GUIDELINES for ASH Diploma students and their supervisors on contraindications and precautions for the use of hypnosis.

These guidelines need to be taken into account when selecting cases for the Case Reports to be presented as part of the process for the award of the Diploma and Full Membership.

Students need to be aware of the potential risks of hypnosis and be alert to any contraindications or precautions regarding this adjunct treatment. These guidelines are meant to provide a very safe, conservative foundation for the early acquisition and consolidation of hypnotic skills. Hypnosis is not difficult to learn or to use, but the aim of the Society is to teach its students to use it well, safely and effectively.

Students need to determine whether the use of hypnosis is appropriate or inappropriate. It should be remembered that hypnosis can help some, not change others and has the potential to make a small subgroup worse. Students need to be clear what outcome the client/patient is hoping to achieve so there is an outcome measure. A careful assessment is necessary before treatment so that treatment is tailored to fit. Our journal has published many individual case history reports/articles over the years.

It is not suggested that experienced clinicians have to follow these guidelines as risk management changes with experience, and the overriding principle is 'if you don’t have the skills or experience to treat a problem without hypnosis you should not be treating it with hypnosis.’

In selecting clients for hypnotic interventions and especially for the Case Reports, general adherence by students is recommended. Should a student wish to go beyond them, then their supervisor should raise the matter with the state Director of Studies and/or Chair Board of Education.

These guidelines are generally based on the current DSM 5 classifications but other conditions/problems suitable for hypnosis are also included.

ACUTE STRESS DISORDER. With due care for appropriateness and risk, hypnosis has a role in the expert treatment of this disorder.

ANXIETY DISORDERS (including specific phobias and performance anxiety). It is in the treatment of anxiety in appropriately hypnotisable patients that hypnosis is most useful.

ATTENTION-DEFICIT/ DISRUPTIVE, IMPULSE CONTROL & CONDUCT DISORDERS. Hypnosis may or may not have a limited role in the treatment of (predominantly young) sufferers of these disorders but treatment should be carried out by an expert, or in collaboration with someone who is an expert.

AUTISM SPECTRUM DISORDER. Hypnosis may not be relevant or appropriate due to communication problems with these disorders. It may be useful if an individual has the capacity to focus attention and respond to suggestion.

AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDERS IN INFANCY OR EARLY CHILDHOOD. Hypnosis is obviously not relevant here.

BIPOLAR DISORDERS. Hypnosis is not of high relevance in the treatment of bipolar people, who should have expert psychiatric treatment to maintain the most productive and pleasant lifestyle. Bipolar people live on an emotional roller coaster and may become psychotic during both depressive and manic episodes.

CANCER. Hypnosis may not directly "kill" cancer cells but there is now good evidence it can influence many other related factors affecting cancer’s deleterious effects. Managing a client/patient suffering cancer requires close liaison with the responsible medical specialist/s. The clinical using hypnosis can help the cancer patient deal with all the emotional responses that can follow the diagnosis, the treatment and subsequent sequelae. Pain occurring in cancer responds well to hypnotic approaches.

COMMUNICATIONS DISORDERS. The same holds. A person already expert in communication disorders may have a limited use for hypnosis for lowering anxiety, for example, in stuttering.

DENTAL APPLICATIONS. Hypnosis is suitable for dental anxiety, bruxism and needle phobia. Care should be exercised when considering hypnosis for gagging as there could be psycho-sexual implications. It has been recorded that sexual abuse can trigger gagging problems and the possibility of an abreaction needs to be considered, with the resulting need for ongoing psychological consultation.

DEPRESSIVE DISORDERS. When a patient is suffering a Major Depressive episode the use of hypnosis by inexperienced clinicians is not appropriate. Major depression is a serious and life-threatening illness; thought processes and bodily functions are affected. There is a suggestion that use of hypnosis could energise the patient just enough for him or her to get the energy to commit suicide. There is no substantiated evidence to
support this when hypnosis is used by skilled clinicians, but the ASH does not believe that this is appropriate for its trainees unless closely supervised. When a person has recovered from an episode of Major Depression, use of hypnosis is not precluded – as long as the therapist has the proper training and experience and this is done in collaboration with appropriate medical practitioners.

