BRITISH SOCIETY OF CLINICAL AND ACADEMIC HYPNOSIS

NEWSLETTER

Depression Theme

Volume Eight, Number Nine December 2016

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Editor's Notes

This is the second of our themed issues - this issue is on depression. I have contacted all members who have an interest in depression listed on the referrals list, and have a variety of articles for you to read. I hope you enjoy them. The depression theme has linked to the picture on the front page - demonstrating that initial appearances aren't always right, and sometimes there can be more than one way of looking at something and solving a problem.

The next edition of the newsletter will have a sex and relationships theme. If you have anything to contribute about hypnosis, sex and relationships, please send charlotte.davies@doctors.org.uk your contributions. If you have something you'd like to share that isn't one of these topics, please send that also!

I have been editing the newsletter for a while now, and I would be really greatful for any suggestions on how to change and improve it. I write the newsletter for you, without knowing you, so it'd be great if you could give me some feedback!

Looking forward to hearing from you soon, with best wishes for the festive season.

Charlotte Davies
BSCAH Newsletter Editor

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https://songsorstories.com/2016/09/08/different-tablets-and-the-art-of-distraction/ has an article on the art of distraction. Whilst not specifically mentioning hypnosis, it talks about measuring drugs vs distraction. This is useful for us to look at, and make us think about how we can assess our efficacy.

CHIT

Contempory Hypnosis and Integrated Therapy is our journal. If you have any articles that could be accepted, speak to the editorial board. The 2016 issue has interesting reports on successful hypnosis use.

Lancs and Cheshire Branch Report

Lancs & Cheshire Branch held its first meeting of the academic year on 25th September, when eight members came to hear Lynne Tomlinson speak on "Identifying and working with everyday hypnotic phenomena and waking states". Lynne is a psychotherapist working in the psychological support unit at the Christie Hospital in Manchester. She works predominantly with head and neck cancer patients to help them overcome difficulties with radiotherapy and chemotherapy. She is often called in to resolve a crisis situation for the patient. For several of the audience Lynne's talk was an eye-opener into the realities of radiotherapy for patients and the panic it can result in. Lynne talked about recognition of the hypnotic phenomena the patient may be manifesting and how to use them more helpfully. This is often used in conjunction with other methods such as aroma sticks - anchoring three breaths with the aroma stick to a feeling of calm. Lynne also brought in a couple of "Christie stars", which a few of us were quite taken with. These 3D plastic stars have five points - "five things to pull you through" - which are a personal therapeutic prescription for each patient. The stars are purchased for the hospital by patients who got through (giving a symbol of hope) and are gold-coloured, which is also significant. The stars become an attachment object to take away.

In addition to discussing her methods, Lynne gave us a couple of case studies. It was fascinating to hear how, when a patient is struggling with cancer therapies, there is usually so much more behind it than the actual treatment or even the cancer. Feedback from the morning was universally excellent and the feeling of the group was that we would like to invite Lynne back next year to do a one day workshop for us.

We have 9 people undertaking this year's foundation training. We were hoping for two more candidates, but they were unable to get funding agreed from their trusts. Tightening of training budgets seems to be a problem throughout the NHS.

Our last meeting for 2016 was on 13th November, when Michael Capek was our speaker on the topic "Biblio-hypnosis: the giving of the Ten Commandments". The aim of the session was for participants to experience and "enjoy" a historical event by associating themselves into it. Sadly, for a variety of reasons, mostly illness-related, a large number of members sent apologies and Michael's audience was small, but enthusiastic. The presentation sparked a lively discussion on the emotions generated by the guided trance and the different memories participants had regarding the Ten Commandments story, plus the different slants placed on the story by Judaism and Christianity.

Our first meeting of 2017 will be a little experimental, in that we are inviting our foundation trainees along and combining a branch meeting with the section of the training module covering pain. The thinking behind this is that by meeting branch members and getting a feel for what happens at a branch meeting, our trainees will be encouraged to join the society on completion of their training. Grahame Smith will be joining us from Northern Counties as one of our presenters, and more experienced branch members will be mentoring our trainees through the cold pressor test. Given how cold it has been of late, I may not need to provide ice cubes on the day!

Linda Dunlop

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"Talkaestheia" has been defined as a distracting conversation, whilst a painful procedure is being carried out. This name was coined in a recent BMJ article - what do you think of it?
http://www.bmj.com/content/bmj/354/bmj.i3033.full.pdf

What do you think of our new website?
Most of you will be aware that the new site is now up and running. Any constructive comments are welcomed as are any contributions eg short case studies, vignettes, or useful information.

Mets & South Branch Report October 2016

The Mets and South Branch had some excellent feedback from the Foundation Trainees last year: Leon Gevertz, Peter Naish, Charlotte Davies and I enjoyed meeting and working with the students for what was a successful three-weekend course. We are concerned, however, that there has only been a small number of enquiries for the 2017 Foundation Course—perhaps this issue should be addressed at both Branch and National level. We are hopefully going to run the Foundation Training again in 2017, but starting in February. Please plug this and invite colleagues to attend training; it would be nice to have between 10 and 15 students. Application forms are available on request: please contact me at dmjkraftesq@yahoo.co.uk. For information about the syllabus, please go to the BSCAH website or speak to me on 07946 579645. The course is open to doctors, nurses, dentists, chartered psychologists and registered practitioners who have a legitimate reason for using hypnosis in their work.

