



**Psychotherapy & Counselling
Federation of Australia**

Submission to the Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies

**Submission to:
Department of Health and Ageing**

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Executive Summary

This submission to the Department of Health and Ageing in relation to The Natural Therapies Review is made by the Psychotherapy and Counselling Federation of Australia (PACFA), the leading national peak body for the counselling and psychotherapy profession, representing thirty professional associations.

PACFA recommends the inclusion of psychotherapy, counselling and hypnotherapy in the list of natural therapies to be subsidised through the Australian government's rebate on private health insurance. The strong evidence base for the efficacy, cost effectiveness and safety of psychotherapy, counselling and hypnotherapy, based on meta reviews of outcomes and consumer reports, supports their inclusion in the list of natural therapies to be subsidised.

Although counselling is not included in the list of natural therapies in scope for this review, PACFA recommends inclusion of counselling in the list because of the significant overlap between psychotherapy and counselling. Psychotherapy and counselling are broadly similar services, usually provided by the same practitioners, in the context of a safe and ethical therapeutic practice.

Counselling and psychotherapy both prevent and treat mental illness, and are effective in assisting people adjust to life transitions such as relationship breakdowns, and as an adjunct to medical treatment for physical conditions concurrent with mental disorders. Psychotherapy is also effective for complex conditions such as personality disorders and eating disorders.

Hypnotherapy is a specialist modality of counselling and psychotherapy, in which hypnosis is used to treat a wide range of conditions where there is a mind-body component. Training in counselling and psychotherapy is required, as well as specialist training in hypnotherapy, to provide effective hypnotherapy services.

Psychotherapy, counselling and hypnotherapy services are provided by a range of health professionals and do not belong to any single professional group. Practitioners who are registered with PACFA have met our professional training standards, and also meet ongoing requirements for supervision, professional development and ethical conduct. As the leading peak body for the counselling and psychotherapy profession, PACFA's robust self-regulatory mechanisms ensure high quality, safe and ethical services are provided by qualified practitioners, in line with consumer expectations.

The inclusion of psychotherapy, counselling and hypnotherapy in the services covered by the Australian government's rebate on private health insurance will provide consumers with more affordable options. Psychotherapists and counsellors charge lower fees than other health professionals, and consumers' out of pocket expenses will be reduced greatly if private health funds have the capacity to offer customers rebates for psychotherapy, counselling and hypnotherapy. These rebates should only be available where the services are provided by registered practitioners.

Recommendations

1. Counselling should be added to the list of natural therapies being considered for the Natural Therapy Review.
2. The Australia Government rebate for Private Health Insurance should cover psychotherapy, counselling and hypnotherapy.

Introduction

Psychotherapy and hypnotherapy are not generally described as “natural therapies”, however for the purposes of providing private health insurance rebates to consumers, they are sometimes included with natural therapies in the insurance products of Private Health Funds. It is therefore appropriate that psychotherapy and hypnotherapy have been included in the list of therapies being considered in the DoHA Natural Therapy Review, in relation to the government’s rebate on Private Health Insurance.

The term ‘psychotherapy’ does not refer to a single therapy modality but is an inclusive term covering a range of different approaches to psychotherapy and incorporating many different therapeutic interventions. There is considerable overlap between psychotherapy and counselling, which also covers a wide range of therapy modalities and interventions. Because of this overlap, PACFA groups the disciplines of psychotherapy and counselling together. For the purposes of this submission, we refer to psychotherapy *and* counselling rather than psychotherapy alone. In light of this important clarification, PACFA recommends that counselling be included in the list of natural therapies being considered for DoHA’s Natural Therapy Review (see recommendation one on page 11).

Counselling and psychotherapy are interdisciplinary activities provided by a range of professionals, including psychologists, social workers, occupational therapists, nurses, doctors and psychiatrists, as well as counsellors and psychotherapists. Counselling and psychotherapy are not ‘owned’ by any one of these professional groups.

Hypnotherapy is a specialist therapy modality within counselling and psychotherapy, in which hypnosis is used to treat a wide range of conditions where there is a mind-body component. It is provided by practitioners who meet the competency standards to practice hypnosis and hypnotherapy, these two terms often being used interchangeably. There is an important distinction between these two terms, however, as hypnosis is a technique or intervention, whereas hypnotherapy is a therapy modality that can only be practiced effectively by appropriately trained hypnotherapists. All hypnotherapists who are registered with PACFA have undergone comprehensive training in counselling and/or psychotherapy as well as specialist hypnotherapy training. Registered hypnotherapists practice the therapeutic modality of hypnotherapy, rather than merely using hypnosis techniques.