DISRUPTIVE, IMPULSE CONTROL AND CONDUCT DISORDERS. There can be a significant role for hypnosis in acquisition of self-control skills needed to combat these disorders. Careful assessment and monitoring is required.

DISSOCIATIVE DISORDERS. Hypnosis is often a central treatment modality for these patients as dissociation is one of the mechanisms underlying the experience of hypnosis. However the old wisdom remains – do not treat with hypnosis what you cannot treat without hypnosis. Dissociative disorders generally involve huge distortion of reality and are significant mental disorders.

EGO STRENGTHENING. There is a significant role for hypnosis here.

ELIMINATION DISORDERS (Enuresis and Encopresis). Here hypnosis may or may not be relevant. Medical opinion should be sought to eliminate any medical problem, after which hypnotic and other treatments would likely be done in collaboration with medical experts.

FEEDING AND EATING DISORDERS. Hypnosis has a role here.

GENDER DYSPHORIA. If you have the necessary expertise without hypnosis, there is a role for hypnosis here.

GENERALISED ANXIETY DISORDER. Hypnosis is appropriate if there are proper goals and the patient is not pushed too fast.

GRIEF AND LOSS. These two responses are usually linked to the death of a significant person closely related to the presenting client/patient. But it can arise from severe losses of other kinds such as fame, fortune, status, work, even health. When the response occurs following a recent death, the diagnosis is usually obvious. However, when grief is prolonged or becomes very intense, the possibility that a major depression has developed must be considered. Therapy has to be adjusted accordingly. In “grief work” done in hypnosis, it is necessary to be more than usually sensitive and empathic but this can be surprisingly rewarding.

HOARDING DISORDER. Given the potential for delusional beliefs, hypnosis is unlikely to have a role here.

INTELLECTUAL DISABILITY (Intellectual Developmental Disorder). Hypnotic responsiveness is positively correlated with intelligence. While moving to music, singing and other components of relaxation/fun are appropriate, hypnosis may not be appropriate or possible due to their lack of cognitive ability.

INTERNET GAMING AND PORNOGRAPHY. Hypnosis is likely to have an increasing role in this area (q.v. proceedings of the ASH 2016 Congress).

MEDICATION INDUCED MOVEMENT DISORDERS. Medical expertise is required here, not hypnosis!

MOTOR DISORDERS. Again, hypnosis would only be used by someone who already had specialised expertise in the area.

NEUROCOGNITIVE DISORDERS eg DELERIUM, AMNESIC & other disorders. Hypnosis is not relevant as it depends on a properly working brain. Regarding DEMENTIA, hypnosis cannot be produced in demented people but it may be that components of the hypnotic ritual (repeated comforting suggestions and activities, with music perhaps) could be useful.

OBSESSIVE-COMPULSIVE & related DISORDERS (eg body dysmorphic disorder). Hypnosis has a role in the treatment, given that these are closely related to the anxiety disorders.

OBSTETRICS. Hypnosis is likely to be useful for labour and childbirth and to assist operative birth under regional anaesthesia. It also has a role in needle phobia in pregnant women.

OTHER DISORDERS OF INFANCY, CHILDHOOD AND ADOLESCENCE, including Separation Anxiety Disorder in children. Hypnosis may be relevant depending on expertise. Selective Mutism, likewise. Stereotypic Movement Disorder, also, may be relevant if you have appropriate expertise without the hypnosis.

PAIN. Hypnosis has a role in many aspects of pain management.

PARAPHILIC DISORDERS. There is a role for hypnosis in the treatment of these disorders if you have the required expertise.
PERSONALITY DISORDERS. These are serious, long-term disorders of the structure of personality. Hypnosis has its place but not as a quick fix, rather as a treatment modality incorporated into long term, “reconstructive” psychotherapy. For example: for anxiety management, for exploring and rehearsing more functional ways of responding, for exploring imaginative involvement, sources of joy and love. Be very careful and generally do NOT use hypnosis with Paranoid, Histrionic Schizotypal, Schizoid or Antisocial. Be cautious with Borderline, Narcissistic and Dependent.

