techniques such as progressive relaxation, self-hypnosis, and guided imagery. Several studies have found relaxation therapies to be as effective, or more effective, in reducing the frequency of migraine headaches than modest doses of a beta-blockade medication, although one study found relaxation therapy to be no more effective than a control program. Several studies have demonstrated that these therapies can be taught to children in a low cost but effective manner.
104.	(Berger et al., 2010)	Pain	Major burns		Conclusion: A pain protocol including hypnosis reduced pain intensity, improved opioid efficiency, reduced anxiety, improved wound outcome while reducing costs. The protocol guided use of opioids improved patient care without side effects, while hypnosis had significant psychological benefits.
105.	(Brown & Hammond, 2007)	Obstetrics			Short-term hypnotherapy contrasts deeply with many medical innovations that may achieve treatment effects only at very high costs in terms of technology, hospitalization, expensive diagnostic procedures, etc.
106.	(Butler, Symons, Henderson, Shortliffe, & Spiegel, 2005)	Medical Procedures	children		The findings are noteworthy in several additional respects. This study was a controlled, randomized trial conducted in a naturalistic medical setting. In this context, we achieved a convergence of subjective and objective outcomes with moderate to large effect sizes, including those that may have an impact on patient care and procedure cost, that were consistently supportive of the beneficial effects of hypnosis— a non-invasive intervention with minimal risk. The findings, therefore, have immediate implications for pediatric care.
107.	(Daniel, 2006)				As improving technology continues to facilitate more research in the neuroscience of hypnosis, as societies struggle to provide cost-effective health care, and as consumers in our own society express increasing interest in treatment modalities that lessen dependence on drugs, it becomes even more important for researchers and clinicians alike to be able to communicate to our colleagues, our patients and the public what is known about hypnosis, and how we know it.
108.	(Demosthenous, 2009)	Hypnosis	General review		Informed by conversation analysis (CA), this review on hypnosis comes at an exciting and critical time in the history of hypnosis, as hypnosis is now recognised as a clinically validated and cost-effective method for attaining physical, social and emotional wellbeing.  In spite of conflicting —state and non state views, hypnosis is recognised as an increasingly popular and cost-effective effective treatment for a wide range of health problems (Jones, 1986; Lynn, Kirsch, Barabasz, Cardena, & Patterson, 2000; Nash, 2004).
109.	(Domínguez-Ortega & Rodríguez-Muñoz, 2010)	Psychophysiological Gag reflex	Digestive endoscopies	28	To this extent, the avoidance of anaesthesia reduces cost and risk to the patient and therefore the use of hypnosis is a promising cost containment strategy (Probert, Jayanthi, Quinn, & Mayberry, 1991).
110.	(Elkins, et al., 2007)	Pain			Interest in hypnosis for pain management has increased with recent evidence that hypnosis can reduce pain (and costs) associated with medical procedures (Lang et al., 2000)