In this submission, PACFA provides evidence for the efficacy of psychotherapy, counselling and hypnotherapy and demonstrates that all three therapies are cost effective while also being safe and quality services for consumers. It is therefore our submission that the Australia Government rebate for Private Health Insurance should cover psychotherapy, counselling and hypnotherapy (see recommendation two on page 11).

Background to PACFA

Who is PACFA?

PACFA is the leading national peak body representing the self-regulating profession of counselling and psychotherapy. PACFA is a federation of thirty member associations which cover a range of counselling and psychotherapy modalities including hypnotherapy, integrative counselling, family therapy, relationship therapy, experiential therapies, expressive arts therapies, psychodynamic psychotherapy and psychoanalysis.

PACFA advocates for appropriate, accessible health services to meet the bio-psychosocial needs of consumers. Counselling and psychotherapy focus on the prevention of mental illness and the provision of psychotherapeutic interventions for psychological difficulties, while actively promoting the development, mental health and wellbeing of consumers.

PACFA's Research Mission

Research into the effectiveness of all forms of counselling and psychotherapy is central to PACFA's mission. PACFA has completed a number of literature reviews which are included as Appendices to this submission. These provide detailed evidence for the effectiveness of psychotherapy and counselling. A literature review into the effectiveness of hypnotherapy was recently commissioned by PACFA but has not yet been published. Preliminary findings from this review are included in Appendix 1.

- Appendix 1: Preliminary findings from PACFA literature review into the effectiveness of hypnotherapy
- Appendix 2: Literature review on the effectiveness of psychodynamic psychotherapy
- Appendix 3: Literature review on the effectiveness of family therapy
- Appendix 4: A resource for counsellors & psychotherapists working with clients suffering from anxiety
- Appendix 5: A resource for counsellors & psychotherapists working with clients suffering from depression
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PACFA Register

PACFA operates a national Register of suitably qualified and experienced counsellors and psychotherapists. PACFA registrants are required as a condition of registration to belong to one of the thirty professional associations who are members of PACFA. Registrants must practice according to the PACFA Code of Ethics, as well as the Codes of Ethics of the member associations to which they belong.

Two of PACFA's member associations focus specifically on hypnotherapy: the Australian Hypnotherapists Association (AHA) and the Association of Solution Oriented Counsellors and Hypnotherapists of Australia (ASOCHA). Registered hypnotherapists are identifiable on the PACFA Register by their membership of one of these associations. All PACFA-registered counsellors or psychotherapists who are trained as hypnotherapists provide hypnosis or hypnotherapy services in the context of a safe and ethical therapeutic practice.

PACFA's 1,600 Registrants have completed training in counselling and psychotherapy to at least Bachelor degree level or equivalent, and many are trained to post-graduate level. They have attained the required level of supervised practice experience and demonstrate that they meet ongoing professional development requirements.

Clinical efficacy of psychotherapy and counselling

What are psychotherapy and counselling?

Counselling and psychotherapy are professional activities that utilise an interpersonal relationship to enable people to develop greater understanding of themselves and to make changes in their lives. Professional counsellors and psychotherapists work within a clearly contracted, principled relationship that enables individuals to obtain assistance in exploring and resolving their difficulties.

The relationship between counselling and psychotherapy is seen as a continuum rather than as a complete demarcation. Counselling focuses more on specific life difficulties such as bereavement and relationships, adjusting to life transitions, and fostering clients' wellbeing, whilst psychotherapy focuses to a greater extent on achieving change in some aspects of the person's self or personality structure to reduce repetitive, maladaptive patterns in work and relationships.

Efficacy of psychotherapy and counselling

There is a strong evidence base for the efficacy of psychotherapy and counselling. PACFA endorses the American Psychological Association's definition of evidence-based practice as 'the integration of the best available research evidence with clinical expertise in the context of patient characteristics, culture and preferences'.

In 1977, Smith and Glass published a meta-analysis of studies that compared outcomes for people who had received psychotherapy interventions with those who had not. They found a consistent, positive and substantial treatment effect, regardless of treatment approach or client group. While controversial at the time, these core conclusions have survived a further 45 years of research and continue to be supported in recent reviews of the effectiveness of counselling and psychotherapy.