At present, Leon and I are looking forward to working at Frimley Park Hospital, where we have been employed by the Anaesthetics Department to run a two-day taster course in clinical hypnosis. The course is a tailor-made programme to suit their specific needs: specifically, we envisage spending a great deal of the time on the two days developing strategies for chronic pain management and the reduction of pre- and post-op anxiety.

David Kraft
Hon Secretary
Mets & South Branch
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What has your Branch been up to? What have you been up to without being affiliated to a very active Branch? Let me, the editor, know - and we can get a great representation of what good stuff is happening.

Membership News

We have received the sad news that Helen Crawford died in Little Rock, Arkansas on November 15th, 2016. Those of you who used to attend the Annual Conference back in the BSECH days will remember her as an excellent speaker as well as being a charming communicator at the personal level. She did her early work with Earnest Hilgard, at Stanford, but most recently she had been working at Virginia Tech. Helen was a prolific researcher, and one of the first to use the then new technology of brain scanning, to determine what actually changed when a person was hypnotised; she highlighted the important role of the anterior cingulate cortex. Sadly, a glittering career was cut short in 2004, when Helen was only 61; she had a cardiac arrest, so sustained brain damage through anoxia.

I have passed on the Society's condolences, but should any who knew Helen wish to add a personal message, then our contact is her daughter Julienne, whose email address is: juliennecrawford@hotmail.com

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The Midlands branch e-mail address has been changed to bscahmidlandsbranch@outlook.com and Hilary Walker is now branch Secretary.

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At the Eastern Branch AGM it was agreed that Les Brann will stand down as Eastern Branch chair and Eamonn Coveney will take over the role. Karen will remain as treasurer. Les will remain as branch representative at Council meetings.

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This space here is for your news and changes!

Have your say on our future developments…

BSCAH has a very small list of Accredited members, or those with the Diploma, that are willing to take referrals. We are primarily a Society that supports the training of health professionals in hypnosis rather than running a referral list facility for members of the public but inevitably we get enquiries and our referral list is embarrassingly short. This was discussed at the last Council meeting and one possible solution was to allow all members to have their name on the list with the rider that membership does not indicate any particular level of training in hypnosis and that those with BSCAH Accreditation or the Diploma are starred.

What do you think of this idea? It would need to be carefully considered and a motion brought to the AGM if we were to go down this route.

If it is agreed then should this new referral list be an opt-in or an opt-out for members?

An alternative would be to suspend the referral list until such time as we have reasonable numbers with Accreditation or the Diploma.

The Academic & Accreditation Committee will be having an away day early next year to discuss, amongst other things, changes to the structure of our training programmes to enable BSCAH to develop an integrated educational pathway from Introductory Days in Clinical Hypnosis, further basic or foundation training, special interest modules, Accreditation and the Advanced Diploma. BSCAH certainly needs to discuss how to address the need for further training after the Foundation course.

One of the proposed pathways would entail two single days teaching the 'building blocks' of hypnosis (possibly an introductory day plus one other, or one weekend) together with some e-learning covering topics such as the history and theories of hypnosis; although we would need to look at how this would be assessed. Other topics would be covered in 'special interest' modules (SIMs) which would be run annually. A 'competent hypnosis professional' certificate would be issued to those

who also completed at least two special interest modules; although there would be no limit to the number of SIMs they could complete. Whether these SIMs would be run both at Branch level and nationally would also need to be debated.
Ideas and thoughts from members would be very welcome so why not e-mail Jane Boissiere or myself (ann@annwilliamson.co.uk or admin@bscah.com).
Ann Williamson

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BSCAH Mailing list

Many members will be aware that National Office has had problems with sending out group e-mails. This has resulted in us having to set up a mailing list.
This entails members having to opt in and confirm that they are happy to be on the list by replying to an invitation sent out by an automated system that does look suspiciously like a spam e-mail. Many have still not responded to the bscahmailing list request.
Please keep an eye out for Hilary's e-mail from National Office and maybe check your spam filters if you are not already on the mailing list….

Would you like to go on the BSCAH Referral list?

Some members with the Diploma were unaware that they could go on the referral list.
Entry to the list is available to those with the Diploma or who have Accreditation.
A form has to be completed every three years, and there is a CPD and supervision requirement which is not very onerous. If you are interested please contact National Office.

How do you get your hypnosis CPD? Do you do e-learning? Journal article reading? Supervised practice? Share your methods!

Hypnotherapy Commissioning

Introduction

In early 2016 I was instructed to prepare an expert witness report concerning a case coming before the civil courts that involved a training course in clinical hypnosis. I shall only give the minimum details of this that are necessary for present purposes. The main consideration here is that in the planning stages of the course and in the prospectuses and other information provided to applicants and students it was clearly stated that on successful completion of Level 2 of the course students would be 'qualified to practice Clinical Hypnotherapy in a professional capacity and to treat patients presenting with a variety of psychological and physiological problems both within the NHS and privately'.