111.	(Filshie, 2008)	Breast Cancer Surgery			<p>The present randomised controlled trial demonstrated that a brief hypnosis intervention before breast cancer surgery statistically significantly reduced intraoperative use of the analgesic lidocaine and the sedative propofol. The hypnosis intervention also reduced patient-reported postsurgical pain (intensity and unpleasantness), nausea, fatigue, discomfort, and emotional upset to an extent that was consistent with benchmarks for clinically meaningful differences ...' ... this study is, to our knowledge, the first randomized trial with breast cancer surgical patients that was sufficiently powered to demonstrate these beneficial effects as well as to demonstrate cost-effectiveness.' 'The present brief hypnosis intervention appears to be one of the rare clinical interventions that can simultaneously reduce both symptom burden and costs.'</p>
112.	(Flory, et al., 2007)				<p>Hypnosis significantly reduced pain, anxiety, drug use, and complications. Procedure time was 17 minutes shorter compared to the standard group. Time savings in combination with fewer complications resulted in a higher cost effectiveness compared to standardized treatments; savings were on average \$330 per procedure (Lang &amp; Rosen, 2002)</p> <p>There is also support that hypnotic techniques can ameliorate the effects of analgesia and anesthesia, stabilize vital signs, reduce complications, facilitate healing and recovery, and overall reduce health care costs. Hypnosis, as an established, valuable tool, is now ready for implementation into health care on a large scale.</p> <p>There is evidence that adjunctive hypnosis is superior to standard medical care both in terms of quality of care and costs (Lang et al., 2006; Lang &amp; Rosen, 2002). Hypnotic techniques, however, are still underused (Blankfield, 1991), even though hypnosis was accepted as a legitimate tool by the British Medical Society in 1955 and the American Medical Association in 1958 (Anbar, 2006a; Upshaw, 2006).</p>
113.	(Gonsalkorale W M, Houghton L A, & Whorwell MD, 2002)				<p>This study clearly demonstrates that hypnotherapy remains an extremely effective treatment for irritable bowel syndrome and should prove more cost-effective as new, more expensive drugs come on to the market.</p> <p>Lastly, new, more expensive drugs are likely to come on the market in the near future. However, it has been shown that their beneficial effect is lost shortly after cessation of treatment (22, 23), which is in sharp contrast to hypnotherapy, where the symptomatic improvement is long-lasting. Thus, hypnotherapy will also become a much more cost-effective option in the treatment of IBS.</p>

114.	(Hallquist, Jensen, Patterson, Lynn, & Montgomery, 2007)				Hypnosis has a rich history as a standalone treatment and as an adjunct to a variety of psychotherapeutic and medical procedures (Gauld 1997). In the 1980s, well-controlled studies empirically evaluated the role of hypnosis in the treatment of medical conditions and began to provide convincing evidence for the efficacy of hypnosis-based interventions in settings ranging from the laboratory to the operating room (Lynn 2000; Pinnell 2000). More recently, it has been shown that hypnotic analgesia interventions can result in substantial cost savings following medical procedures (Lang 2000). There is also an increasing demand for non-pharmacologic therapies that do not carry the same troublesome side effects associated with many medical procedures (e.g., Blumstein 2005). Indeed, hypnosis is almost always a benign approach with little likelihood of causing side effects (Jensen 2006).
115.	(Hammond, 2007)				In conclusion, not only has hypnosis been shown to be efficacious with headache and migraine but it is also a treatment that is relatively brief and cost effective.
116.	(Hammond, 2010)				This study clearly demonstrated that self hypnosis training is an extremely effective treatment for IBS and should prove more cost effective as new, more expensive drugs come on the market.  It was concluded that self-hypnosis more powerfully relieved anxiety without undue cost.  Hypnosis has proven cost effective in healthcare, commonly requiring only three to five office visits or less for self-hypnosis training for generalized anxiety, and as little as 10–20 min in association with medical/ dental procedures  <b>Five-year view</b> Although hypnosis has been a treatment modality for more than 200 years it has been underutilized owing to misconceptions among professionals about the nature of hypnosis. However, interest in and openness to alternative and complementary medicine techniques has rapidly increased at the same time that the public has become increasingly dissatisfied with and wary of reliance on only medication treatment. Studies cited have shown that the vast majority of the public have an openness to the use of hypnosis as part of treatment. These factors combined with increasing healthcare costs and unfavorable economic conditions create a climate in which a rapid and cost-effective treatment modality, such as self-hypnosis training, will become increasingly appealing.
117.	(Hawkins, 2001)				The authors noted a cost advantage compared with inpatient treatment (a comparison of \$7500 versus \$700) but unfortunately did not assess hypnotizability, so the relative contributions of hypnotic processes and relaxation cannot be determined.
118.	(Hermes, Hakim, & Sieg, 2006)				Overall preparation time (information, seedings and induction) of approximately \5 minutes, complete postoperative reorientation of the patient within less than 1 minute and low technical costs are further advantages of hypnosis in direct comparison with established pharmacological procedures.
119.	(JCNI, 2007)				Patients in the hypnosis group also spent less time in surgery than control patients, which contributed to a reduction in institutional costs.