We also have more than 20 years of knowledge concerning client experience of counselling and psychotherapy. A 1990 study by Scott and Freeman compared GP treatment, psychologist treatment, medication, and counselling treatment provided by social workers. All treatments achieved similar results for similar costs, however clients rated counselling more highly as the social workers spent more time with their clients.

Seligman (1995) undertook a large Consumer Reports study to discover the experiences of people who had undergone counselling or psychotherapy. The study was in effect a consumer satisfaction study of the kind that might be conducted with respect to any product or service. He concluded that there were substantial benefits for people in psychotherapy; that psychotherapy without medication produces the same effects as psychotherapy and medication; that no one model produces better outcomes than other models; and that psychotherapy is effective regardless of the practitioner's occupation, for example as a psychologist, psychiatrist or social worker.

These findings are supported by research into the common factors underlying the effectiveness of counselling and psychotherapy (Duncan et al., 2009) which has found that all types of therapy achieve broadly similar client outcomes and that the strength of the client-therapist relationship is a key determinant of therapy outcomes.

Recently, outcome data for Medicare's Better Access initiative indicates that similar outcomes are achieved from the counselling and psychotherapy services provided under the scheme regardless of whether treatment was provided by psychologists, social workers or occupational therapists. The level of psychological distress decreased from high or very high at the start of treatment to moderate by the end of treatment (Pirkis et al., 2011), regardless of the occupation of the practitioner delivering the service.

Counselling and psychotherapy have been demonstrated to be efficacious treatments for health in a number of ways. The contribution they make to health is both remedial and preventative.

Mental health

There is widespread evidence for the contribution of counselling and psychotherapy - of various orientations - to the effective treatment of mental illness. A pertinent example is the provision of counselling services for high prevalence disorders such as depression and anxiety. Where aspects of personality functioning are a factor in mental health, psychotherapy has a particular role to play. There is also strong evidence for the contribution of counselling and psychotherapy to the prevention and treatment of mental illness, including depression, anxiety and trauma (Cuijpers et al., 2008).

Once mental illness develops and becomes severe, specialised clinical services, hospitalisation and a higher level of case management are required. A Cochrane review comparing psychosocial and pharmacological treatments for deliberate self-harm found the most effective treatment for females with Borderline Personality Disorder using self-harm is longer term psychotherapy (Hawton et al., 1999). This group is at higher risk of completed suicide than the general population. There is evidence from an Australian clinical trial with a 5 year follow up ($n = 150$) that regular participation in psychotherapy for people with personality disorders reduced the rate of hospitalisation, incidents of self-harm and violence, reduced drug use and improved work history (Stevenson, Meares & D'Angelo, 2005).

Family therapy also has a strong level of evidence for effective interventions with adolescent anorexia nervosa, for example the Maudsley model which views parents as a resource for recovery (Le Grange, 2005). The evidence indicates that family therapy is more effective in the treatment of adolescent eating disorders than individual therapy. Recent systematic reviews have also shown that couple counselling and family therapy are more effective than individual treatment for treating substance abuse, and result in increased abstinence, reduced incidence of interpersonal violence and improved relationship functioning (O'Farrell & Clements, 2011; Ruff et al., 2010).

Relationship difficulties

The nexus between fulfilling and rewarding personal relationships and both physical and mental health is well documented by research. For example, a large Canadian population study showed that 12% of people who separate become depressed, and adult males in particular were six times more likely to become depressed after a relationship breakdown than men who remain married (Rotermann, 2007). Research supports counselling and psychotherapy as the indicated treatment for relationship difficulties and adjustment to separation.

Physical health and disease

It is recognised that the response of patients to interventions aimed at ameliorating or healing various physical conditions will be influenced by emotional and psychological factors. Examples include treatments for cancer, chronic conditions involving a degree of impaired functioning, and immune disorders including HIV/AIDS. Counselling and psychotherapy have a growing role as an adjunct to medical interventions in these situations.