PTSD. Hypnosis has a significant role in conjunction with other treatments.

PSYCHOLOGICAL FACTORS AFFECTING MEDICAL CONDITIONS. There is a significant role for hypnosis in modifying symptoms, traits, patterns of behaviour and responding that affect medical conditions. Collaborate with treating medical practitioners.

RELATIONAL PROBLEMS. Hypnosis may have a limited role for acquisition of coping skills, controls etc. or for fostering a different perception of self and others.

SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS. Hypnosis is generally contraindicated for psychotic people. Psychosis involves huge distortion of reality with lack of differentiation between one's own thoughts and external reality, flawed logical thinking and poor attribution of causality. Hypnosis is likely to further blur the boundaries of external reality. For someone with (even latent) PARANOID tendencies, hypnosis could be the way to foster the attribution of evil intent, undue control and a host of malevolent motives onto the therapist and so is a risky adjunct treatment. Even if the patient is not overly psychotic but has strong paranoid tendencies, caution is advised.

SELF ESTEEM. There is a significant role for the use of hypnosis in this area.

SEXUAL DYSFUNCTIONS. There is use for hypnosis in the area of sexual dysfunction, especially in managing anxiety and self-misperceptions after the medical diagnosis has been considered.

SLEEP –WAKE DISORDERS. There is a variable role for hypnosis in this area, again you need to know what you are trying to do and why.

SOMATIC SYMPTOMS AND RELATED DISORDERS. These disorders, varying with individuals, may be appropriate for treatment with hypnosis. You need diagnostic expertise and expertise with hypnosis for this challenge.

SPECIFIC LEARNING DISORDERS. Hypnosis may or may not have any relevance. However any work done would require specialised expertise by the hypnotist in this area without hypnosis.

STRESS MANAGEMENT. There is a role for hypnosis incorporated into other strategies.

SUBSTANCE – RELATED AND ADDICTIVE DISORDERS (including GAMBLING). Hypnosis is useful here, especially in the later rehabilitation of that person. During the acute stage of substance abuse or withdrawal elicitation of trance may be challenging, although training in self-hypnosis has been shown to be useful.

TIC DISORDERS (eg Tourette’s Disorder). Hypnosis may or may not be relevant or useful for any anxiety component: if used, it would be done in collaboration with medical experts.

TRAUMA & STRESSOR- RELATED DISORDERS, including PTSD. Hypnosis can be appropriate.

WEIGHT LOSS. Requests for hypnotic help here are common, often after other measures have failed or been only partially successful. Clients/patients have to be reminded that hypnosis is not magic and used alone, does not guarantee success. It is what the patient/client does in hypnosis that leads to the desired outcome. As part of the history gathering prior to starting hypnosis, it is important to discover what factors prevented the person from reducing their weight. What or who sabotaged their efforts provides clues to what direction may prove the most useful in hypnosis.

SITUATIONS FOR WHICH HYPNOSIS IS CONTRAINDICATED:

Where hypnosis is inconsistent with the patient’s self image, values, general, cultural or religious beliefs.

MOREOVER, if the student has any reservations about any aspect of the client’s presentation, even if ill defined, then it is generally best not to use hypnosis, or proceed with caution.
It is recommended that students refer to the cases published in our journal – The Australian Journal of Clinical & Experimental Hypnosis. These are usually the better case reports as presented for the award of the Diploma can be accessed via the website www.hypnosisaustralia.org.au or by contacting the federal office by email - boeashldt@optusnet.com.au There are also many interesting cases in the Oxford Handbook of Hypnosis edited by Michael Nash and Amanda Barnier.

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James Auld Chair Board of Education
Ann Wilson Secretary Board of Education

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