120.	(Kanji, White, & Ernst, 2004)				Autogenic training is certainly a safe intervention when performed appropriately.2 It is furthermore an inexpensive (self) treatment. Thus, AT might contribute to lowering healthcare costs for a range of conditions.
121.	(Kiran, 2011)				While Ashton, et al conducted a prospective randomized trial on patients undergoing CABG surgery by giving training for mind body intervention in the form of self hypnosis before surgery and observed that patients were more relaxed, experienced less 13 pain, and required fewer pain medication.
122.	(Kohen, 2010)				In addition to the cost savings of not having to purchase prescription or over-the-counter medications, advantages of self-hypnosis training over pharmacotherapy include having virtually no adverse effects as compared to medications.
123.	(Kraft & Kraft, 2007a)				Although inferior to hypnotherapy, daily use of the audiotape, which provides background information about IBS, stress coping strategies and structured relaxation, is a cost effective form of treatment. The use of hypnotherapy and audiotapes for the treatment of IBS has been used by the St. Mark's Hospital team in the UK since 1992.
124.	(Kraft & Kraft, 2007b)				Hypnotherapy offers a rapid and cost effective form of treatment for sexual disorders, and it is recommended that these procedures are used in therapy
125.	(Kraft, 2011)				The use of hypnotherapy in clinical practice offers are more rapid and cost effective treatment for social phobia and agoraphobia, and it is recommended that it be used in conjunction with psychodynamic psychotherapy and/or in vivo exposure therapy
126.	(Kwiatkowski, 2012)				Butler (2005) tested an interesting hypnosis strategy against pediatric pain when he trained children as well as their parents, observing a significant reduction of pain, procedural time and thus overall costs thanks to hypnosis.
127.	(Lang & Rosen, 2002)				Use of adjunct hypnosis with sedation reduces cost during interventional radiologic procedures.  We have previously shown that adjunct hypnosis with intravenous conscious sedation during interventional radiologic procedures is effective in reducing pain, anxiety, and procedure time. Findings of this cost analysis show substantial cost savings when adjunct hypnosis is used. Therefore, the choice between greater patient comfort and lower cost need not be made. Medical benefits of hypnosis for the patient notwithstanding, adjunct hypnosis during procedures is a clinically feasible and cost-saving practice.
128.	(Lee & Pyun, 2012)				If pain medicine specialists, who have vast experiences in pain treatment, learn hypnosis and utilize it, it would be greatly helpful in the treatment of acute and chronic pain.
129.	(Lehrer, Feldman, Giardino, Song, & Schmaling, 2002)				In a controlled study of hypnosis as a treatment of asthma among children, Kohen (1995) noted improvement in asthma symptoms but not in pulmonary function, compared with no treatment and waking-suggestion groups. A greater decrease in emergency room visits and missed days in school also was found in the hypnosis group. These data suggest that hypnotic interventions may improve asthma quality of life but not pulmonary function.

130.	(Lindfors, et al., 2012)				<p>Apart from the clinical benefits, the reduction in health-care utilization has the potential to reduce the health-care costs.</p> <p>Gut-directed hypnotherapy seems to be an important and effective treatment option for patients with severe IBS, associated with sustained positive effects over time and great patient satisfaction. The reduction in health-care utilization is of importance and has the potential to reduce the cost for the society for this patient group.</p>
131.	(Lindfors, et al., 2012)				<p>The reduction in health-care utilization is of importance and has the potential to reduce the cost for the society for this patient group. These results are in line with previous results from other groups and demonstrate the possibility to deliver gut-directed hypnotherapy outside highly specialized hypnotherapy centers.</p> <p>Conclusion. This long-term follow-up study indicates that gut-directed hypnotherapy in refractory IBS is an effective treatment option with long-lasting effects, also when given outside highly specialized hypnotherapy centers. Apart from the clinical benefits, the reduction in health-care utilization has the potential to reduce the health-care costs.</p>
132.	(Lioffi, White, et al., 2009)				<p>Related to this would be a head to head comparison of the efficacy and cost benefit of hypnosis vs a local anaesthetic. Based on the impressive performance of hypnosis in this and previous studies, it would be reasonable to speculate that in many cases EMLA adds relatively little over and above hypnosis and in reality it might only serve as a cue in post-hypnotic suggestion for pain and anxiety relief for future medical procedures.</p>