There is also evidence that many physical ailments have a psychological component and vice versa. For example, recent research from the Australian Institute of Health and Welfare (2010) found that 1.8 million people experiencing back problems in 2007 to 2008 were 2.5 times more likely to experience mood disorders such as depression, 1.8 times more likely to suffer from anxiety and 1.3 times more likely to report a substance use disorder, compared with people without back problems. The provision of short term counselling and psychotherapy is a sound, evidence-based response to concurrent physical and mental conditions.

Clinical efficacy of hypnotherapy

In 2012, PACFA commissioned a literature review on the effectiveness of hypnotherapy. While this review is still to be finalised, we have included some of the findings from the review in Appendix 1, to demonstrate the effectiveness of hypnotherapy for a range of health and mental health issues.

What is Hypnotherapy?

PACFA argues that hypnotherapy is a specialist therapy modality within counselling and psychotherapy, practiced by practitioners who meet competency standards to practise hypnosis and hypnotherapy. With these two terms used interchangeably in the research literature, and with no universally accepted definitions of hypnosis and hypnotherapy, it can sometimes be difficult to assess the research evidence.

Some studies research hypnosis as an adjunct to other therapeutic interventions, whilst others research hypnotherapy as the primary intervention. Some studies were designed to deal with health issues such as irritable bowel syndrome, medical procedures, dental procedures and child birth, while others treated the symptoms of disorders such as pain.

Efficacy of hypnotherapy

As detailed in the tables in Appendix 1, research has demonstrated positive outcomes for the use of hypnotherapy in treating depression, anxiety, irritable bowel syndrome, obesity, sexual dysfunction, trauma and pain management. Hypnotherapy is also an effective treatment for issues associated with pregnancy and childbirth, increasing coping skills for medical procedures, reducing side effects of medication, and smoking cessation. Hypnotherapy is indicated wherever there is a mind-body component to the disorder or psychosomatic issue (Flammer & Alladin, 2007). The evidence demonstrates that the efficacy of hypnotherapy is of a substantive nature. Effects encompass genuine changes in illness-related behaviours as well as significant changes in the subjective appraisal of symptoms (Brown, 2007).

Hypnotherapy has proved particularly efficacious when combined with other treatments (for example, medical intervention or a psycho-educational intervention such as Cognitive Behavioural Therapy, CBT). This finding results from the design of most research studies in which hypnotic interventions are conducted in conjunction with other treatments. Meta-analyses have shown that the combination of CBT and hypnotherapy yield even larger clinical effect sizes than either treatment alone (Schnur, 2008). The heightened suggestibility provided by hypnotherapy facilitates the desired therapeutic changes in both physiological and psychodynamic states (Shah et al., 2011).

Flory, Martinez-Salazar and Lang (2007), in their meta-analysis of the efficacy of hypnosis for distress management during medical procedures, discussed the social, cultural and political reasons for the slow acceptance of hypnosis in the medical field. They found that despite robust empirical findings that have established its efficacy, hypnotherapy has carried negative associations of "brainwashing", the recovery of "repressed memories", and also of stage hypnosis techniques (p. 312). They discussed the difficulty in early research of standardising interventions and outcome measures, although protocols for controlled and randomised trials are now well established (P.310). They concluded that "with scientific evidence and consumer requests mounting in favour of hypnotic techniques, there will be no turning back of the clock, and introduction into mainstream medicine is only a question of when, not if" (p. 313).

Manualised, single-session hypnosis in the treatment of PTSD has proved efficacious in two placebo-controlled trials (Barabasz, Barabasz, Christensen, French & Watkins, 2012). Hypnosis has also, after the pioneering work of Yapko, (1988, 1992, 2001, 2006), been effectively included in multi-modal approaches to treating depression in recent years, to assist with positive mood induction, positive skills training, cognitive restructuring and behavioural activation (Alladin, 2010).

Cost Effectiveness

This section applies to psychotherapy, counselling and hypnotherapy, where hypnotherapy treatment is provided as a counselling/psychotherapy modality.

PACFA has undertaken an analysis of the out-of-pocket expenses incurred by clients of counsellors and psychotherapists (including hypnotherapists) compared with psychologists. While fees charged by counsellors and psychotherapists vary considerably, it is reasonable to state that the fees charges by psychologists are in general higher per session than those charged by counsellors and psychotherapists. Counsellors and psychotherapists generally charge between \$70 and \$130 per session *plus GST*, with \$90 to \$110 per session being average fees.