The students undertaking the course came from various walks of life and it was apparent that many of them, and very likely the majority, had no qualifications that would enable them to work in the NHS in any professional capacity. I considered that the obvious interpretation of the above statement was that by the time they had graduated to Level 2 the students would be qualified to work in the NHS, namely as 'clinical hypnotherapists'. Indeed in their statements this is what the students themselves averred was their expectation (although we should be mindful that they were all litigants in this case). It is worth adding here that no supervised clinical practice was offered to them on the course.

I am sure that members of BSCAH will be as concerned as I was about the above claim for the course. My understanding when I prepared my report was (and remains the case) that hypnosis is only used to a limited degree in the NHS and usually by individual professionals - dentists, general practitioners, psychiatrists, clinical psychologists, and so on. My perusal of the NHS jobs website indicated that it does not recruit 'hypnotherapists'. I acknowledged that there may be limited scope for private hypnotherapists to be attached to, say, a pain clinic

or gastro-intestinal unit but in these places the hypnotherapy may instead be undertaken by trained in-service staff. I have never come across any instance of a mental health service including a private 'hypnotherapist' in the multidisciplinary team.

Perusal of the local clinical commissioning group (CCG) websites[1] revealed that they were rather dismissive of hypnosis (except for pregnancy and childbirth) and they advised that it was unlikely that patients would be able to receive hypnotherapy on the NHS[2].

A few years ago the NHS introduced personal health budgets for patients with long-term disabilities and these allow the patients some choice of treatments[3]. I noted in my report that there may be scope here for hypnotherapists being involved but I did not know if there were any data on this at the time. However, it had been announced in the media[4] that the NHS would provide £3,000 to pregnant women to spend on their preferred childbirth method, one allowed option being 'hypnobirthing'.

I noted that in the case of hypnotherapy, the website NHS Choices[5] recommended to enquirers who were seeking a private hypnotherapist to contact the UK Council for Psychotherapy (UKCP) or the Complementary and Natural Healthcare Council (CNHC). They also suggested the BSCAH website. Some CCG websites suggested that patients search the registers of the UKCP or the CNHC, but did not 'recognise' any particular qualification.

Method

On this evidence there appeared to be no justification for the claim that on graduating, students would be professionally qualified to treat patients within the NHS. However, I felt that I needed to back up this opinion with further evidence. Accordingly I made a freedom of information (FOI) request to all CCGs[6] in NHS England (just over 200), asking them if they commissioned hypnotherapy, either routinely or in the form of individual funding requests (IFRs)[7]. After sending the first 25 of these requests I added a further question, namely what was the

latest available figure for the annual expenditure on commissioning of hypnotherapy for that CCG.
The method I adopted does not provide a comprehensive overview of the use of hypnotherapy in NHS England, as hypnosis may applied by different professionals employed by the health service, such as clinical psychologists and psychotherapists, as and when they consider it appropriate. However I believe it is a good method for addressing the original issue that came up, namely what were the prospects of gaining employment in the NHS for students successfully completing the clinical hypnosis course.
Incidentally, I understand that a response to a FOI requests to a CCG is in due course posted on its website; hence any reader should be able to see the reply from any CCG that is of interest to them.

Results of survey
Responses were forthcoming from all but two CCGs (Luton and Southport & Formby).
There were three common pieces of information that were elicited by the method chosen: firstly whether the CCG routinely commissioned hypnotherapy; secondly whether the CCG was willing to commission hypnotherapy by an IFR; and thirdly what was the most recent annual spend by the CCG on hypnotherapy. Not all CCGs addressed all three of these explicitly and sometimes it was unclear exactly what answer pertained to each component.

Routine commissioning
Nearly all CCGs indicated, explicitly or implicitly, that they do not routinely commission hypnotherapy (implicitly by, say, simply stating that they will consider hypnotherapy via an IFR). In 2 cases the response clearly indicated that hypnotherapy was commissioned for certain problems without an IFR. These were Bristol CCG and South Gloucestershire CCG who provided identical responses (see point paragraph F below). In addition, the Pan-Lancashire Policy (8) on

individual commissioning of complementary and alternative therapies (shared by 5 CCGs) states that hypnotherapy may be commissioned 'when the service is delivered as part of the management of a patient by a medical practitioner or clinical psychologist who holds the Hypnotherapy Practitioner Diploma or equivalent' and 'In the case of acupuncture, aromatherapy, chiropractic, osteopathy, hypnotherapy, reflexology and the Alexander technique when the service is provided by suitably qualified existing members of the primary healthcare team with which the patient is registered'. In other cases an IFR is required.

Commissioning by IFR

Fifteen of these CCGs explicitly stated that they would not consider an IFR application for hypnotherapy. Another 43 replies were somewhat less explicit, stating that the CCG did not commission hypnotherapy and had not funded it, while not explicitly stating that their policy was to reject any IFR. A further 8 indicated that it was unlikely that an IFR application would be accepted. The remainder (around 134) stated or implied that an IFR application would have to be made, although sometimes it was unclear if it was policy to reject such applications. Some CCGs reported that no IFRs have been received or none had been accepted, but it is not possible to give overall figures for these.

