

WHAT ABOUT HYPNOSIS?

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GENERAL DISCLOSURES

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

✓ I have no conflicts of interest to disclose.



SPEAKER DISCLOSURES

✓ No conflicts of interest

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OBJECTIVES

BY THE CONCLUSION OF THIS PRESENTATION, ATTENDEES WILL BE ABLE TO:

- 1. Provide informed guidance to patients regarding what hypnosis can and cannot do.
- 2. Describe at least three conditions for which hypnosis has some empirical support in the form of meta-analyses.
- 3. Evaluate the relevant qualifications of individuals who offer hypnosis services.



PROVIDING INFORMED GUIDANCE ON WHAT HYPNOSIS CAN AND CANNOT DO



PRE-SURVEY RESULTS

- 30% received training in hypnosis at some point
- Approximately 50/50 have experienced hypnosis
- Experience was generally neutral (55%), or positive (43%)



PRE-SURVEY RESULTS: USE OF HYPNOSIS

- 87% never use it in practice
- Confidence in using it is low: 9 on a 0-100 scale
- Interesting in learning more about it: 81
- Interest in providing it to your patients: 62
- Interest in having someone in your office able to do so: 72



HYPNOSIS: A QUICK OVERVIEW



WHAT IS HYPNOSIS?

A state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion

Elkins et al, 2015



WHAT GENERALLY HAPPENS DURING A HYPNOSIS SESSION?

- Pre-hypnosis discussion and consent
- Induction
- Deepening
- Therapeutic use #1
- Therapeutic use #2
- Post-hypnotic suggestions
- Alerting
- Debriefing and further contextualizing



CAN ANYONE BE HYPNOTIZED?

- Natural trance
- Hypnotizability (small to medium effect size;
 Montgomery et al, 2011)
- Therapeutic Communication
- Other things that look like hypnosis
- What happens when we decide to pay attention to something



MYTHS AND MISCONCEPTIONS: PEOPLE EXPERIENCING HYPNOSIS...

- ...usually forget what happened during it.
- ...are usually unaware of what they are doing.
- ...have a difficult time resisting the hypnotists' suggestions.
- ...can experience hypnosis against their will



HYPNOSIS: WHAT PEOPLE CAN EXPECT

- Physiological relaxation
- Focused attention and absorption
- Autonomy/control over their experience

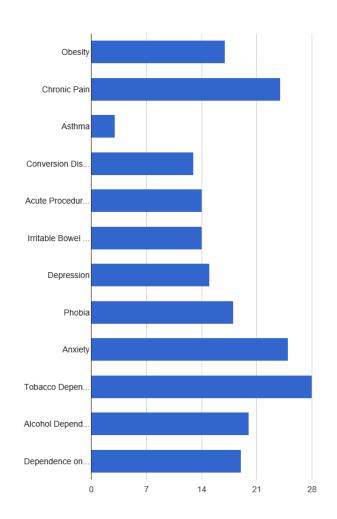


WHAT ABOUT EMPIRICAL SUPPORT?



WHAT CAN HYPNOSIS BE USED FOR? SURVEY RESULTS

- Tobacco dependence 82%
- Anxiety 74%
- Chronic pain 74%
- AUD 59%
- Other SUD 56%
- Phobia 53%
- Obesity 50%
- Depression 44%
- Acute Procedural Pain 41%
- IBS 41%





EVIDENCE-BASED PRACTICE: META-ANALYSES

Condition or application	Strength of evidence
Acute pain	Good analgesic effects in high hypnotizables (Thompson et al 2019); Improvement overall with invasive procedures (Noergaard et al 2019)
Procedure-related distress	Large effect size for benefit (Schnur et al 2008); pediatric needle pain (Birnie, et al 2014); Decreased distress related to surgery (Tefikow et al, 2013)
Anxiety in cancer patients; anticipatory N/V	Reductions in anxiety and procedural distress in adult and pediatric patients (Chen et al, 2017); improvements in pediatric N/V comparable to CBT (Smith et al, 2007)
Chronic pain	Moderate benefit vs standard care (Adachi et al, 2014); modest improvement in disability-related pain (Bowker & Dorstyn, 2016); Fibromyalgia (Zech et al., 2017)



META-ANALYSES (CONT)

Condition or Application	Strength of Evidence
Anxiety disorders	PTSD (O'Toole et al, 2016)
Irritable Bowel Syndrome	Adequate long-term symptom relief in 50% of patients (Schaefert et al 2014); approximating other psychological therapies in improvement (Laird et al, 2017)
Psychosomatic Disorders	Medium effect size versus WL control (Flammer & Alladin, 2007)
Labor and delivery	Reductions in pain and need for medications (Brown et al, 2007)
Obesity	Better than no treatment; CBT with and without it shows small improvement; long term results are needed (Milling et al, 2018)
Smoking	Not evidence based (Tonnesen, 2019)



EVALUATE THE QUALIFICATIONS OF PEOPLE PROVIDING HYPNOSIS



PRE-SURVEY RESULTS: WHAT ABOUT HYPNOSIS?

- Never or rarely asked: 66%
- Sometimes asked: 33%
- Frequently asked: 3%
- Sometimes asked for a referral: 14%
- Never or rarely asked for a referral: 86%

Can it be useful in a health care setting? 27% neutral, 73% somewhat agree or agree



WHO SHOULD BE PROVIDING HYPNOSIS?

- Any licensed health care provider who has had training in hypnosis 22%
- Any licensed health care provider who has had training in hypnosis and is certified to provide hypnosis 84%
- Anyone who has received hypnosis training
 8%

(Note: more than one response allowed)



HYPNOSIS: HOW TO USE IT ONCE YOU KNOW HOW (THE TRAPS AND TEMPTATIONS)

- Do not treat something with hypnosis, that you wouldn't otherwise be treating!
- Don't use it for entertainment.
- Use it only on people with whom you have a professional relationship



PRE-SURVEY RESULTS: MAKING REFERRALS FOR HYPNOSIS

- Interest in access to information on where to make referrals: 86 (0-100 scale)
- Confidence in providing a high-quality referral:
 17
- Confidence in evaluating a clinician's credentials for providing hypnosis: 20
- Aware of credentialing in hypnosis: 36% yes, 64% no



AMERICAN SOCIETY OF CLINICAL HYPNOSIS (ASCH)

- Interdisciplinary
- Provides various levels of certification for clinicians
- Holds an annual meeting and regional workshops
- Publishes a journal
- www.asch.net



SOCIETY FOR CLINICAL AND EXPERIMENTAL HYPNOSIS (SCEH)

- Interdisciplinary
- Provides certification for clinicians and for researchers
- Holds an annual meeting, regional workshops and webinars
- Includes scientific sessions at annual meeting
- Publishes a journal
- www.sceh.us



THANK YOU! MCCANN@UW.EDU