Psychologist consultations vary greatly as detailed in table 2 below but it is quite common for psychologists to charge between \$120 and \$160 per session, although the fee recommended by the Australian Psychological Society is much higher at \$222. It should be noted that some psychologists bulk bill when providing Medicare-funded services for which the fee would be lower at \$83.25, or \$122.15 for clinical psychologists. Psychologists' fees do not attract GST.

Table 1: Psychologist fees

Service Description (60 minutes)	Recommended Fee (APS)	Medicare Schedule fee - Psychologist	Medicare Schedule fee - Clinical Psychologist
Initial consultation	\$222	\$97.90	\$143.70
Subsequent consultation	\$222	\$97.90	\$143.70
Psychological assessment	\$222	N/A	N/A
Telephone consultation	\$222	N/A	N/A

Reference: (APS, 2011; DoHA, 2012)

PACFA has analysed how much consumers will be out-of-pocket seeking counselling or psychotherapy services from a range of professionals. The out-of-pocket amount is impacted by three factors: the practitioner's fee, whether GST is payable, and the availability (and amount) of the private health rebate.

The lower fees generally charged for counselling, psychotherapy and hypnotherapy compared with psychology services demonstrate that, at face value, psychotherapy, counselling and hypnotherapy are more affordable options for consumers. However, this may not be the case when potential rebates are taken into account and when GST is added for counsellors, psychotherapists and hypnotherapists.

Consultations with counsellors, psychotherapists or hypnotherapists would be more affordable if private health insurance rebates were to be offered by Private Health Funds as part of the Extras cover in their insurance products.

Table 2: Comparison of out of pocket expenses

Provider	Base Fee*	GST	Medicare Rebate	Private health rebate**	Consumer out of pocket
Psychologist	\$120			\$70	\$50
Psychologist	\$120			\$65	\$55
Psychologist with Medicare rebate	\$120		\$83.25		\$36.75
Clinical psychologist	\$150			\$70	\$80
Clinical psychologist	\$150			\$65	\$85
Clinical psychologist with Medicare rebate	\$150		\$122.15		\$27.85
Counsellor/psychotherapist not registered for GST	\$120				\$120
Counsellor/psychotherapist registered for GST	\$120	\$12			\$132
Counsellor/psychotherapist not registered for GST	\$90				\$90
Counsellor/psychotherapist registered for GST	\$90	\$9			\$99

* These indicative fees are similar to fees currently charged by practitioners.

** Private health insurance rebate amounts vary for different health funds and different policies. This example is based on BUPA cover for psychology under their Silver Extras Policy for initial and subsequent consultations. This policy offers a maximum of \$400 cover.

Even where the counsellor/psychotherapist charges the much lower fee of \$90 per session, the consumer bears greater out-of-pocket expenses than the other scenarios in this example where a psychologist is consulted. If private health insurance rebates were offered for counsellors and psychotherapists, the gap payments would be reduced considerably, improving the extent of cover for consumers, the choices available to them, and reducing their out-of-pocket costs.

Counsellors and psychotherapists are already disadvantaged by not being able to offer their clients Medicare rebates and not being able to access GST exemption. Providing consumers with access to private health insurance rebates for counselling and psychotherapy is one way to make these health services more accessible to consumers, given the other barriers to access that consumers already face.

In September 2012, PACFA made a submission to the Australian Consumer and Competition Commission (ACCC), highlighting the failure by private health funds to recognise counsellors and psychotherapists and that this has placed counsellors and psychotherapists at a significant competitive disadvantage compared with psychologists. There are no valid regulatory, medical or other reasons for excluding counsellors and psychotherapists from private health insurance rebates and this exclusion has resulted in reduced health cover and increased out-of-pocket expenses for consumers.

During 2012, PACFA made approaches to some of the major Private Health Funds (PHFs) to seek private health insurance rebates for counselling and psychotherapy. Our proposal has been rejected by some of the PHFs and is still being considered by some others. Acknowledgement that psychotherapy, counselling and hypnotherapy are all covered by the Australian government's rebate on Private Health Insurance would be a tremendous support to PACFA's efforts to improve consumer access to affordable counselling and psychotherapy through private health insurance.

Safety and Quality

Self-regulated profession

This section applies to psychotherapy, counselling and hypnotherapy, where hypnotherapy treatment is provided as a counselling/psychotherapy modality.