Reasons for the reluctance of CCGs to commission hypnotherapy

Although not all CCGs made this explicit, it is clear that the reason for the general reluctance to commission hypnotherapy is because it is included in the list of 'procedures of limited effectiveness' (or for which there is 'a lack of evidence of clinical effectiveness'). This list includes 'complementary and alternative therapies' and hypnotherapy tends to be identified amongst these. If the procedure is to be commissioned at all, it is usually the practice that for any individual patient the clinician has to complete an IFR form and demonstrate a convincing case for why that patient requires that treatment instead of or in addition to what is routinely prescribed.

CCGs have documents on their websites for public inspection that

outline their policies for commissioning such treatments based on their reviews and interpretation of the existing evidence. The National Institute for Care and Clinical Excellence (NICE), which provides only very limited support for hypnotherapy, is their chief source of information and guidance. Some CCGs share the same policy document (e.g. 'The Pan-Lancashire Policy' adopted by Blackburn CCG, Blackpool CCG and 3 others).

The extent of commissioning of hypnotherapy

The data collected may not include the latest financial year's funding for hypnotherapy for all CCGs but probably give something very close to the total picture. I have earlier noted the replies from Bristol CCG and South Gloucestershire CCG and the Pan-Lancashire policy.

A. Bury CCG provided the highest annual spend for hypnotherapy, totalling £13,632. This was 'for the treatment of irritable bowel syndrome (IBS) at the South Manchester Functional Bowel Service'. From other sources it seems that the number of referrals would have been around 12 (cost per patient around £1,100 to £1,200). Other CCGs in the Manchester area also quoted for IBS referrals (£2,062, £1,136, and three at £1,123, indicating 1 or 2 referrals for the latest year). Vale Royal CCG in Cheshire provided the second highest spend at £11,450 but did not give further details. One of the Devon CCG gave a figure of £1,145 but no further details.

B. The combined North West London CCGs (10): specify in their joint documentation that 'the CCG does not fund hypnotherapy for severe chronic insomnia and IBS, due to the lack of evidence of clinical effectiveness'. However an IFR will be considered. The figure provided for all CCGs indicate only 2 cases in the year 2013-14 and 2 in 2014-15.

C. One CCG (not in the Manchester area) reported that only 3 IFR applications (for IBS treatment) were made in last 2 years, all of which were withdrawn as the consultant failed to submit full information.

D. The responses of 4 CCGs included the statement that commissioning

was undertaken by the IFR procedure but as requests numbered less than 5 they could not supply any more information. This was in line with FOI guidelines 'in order to protect potential identification of individuals'.

The following responses from specific CCGs or CCG groups are also noteworthy:

E. One CCG reports that 'There is a Consultant only referral process for IBS which is delivered within the acute Trust's Multi-Disciplinary Team. This service is subcontracted within the Teaching Hospitals NHS Trust to a private hypnotherapist. This CCG has not received any Individual Funding Requests (IFRs) for hypnotherapy since the new pathway was put in place'. This was the only CCG that explicitly stated that a private provider was commissioned. Three CCGs explicitly stated that private providers would not receive commissions. From those CCGs that indicated that hypnotherapy had been commissioned in the last year it is reasonably certain that this was undertaken in-service providers.

F. Bristol CCG and South Gloucestershire CCG (see earlier) responded: The CCG commissions Hypnotherapy where NICE recommends this as part of a service for conditions such as Pain Management and Irritable Bowel Syndrome. All other conditions would require an Individual Funding Request application'. (It may be noteworthy that these two NHS England CCGs are also amongst the very few that commission homeopathy, the others being Somerset, South Somerset, and some in the London area – see note 9). The Pan-Lancashire Policy has also been referred to earlier.

G. One CCG indicated that it had 'commissioned hypnotherapy for irritable bowel syndrome on an individual patient basis in the past'. Another CCG replied, 'Hypnotherapy is included in the complementary and alternative therapy policy and is funded for IBS where a patient meets NICE, but no requests had been received.

H. It was indicated that 3 CCGs in Essex offered hypnotherapy as part of the smoking cessation programme' (from within the service); I could

find no other details of this.
I. Mid-Essex CCG noted that 'Hypnotherapy was previously under contract as part of pain management however, this was decommissioned some time ago'.

Conclusions
From this survey it is clear that, although clinical hypnosis may be used alongside other procedures by NHS professionals such as psychotherapists and clinical psychologists (and of course dentists), there is otherwise very little commissioning of hypnotherapy services. This is because CCGs classify hypnotherapy as akin to complementary and alternative therapy and thus a procedure that lacks evidence of clinical effectiveness. Even when, in many cases, the policy of the CCG is to consider funding hypnotherapy for IBS for which, of all the applications, probably the most extensive evidence for its effectiveness exists, it is still considered to be of questionable efficacy and only to be approved in cases of 'exceptionality' or 'rarity'. This very conservative approach is informed by NICE guidelines, which, with the exception of IBS, are not generally favourable towards hypnotherapy.
I shall not discuss in this paper the implications of these findings or consider any recommendations. The impetus for undertaking this survey was my concern about the claims made by a clinical hypnosis training course in that successful students would be 'qualified to practice Clinical Hypnotherapy in a professional capacity and to treat patients presenting with a variety of psychological and physiological problems both within the NHS and privately'. I wished to satisfy myself that I was justified in expressing my opinion in this legal case that such a claim was unwarranted and misleading (I am expressing myself mildly here). I consider that my opinion was well-founded.