133.	(Lynn, Kirsch, Barabasz, Cardea, & Patterson, 2000)			<p>[.....it is, nevertheless, apparent that cost-effective hypnotic procedures can ameliorate an array <i>of</i> psychological and medical conditions.</p> <p><i>Hypnosis and smoking cessation.</i> The literature on hypnosis and smoking cessation indicates that hypnotic interventions, by promoting abstinence, can prevent smoking-related illnesses. Based on their review of 59 studies, Green and LYM (2000 [this issue]) noted that hypnotic interventions generally yield higher rates of abstinence relative to waitlist and no-treatment conditions. Whereas hypnotic procedures are not necessarily more effective than alternative treatments, and the evidence for whether hypnosis yields outcomes superior to placebos is mixed, hypnotic procedures are very cost-effective and have earned a place among entry-level treatments in stepped-care approaches that begin with the least costly and time-consuming interventions</p> <p>Given that many cognitive-behavioral procedures can easily be conducted with hypnosis or simply relabeled as “hypnosis,” it seems that behaviorally oriented clinicians with training in hypnosis could readily establish a hypnotic context as a simple, cost-effective means of enhancing treatment efficacy.</p> <p>The evidence reviewed in this special issue affords much in the way of encouragement to practitioners who already use hypnotic techniques and to practitioners who wish to incorporate hypnotic procedures into their clinical repertoire. In fact, hypnosis fares well in comparison with the quantity and quality of research regarding many other psychotherapeutic endeavors. Although this special issue underscores the cost effectiveness of hypnotic procedures and their utility in treating many conditions, it also underlines the need for continued evaluation and assessment of the empirical status of hypnotic interventions.</p>
134.	(Mackey, 2008)	Dental procedures		<p>Dental procedures are often anxiety producing even in persons who are emotionally well adjusted (Crasilneck &amp; Hall, 1985). This fear requires the patient to spend approximately 20% more time in the dental chair thus increasing the cost of providing dental health care (Dyas, 2001; Finkelstein, 2003; Rodolfa, Kraft, &amp; Reilley, 1990).</p> <p>The implications of these results show that the addition of hypnotic/therapeutic suggestion throughout the entire surgical procedure helps reduce the amounts of intraoperative anesthetic thereby decreasing the associated risks and the cost of anesthesia administration itself.</p>
135.	(Montgomery, Duhamel, & Redd, 2000)	Pain Management		<p>Recent data strongly support the advantages of adding hypnosis to cognitive-behavioral psychotherapy in general (Kirsch et al., 1995), and the present results strongly suggest the efficacy of the addition of hypnosis to non hypnotic pain management strategies. In clinical practice, therefore, the addition of hypnotic suggestions for pain relief to standard protocols appears prudent as the majority of patients are likely to benefit. There is no evidence that harm would be done when working with appropriately trained health professionals, and effective hypnoanalgesic interventions can be rather brief and cost effective (e.g., one session; Patterson et al., 1992).</p>