The most effective and safe counselling, psychotherapy and hypnotherapy services are provided by health professionals who have undergone a comprehensive training in counselling and psychotherapy. All PACFA Registrants have undergone this comprehensive training and, in order to maintain their registration, are required to comply with high ethical standards and to complete professional development and supervision requirements annually. Counsellors and psychotherapists who provide hypnotherapy services have also undergone specific training in hypnotherapy in order to attain competence in this therapy modality.

Some other health professionals such as psychologists, social workers, occupational therapists and psychiatrists have also undertaken comprehensive training in counselling and/or psychotherapy. This takes place after their foundational professional training (in psychology, social work, occupational therapy or psychiatry) in order to be better equip them to provide counselling and psychotherapy services and work effectively with complex and challenging client presentations. This counselling and psychotherapy training is identical to the training undertaken by counsellors and psychotherapists who are registered with PACFA.

Sometimes health professionals provide counselling, psychotherapy or hypnotherapy services without undergoing specific and comprehensive training in these disciplines, relying instead on their initial professional training in psychology, social work, occupational therapy or psychiatry, combined with short courses or professional development in counselling, psychotherapy or hypnotherapy. Some of these practitioners may not have sufficient training to meet the diverse needs of clients who seek counselling, psychotherapy or hypnotherapy, and indeed some would not be sufficiently trained to provide safe and effective therapy services.

Counselling and psychotherapy, like other health professions outside the Australian Health Practitioner Regulation Authority (AHPRA) framework, is a self-regulated profession. The profession's self-regulatory mechanisms are robust: PACFA sets standards for the training of counsellors and psychotherapists and for ethical practice; registrants must meet annual requirements for supervision and professional development; and PACFA provides a complaint mechanism for the public and disciplinary processes. Psychotherapists, counsellors, and hypnotherapists registered with PACFA have been assessed as having the appropriate qualifications and experience to provide safe and quality services for consumers, and they must meet ongoing requirements in order to maintain their registration with PACFA.

It is interesting to note that research has found that counsellors are rated by clients as having higher acceptability than either psychologists or psychiatrists (Jorm et. al., 1997; Sharpley 1986) and are seen as more approachable and empathic (Sharpley, 1986). Counsellors are considered by the public to be the most helpful of all the professional groups (Jorm et. al., 1997) and general practitioners also rated counsellors highly for help with depression (Rodgers & Pilgrim, 1997).

The government has not sought to regulate the counselling and psychotherapy profession through AHPRA because counsellors and psychotherapists are not considered to pose sufficient risk to the public

to warrant government regulation. For the same reason, counselling and psychotherapy as a profession has not sought regulation by government. However it is important that counsellors, psychotherapists and hypnotherapists are registered with PACFA to ensure they are covered by PACFA's Code of Ethics and complaints handling process and to ensure that they meet accepted professional standards.

Risks associated with counselling and psychotherapy

The prevalence of risk has been reported to be the same for counselling and psychotherapy delivered by registered and unregistered health practitioners. Procci (2007) in the US estimates the risk of serious ethical breaches in psychotherapy is between 0.9 to 12%, with a mean of about 6%. An Australian survey of psychiatrists found that 7.6%, mostly male, reported erotic contact with patients during or after treatment ended (Leggatt, 1994).

While the types of risks for registered and unregistered practitioners are broadly similar, the reported incidence of complaints against unregistered practitioners in Australia is considerably lower. In NSW, 96.5% of complaints ($n = 2,170$) made to the NSW Health Care Complaints Commission for the period 2009 to 2010 were for Registered Health Practitioners. 0.4% ($n = 8$) were in relation to counsellors and psychotherapists, similar to the rate for social workers which was 0.4% ($n = 8$). Social work is accepted as appropriately self-regulating based on the low risks associated with the profession and demonstrably, the counselling and psychotherapy profession is comparable to social work in this regard.

PACFA collated complaints data for the five years between 2006 and 2011, including complaints against individual practitioners and against Member Associations which is displayed in Table 3. Data for four of the PACFA Member Associations was not available. The risks associated with counselling and psychotherapy are generally not realised in practice, with a low incidence of complaints. Most complaints are not of a serious nature and the most common outcome is the recommendation to strengthen professional supervision of the practitioner concerned.