Michael Heap

Notes

1. NHS England CCG https://www.england.nhs.uk/ccg-details/.
2. http://www.nhs.uk/Conditions/hypnotherapy/Pages/Introduction.aspx
3. https://www.england.nhs.uk/healthbudgets/
4. http://tinyurl.com/jdhg8pj
5. http://www.nhs.uk/pages/home.aspx
6. 'Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012… CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area….' They were responsible for approximately 2/3 of the total NHS England budget in 2016/2017 (http://www.nhscc.org/ccgs/).
7. See http://tinyurl.com/jp9hjkq: 'An individual funding request can be made for a treatment that is not routinely offered by the NHS when a clinician believes that their patient is clearly different to other patients with the same condition or where their patient might benefit from the treatment in a different way to other patients. This is known as "clinical exceptionality".' … 'This may be because there is limited evidence for how well the treatment works in those patients or because the treatment is very expensive and doesn't offer good value for money for the NHS.'
8. http://tinyurl.com/z9xgus2
9. http://tinyurl.com/zack245

The Now Deepener

Often the simplest of techniques are the most effective, and the 'Now Deepener' is a clear example of how a simple anchor can help people to reduce their anxiety in a moment. I first came across this technique during my training and was surprised when I was unable to find a direct reference for its use in clinical practice. That being said, the technique is very similar to the 'calmness anchor' (Bandler and Grindler, 1979; Kraft, 2013) in which the patient says the word 'calm' in order, immediately, to evoke feelings of comfort and ease associated with a special place image. In the treatment of driving phobia, Williamson (2004), in conjunction with self hypnosis training, use of dissociative imagery and positive mental rehearsal, encouraged her patient to create a 'calmness anchor' in order to generate, 'a link between something seen/heard in the mind's eye and feelings of calmness' (Williamson, 2004, p.90). The 'Now Deepener' is also similar to the 'calmness mantra'—that is to say, repeated suggestions of calm and ease. This technique can be utilized by the therapist in the consulting room; in addition, it can be used by the patient during self hypnosis or in potentially anxiety-provoking situations during the day. This method, which was utilized by Smith (1985) in the treatment of a dental phobic, and described as a 'meditational mantra' (see also Blofeld, 1977), was employed successfully in conjunction with progressive relaxation (Jacobson, 1938), ego strengthening (Hartland, 1965) and systematic desensitization (Wolpe, 1958; Kraft & Kraft, 2010).

Thus, the now deepener can be used on its own or in connection with special place imagery. Importantly, if special place imagery is used, it is important to choose a place in which the person is calm and relaxed. For example, I have helped a client to re-establish his confidence in all areas of sport by imagining the feelings associated with a successful and invigorating sky-diving activity; however, one could argue that this would not be appropriate for reducing stress in a potentially

anxiety-provoking situation. However, practitioners who use CBT-based approaches in treatment may disagree in that it is often helpful to re-frame tachycardia, increases in heart rate and hyperhidrosis, amongst other features of 'stress', as the exciting physiological changes that occur during, say, a sports activity or being on stage. Indeed, the concept of 'Eustress', in which the physical changes in the body that occur in 'stressful' situations are re-framed positively, (Nelson and Simmons, 2005), can be utilized here especially when educating the patient.

So this is how it works. In the hypnosis, the therapist says the word 'now' using a warm but breathy tone for approximately four or five seconds. The word should taper off towards the end of the utterance. This can be set up as follows:

When I say the word 'Now'... you will immediately feel a sense of relaxation spread all over your body...or parts of your body...a wonderful warm wave of relaxation spread down or up your body...in your own way...'Nowwwwwww'.

In addition, a post hypnotic suggestion can be set up so that they can utilize this technique whenever they wish, and repeat it in potentially anxiety-provoking situations, thus:

And you can utilize this word by saying it in your own mind's eye whenever you need to in the future...whenever you need to reduce any unwanted and unnecessary tension...you can say the word 'Now...' and you will immediately be able to breathe in comfort and ease and breathe out any unwanted tension...
Essentially, the Now deepener is an internal anchor which can be used as a self hypnosis coping strategy, but the importance of this simple tool is that it is so quick. Thus, it can be used in all sorts of situations: for example, an agoraphobic can use it when travelling on a bus, or,

alternatively, someone who is fearful of public speaking could employ it before speaking or at various times throughout the presentation. Moreover, this anchoring technique, which may be employed as a quick deepener, can also be utilized both in the emergency setting and in the consulting room. It is hoped that this simple explanation will help health professionals to include it in their work in clinical practice.