136.	(Montgomery, et al., 2007)	Breast Cancer Surgery			<p>Institutional costs for surgical breast cancer procedures were \$8561 per patient at Mount Sinai School of Medicine. Patients in the hypnosis group cost the institution \$772.71 less per patient than those in the control group (95% CI = 75.10 to 1469.89), mainly due to reduced surgical time.</p> <p>Hypnosis was superior to attention control regarding propofol and lidocaine use; pain, nausea, fatigue, discomfort, and emotional upset at discharge; and institutional cost. Overall, the present data support the use of hypnosis with breast cancer surgery patients.</p> <p>In conclusion, the present randomized controlled trial demonstrated that a brief presurgery hypnosis intervention reduces medication use, pain intensity, pain unpleasantness, nausea, fatigue, discomfort, and emotional upset in women undergoing breast cancer surgery. The results are strongly supportive of cost savings associated with this approach accruing to the institution. Together, the combination of potential improvements in symptom burden for the hundreds of thousands of women facing breast cancer surgery each year and the economic benefit for institutions argues persuasively for the more widespread application of brief presurgical hypnosis.</p>
137.	(Néron & Stephenson, 2007)				Results are clinically meaningful to cost-effective patient care.
138.	(Persson, Veenhuizen, Zachrisson, & Gard, 2008)				Positive effects were found regarding decreases in pain intensity, anxiety, depression, and fatigue (in fibromyalgia). Even decreases in medication and health costs were seen. Increased mobility and use of coping strategies were also reported.
139.	(Shenefelt, 2003)				Advantages of medical hypnotherapy for skin diseases include nontoxicity, cost-effectiveness, ability to obtain a response where other treatment modalities have failed, and ability of patients to self-treat and gain a sense of control when taught self-hypnosis reinforced by using audiotapes.
140.	(Stewart, 2005)				With their surgeons unaware of the study, patients who were read a 5- minute script before surgery had a significantly earlier return of bowel function ( $P<.05$ ). They also had a shorter mean duration of hospital stay (6.6 vs 8.1 days) and a cost savings of \$1200 per patient.
141.	(Vandevusse, et al., 2007)				<p>Hypnosis presents a cost effective alternative for the remaining 40% of women who chose to experience labor unanaesthetized.</p> <p>..... have shown cost savings based on these benefits identified from perioperative hypnosis and Sobel (2000) has asserted that complementary strategies re cost-effective.</p>
142.	(Wilson, et al., 2006)				A more recent audit of patients treated in this hypnotherapy unit, reported that GDH may also confer longer term benefits and reduced health care costs as a result of lower consultation rates and medication use.

## **Appendix 2: Background of Academy of Applied Hypnosis and Leon W. Cowen**

The AAH is an ASQA accredited teaching institution. It was founded in 1983 by Leon W. Cowen and in 1998 was the first hypnotherapy teaching institution to achieve VETAB accreditation for hypnotherapy (AAH, 1998). Since that time the Academy's course has achieved further accreditations and endorsements with the AHA, ASCH, Professional Hypnotists of Western Australia (PHWA), Australian~Traditional Medicine Society, Counsellors and Psychotherapists Association NSW (CAPA) and the Royal Australian College of General Practitioners.

The Executive Director, Leon W. Cowen, commenced practice in 1974. During his career he has served on various hypnotherapy and other professional association executive committees and subcommittees being AHA, ASCH, Hypnotherapists Enhancing Life for People (HELP), Australian~Traditional Medicine Society (ATMS) and CAPA. He has presented Australia and New Zealand workshops and conference papers for associations, organisations and universities including the Australian Catholic University, AHA, Australian Integrative Medicine Association, Australian and New Zealand Association Medical Education, ASCH, CAPA, HELP, Macquarie University, UWS and the PACFA/Australian Counselling Association's conference.

Although he has no undergraduate degree, his background was acknowledged by admittance as a PhD candidate with the UWS conducting research into the relationship between clinical hypnotherapy education and clinical practice. He has had several papers published on various aspects of clinical hypnotherapy.

### **Appendix 3: Glossary of Acronyms**

AAH	Academy of Applied Hypnosis
ACCC	Australian Consumer & Competition Commission
AHA	Australian Hypnotherapists Association
APA	American Psychological Association
APS	Australian Psychological Society
ASCH	Australian Society of Clinical Hypnotherapists
ASH	Australian Society of Hypnosis
ASQA	Australian Skills Quality Authority
CAPA	Counsellors and Psychotherapists Association NSW
CBT	Cognitive Behavioural Therapy
HCA	Hypnotherapy Council of Australia
HELP	Hypnotherapists Enhancing Life for People
IBS	Irritable Bowel Syndrome
MQ	Macquarie University
PTSD	Post Traumatic Stress Disorder
SADH	South Australian Department of Health
SAG	South Australian Government
UWS	University of Western Sydney
VET	Vocational Education Training
VETAB	Vocational Educational Training and Accreditation Board
WC	WorkCover NSW



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