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Hypnotherapy for Depression

At the beginning of my hypnosis career (30+years ago) hypnosis for depression was viewed with some trepidation. The teaching then was that it should only be done if the patient was already on a tricyclic antidepressant (SSRIs hadn't been invented!) and regular monitoring would need to be carried out. The fear was that hypnosis might lift the depressive retardation and allow enough motivation for an active suicide attempt. Wise words, and although the attitude for using hypnosis with depression has changed markedly the warnings re suicide remain – not just for hypnotherapy but for any consultations with depressed patients. As always, before embarking on any therapy, the question must be asked 'are you working within your area of competence' and if you are not confident in assessing suicide risk then don't attempt to work with such patients. If there is a suicide risk then hypnotherapy should be delayed until appropriate crisis intervention/place of safety has taken place.

That said, the vast majority of our depressed patients are not suicidal and hypnotherapy can be a very useful tool in their management.

The medical profession is currently obsessed with 'evidence based medicine' and as a society we are struggling to get hypnotherapy recognised as a bona fide treatment for any condition let alone depression despite the clearly observable benefits to the majority of our patients, including those with depression. Outcome data supporting the benefit can be found in Alastair Dobbin's chapter on depression in the Society's textbook.

This then raises the question 'which hypnotic approaches/techniques should we use for depression?' It must be said that there is no one approach/technique that must be used – all our patients are different and each one deserves an individualised intervention which can only

be arrived at in real time as the consultations progress. Obviously the therapist must have a wide range of ideas, metaphors and techniques in their toolbag and, through experience, learns when and how best to use those tools – and if one doesn't seem to be helping, move on seamlessly to something else.

There are some broad principles which I have found useful and, hopefully, this article will stimulate some debate and encourage other members to share their preferred approach to treating depression.

Begin by taking a brief history of the problem and any necessary mental health examination – many of our patients have depression as part of their overall problem and the extent of their low mood might only become apparent as the therapy progresses so always be prepared to re-evaluate! Make some measure of their depression using one of the easily available validated questionnaires e.g. HADs, BDI, PHQ9.

Explain hypnosis: I always use a left/right hemisphere model of hypnosis and spend around 20mins going through this in detail. This in itself is frequently therapeutic and reassuring – the notion of two different thought processes often relieves their feelings of inadequacy and explains why logical approaches have failed to help them. During the explanation I sometimes show slides of fMRI scans (e.g. Derbyshire et al 2004) demonstrating how (for example) the pain matrix can be activated without any peripheral stimulus and how this can be altered by such simple actions such as turning down a dial. I have found these to be very profound as they demonstrate that change can not only occur, but can do so simply and quickly (and without necessarily understanding the mechanism by which it occurs).

Induce hypnosis with a relaxing induction – don't attempt to assess depth of trance as this allows failure.

Begin to explore the problem - use the exploratory method of your choice. I frequently use a computer metaphor and get them to ask their mind's 'computer' to do a 'google' search on the problem/feeling. 'when did it start', 'what was happening at the time' etc. By taking this sort of history under hypnosis it allows for the patient to note (causal) associations which they may not have appreciated before.

A man in his late 20's was struggling with progress at work because he could not cope with presenting his work at a large gathering – the anxiety he felt was accompanied by a deep black mood of isolation and worthlessness. Under hypnosis he recalled a time at school when he had to present some work to the class – he performed very badly and was ridiculed by his classmates and the teacher. Further exploration revealed that his parents were about to divorce and the night before the presentation (when he should have been doing his preparation for the talk) he heard his parents arguing about who he should live with and was left with the feeling of not being wanted by either of them.

A resolution method of your choice can be used for each of these identified events – the 'older wiser self' is a favourite of mine along with archiving these problems to their 'personal museum'. Some people prefer to delete or destroy those memories once surfaced – allow the patient to decide.

If progress isn't being made it is always worth exploring for earlier issues which may have acted as a sensitizing event.

In highly complex cases there is a need to deal with issues in bite sized chunks. A good way of doing this is to utilise the involuntariness of hypnosis and get the patient to 'ask your minds computer to guide us to what we need to do next to help your problem'. In a strange way this seems to absolve them from the responsibility of making decisions as it is their subconscious processes which are leading the direction of

therapy.

Sometimes there doesn't appear to be any underlying 'cause' and it is important not to imply that there has to be something in their past for fear of creating a false memory.

Don't forget that simply turning down their 'depression dial' is likely to have a beneficial effect – as will turning up their 'happiness dial'.

At sometime in the therapy it is helpful to do some 'positive mood induction'. This entails the recall of happy/positive times in their life and post hypnotic suggestions to regularly call up these memories. Other behavioural suggestions can be made too – for example to watch comedies rather than tragedies, lively joyful music instead of sad dirges, to wear bright colours rather than drab dowdy clothes.

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At each session ego-strengthening is a must – either formally as with a 'Hartlands' type or general encouragement. Ego-strengthening also continues with their own self hypnosis programme which must be encouraged.

Progress is usually obtained in 3 or 4 sessions but be prepared to take longer in complex cases and accept that hypnotherapy is not for everybody – CBT, at best, seems to help only about 50% of those who complete therapy (only about 16% of those originally referred!) wheras our experience suggests that around 70% benefit from hypnosis.

The above is only meant to give the basic skeleton on which all your skills can be added. Please write in with your own comments, criticisms, methods – sharing is the best way of learning!

Les Brann

References:

Dobbin A in Brann L R, Owens J, & Williamson A, eds (2012): The Handbook of Contemporary Clinical Hypnosis; chapter 16, 195-210, Wiley Chichester

Derbyshire S W G, Whalley M G, Stenger V A, Oakley D A (2004), Cerebral activation during hypnotically induced and imagined pain. Neuroimage , 23, 10

EMDR, Depression and Hypnosis

I have indeed an interest in depression and I do use hypnosis particularly when it comes to resourcing clients. However, Eye Movement Desensitization and Reprocessing (EMDR) has become my main approach and I interweave with my other expertise such as hypnosis and solution focused brief therapy. This is because I am interested to reinforce the ideas that clients have the means to help themselves and that my role is to ensure they use their own resources to do that. I worry about the idea that clients may form in relation to hypnosis particularly in regards to the altered state of consciousness (no time to discuss the different views between state and non state views). In discussing and explaining hypnosis, I always refer to the idea that every hypnotic state is a form of self hypnosis but unfortunately there's a pull from clients to want to think that we have some extra power thus they need us to "hypnotize" them in order for them to resolve their symptoms. I therefore do not advertise hypnosis on its own as it's not a comprehensive psychotherapeutic approach but a technique that can be integrated into all different psychotherapeutic approaches. EMDR is a comprehensive approach and hypnosis is a technique that fits well particularly when it comes to resourcing clients.

In my view, the theoretical basis of the EMDR approach i.e. the Adaptive Information Processing (AIP) model offers a coherent way of understanding the clients' pathology because the model "regards most pathologies derived from earlier life experiences that set in motion a continued pattern of affect, behaviour, cognitions and consequent identity structures. The pathological structure is inherent within the static, insufficiently processed information stored at the time of the event... the dysfunctional nature of traumatic memories , including the way they are stored, allows the negative affect and beliefs from the past to pervade the client in the present" (Francine Shaphiro, 2001).

In the case of depression, there are a number of these traumatic experiences usually connected to disorganized attachment patterns,

emotional abuse and neglect; physical abuse or at times sexual abuse where parents or carers inadvertently or not, have caused confusion and overwhelming emotions to their child.

The resourcing of clients (2nd phase of the EMDR work) is where hypnosis can be essential and in fact an advantage to practitioners. The trauma work cannot be undertaken before clients are well resourced. We also use the establishment of a "safe/special place" which we then utilize slow bilateral stimulation (tactile or eye movements) to install together the place and the emotional and sensory perceptions of being at that place adding a cue word to help with future practice both at home and during the end of therapy sessions so clients leave sessions in a contained and calm state. In my experience, clients with depression need a lot of work to be able to tap into their own resources and to be ready to begin to deal with their depressed emotions.

Soraia Crystal

ESH 2017

– Hypnosis - unlocking hidden potential – 23-26th August

Here in Manchester we are getting excited to welcome you all next year. Many of you have already signed up but if you have not done so yet, the sooner you do so the better! The early-bird rate is still available but only for another couple of months.

The Manchester congress will be 'The Friendly Congress' as Manchester is famous for being the friendly city, coming top in an online readers' poll of the kindest cities in the UK. Our city is a wonderful place to visit, so why not bring your family and extend your stay to take advantage of our wonderful mix of city life and surrounding beautiful countryside. Manchester is famed for its music scene, cultural life and, of course, great football!

Our conference venue is a great hotel which even has a cocktail bar Cloud 23 high above the surrounding buildings. Here you will be able to drink a specially created ESH congress cocktail whilst enjoying the most spectacular views over the whole of Manchester.

If you have never come to an International conference before now is the time to discover that attending this one is accessible, rewarding and enriching. We look forward to welcoming all delegates regardless of experience level, whether new, established or veteran members, there will be something everyone!

In keeping with this theme, you will be taken care of for the whole time you are at congress, with refreshments and lunches all included in the conference fee. This gives plenty of time for informal discussions and socializing between sessions, meeting new people from hypnosis societies from around the world or simply meeting up with friends old and new.

We have a fantastic array of speakers already lined up for you to enjoy. You can check these out on the website http://www.esh2017.org/programme. In addition, many of you have already submitted abstracts for workshops and papers, but there is still room for lots more. The deadline for submissions is 31st December 2016. The workshops and paper presentations will be woven into a wonderful tapestry of learning and participating in an amazing experience which will open your eyes to exciting possibilities in the world of hypnosis.

So decide today, be part of your society, come and enjoy Manchester and be part of developing the future of hypnosis!

Book your place at http://www.esh2017.org/

BSCAH/BCU BSc in Clinical Hypnosis and Related Techniques

An update from Simon Barnett, Course Leader

I am pleased to announce that we are well into delivering the course to our first group of students with our partners at Birmingham City University faculty of Health, Education and Life Sciences. Here is a sample of the feedback from our current students after Module 1 at BCU:

"The course organisers have been fantastic in making the process of joining and starting the journey a really smooth process. A wonderful team is supporting the organisation of this course. The help offered is invaluable."

"Even though I have been using hypnosis in my own practice for years, I have learned so much in the first 2 days of the course that I have come out of ' the closet ' as it were. I have a renewed confidence and am practicing hypnosis in front of colleagues now openly! I highly recommend this course…."

We are now able to announce dates for next year's course:

Module 1 Fri/Sat 15/16th Sept Module 2 Fri/Sat 24/25th Nov 2017

Module 3 Fri/Sat 9/10 Feb 2018 and Fri/Sat 9/10th Mar 2017

In response to questions, I will briefly describe the course content and what a student attending and successfully completing the course might hope to achieve.

Why this course and not another?

The course is designed to have the best balance between Clinical and Academic Hypnosis and is unique in that it is the only Level 6 University Accredited Clinical Hypnosis course for Healthcare Professionals taught by Healthcare Professionals in the UK. As Healthcare Professionals, the teaching team are able to tailor hypnosis techniques specifically for medical situations as well as developing counselling skills for use in consultations.

It is being regularly reported that the levels of stress in healthcare delivery teams are higher than they have ever been. Systems and protocols are being imposed taking the place of clinical judgement.

This course will allow you to think your own thoughts in a new fresh constructive manner. Also in a clinical/team/NHS environment it is vitally important to be able to communicate effectively. You will be invited to learn
listening skills that may be new to you as well as talking skills which will be applicable when communicating with colleagues as much as patients/clients.

How is this course taught?
The course has been designed not to be onerous for already overloaded healthcare delivery practitioners. It allows plenty of time to complete the 3 written portions of the course.
This is a Practical based course, experience before theory. On the days you attend BCU you will learn how to experience hypnosis for yourself and how to guide others into an altered state of awareness. You will then learn different techniques after you have been taught how to assess a patient/client's needs.
Clinical Hypnosis is mainly delivered through the spoken word with a series of invitations designed to guide a subject into a different way of thinking so that they can recover personal control. The teaching is based on the belief that Hypnosis is consensual and when used in an informed, managed environment is safe.
Once you have practised these techniques in supervised practical sessions you will be introduced to the theories behind hypnosis and then invited to think critically about what you are being taught / have learned.
You will learn techniques that are directly applicable to your professional and personal life. As one General Medical Practitioner recently commented on our feedback page after completing a previous course:

"I thought stress was compulsory until I attended this course"

We will also teach you aspects of relaxation and mindfulness that you can apply in your working life and personally to yourself and family, using techniques that have been proven to work by independent

research.

The academic portion of the course is important to enable you to understand the models and theories behind the techniques you are learning and to give a sound base on which to further your knowledge of the subject. As one of our students (Nurse RMN) commented on the feedback:

"I've enjoyed the weekends and it's fired my enthusiasm. The prospect of doing the academic work was scary but I'm game for a bit of a challenge and the teaching, admin and academic teams are superb. A brilliant skill/experience mix"

You will be guided and supported both academically and personally throughout the experience of the entire course by BCU staff and the tutors. As a student enrolled with BCU, you will have full access to the University's library, IT and student facilities. You are also welcome to apply for a Student Union card giving access to student discounts widely available at retailers, theatres etc.

What qualification will I receive?

Upon completion of the course, submission of the written assignments and a final viva voce, successful candidates will be awarded either a University Advanced Diploma in Clinical Hypnosis or for those students who are eligible to top up an existing Diploma or equivalent qualification, a BSc (top up) in Clinical Hypnosis.

For more detailed information on this please contact us

We very much look forward to seeing you on the course in 2017!

Simon Barnett
BDS(Lond) LDSRCS(Eng) AdvDipCH(Staffs) BSCAH accred.
Course Leader in Clinical Hypnosis in partnership with BCU

BSCAH

British Society of Clinical & Academic Hypnosis

Constituent Society of the European and International Societies of Hypnosis

Incorporating the British Society of Medical & Dental Hypnosis (BSMDH) founded 1952 and the British Society of Experimental & Clinical Hypnosis (BSECH) founded 1977

Eastern Counties are pleased to announce the dates for their Foundation course in Clinical Hypnosis for Healthcare Professionals.

The British Society for Clinical & Academic Hypnosis is offering a series of training workshops in the use of medical hypnosis starting in January 2017. This course will be of interest to any doctors, nurses, health care professionals or clinical psychologists who wish to use hypnosis as part of their clinical practice. The training will entail 3 workshops lasting 2 days each (Saturday & Sunday). This course covers a core curriculum recognised by the BSCAH and could lead to accreditation with the BSCAH to practice hypnosis in a clinical setting.

There are already a significant number of doctors, nurses and health professionals who have been trained locally by the BSCAH and are using hypnosis in their day to day practice. This is the second time that the training will be based in West Suffolk Hospital. We are looking for expressions of interest to facilitate and tailor the training program. An application form and further information is available on contact

Weekend Dates
21/22nd January 2017
25/26th February 2017
18/19th March 2017

To be held at West Suffolk Hospital

£400.00 (inclusive of course material and meals)

If you are interested please contact Mr E Coveney at eamonn.coveney@wsh.nhs.uk

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