The largest category of risk identified from ethical complaints arises where practitioners are in multiple roles, for example psychotherapist, trainer and supervisor. Incidents relating to the more serious ethical breaches such as sexual misconduct or practicing under the influence of alcohol or drugs were not common, according to the PACFA complaints data displayed in Table 4. Table 5 demonstrates that PACFA and its member associations are appropriately responding to ethical complaints from the public.

Table 3: Ethical Complaints by State or Territory

State or Territory	No of complaints To PACFA	No of complaints To MAs	Total
Australian Capital Territory	0	0	0
New South Wales	10	12	22
Northern Territory	0	0	0
Queensland	0	6	6
South Australia	0	0	0
Tasmania	0	0	0
Victoria	5	2	7
Western Australia	1	8	9
Unspecified	0	17	17
Total	16	45	61

Table 4: Ethical Complaints by Issue Category

Issue category	No of complaints To PACFA	No of complaints To MAs	Total
Breach of confidentiality	1	6	7
Sexual misconduct	0	5	5
Dual and multiple roles	4	7	11
Discrimination	1	2	3
Practicing under influence of alcohol / drugs	0	0	0
Other professional misconduct / breach of ethics	5	19	24
Unsatisfactory service or service outcome	1	2	3
Complaint processes	1	0	1
Fees/costs	0	2	2
MA functions/activities	3	2	5
Total	16	45	61

Table 5: Complaint Outcomes

Complaint Outcomes	No of complaints To PACFA	No of complaints To MAs	Total
No case to answer	4	8	12
Withdrawn	1	11	12
Referred to another body	3	2	5
Resolution - Professional supervision required	1	7	8
Resolution – Membership & registration revoked	0	5	5
Resolution - MA suspended	3	0	2
Resolution - MA action required	4	3	7
Other	1	9	10
Total	16	45	61

Conclusions and Recommendations

In this submission PACFA has provided an overview of the research evidence for the clinical efficacy of psychotherapy, counselling and hypnotherapy. The evidence-base is clear that counselling, psychotherapy and hypnotherapy are all effective as treatments for a wide range of health and mental health issues.

The submission also provides an analysis of the cost effectiveness of counselling, psychotherapy and hypnotherapy, compared with similar services provided by psychologists. While the costs of counselling, psychotherapy and hypnotherapy compare very favourably, it is noted that they would be more affordable if more Private Health Funds were to offer rebates for these services to their customers.

Finally, PACFA's submission provides information about the ways in which consumer safety is ensured through the robust self-regulatory mechanisms in place with PACFA as peak body for the profession.

In light of the research evidence highlighted in this submission, including the detailed evidence in the Appendices, PACFA is making two key recommendations:

1. Counselling should be added to the list of natural therapies being considered for the Natural Therapy Review.
2. The Australia Government rebate for Private Health Insurance should cover psychotherapy, counselling and hypnotherapy.

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Appendices

- Appendix 1:** Preliminary findings from PACFA literature review into the effectiveness of hypnotherapy
- Appendix 2:** Literature review on the effectiveness of psychodynamic psychotherapy
- Appendix 3:** Literature review on the effectiveness of family therapy
- Appendix 4:** A resource for counsellors & psychotherapists working with clients suffering from anxiety
- Appendix 5:** A resource for counsellors & psychotherapists working with clients suffering from depression
- Appendix 6:** A resource for counsellors & psychotherapists working with clients suffering from eating disorders
- Appendix 7:** A resource for counsellors & psychotherapists working with clients suffering from posttraumatic stress disorder

Preliminary findings from PACFA literature review into the effectiveness of hypnotherapy

Anxiety

The articles in this grouping all acknowledge that hypnosis is effective. The articles indicate that anecdotal data is growing and some state that hypnosis improves the effect size in combination with CBT.

	Article	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
1.	Al-Harasi, Ashley, Moles, Parekh, & Walters, 2010	5	Anxiety	Dental treatment for children	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	5	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	2	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	2	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	1	Anxiety	Distress in medical procedures		Results indicated an overall large effect size (ES) of 0.88 (95% CI 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.

	Article	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
6.	Willemsen, Haentjens, Roseeuw, & Vanderlinden, 2011	5	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	6	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	2	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		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.
12.	Graham, Vettraino, Seifeldin, & Singal, 2010	2	Anxiety Stress		16	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.

Depression

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

	Article	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
13.	Butler et al., 2008		Depression		46	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. Results suggest these interventions show promise for treating low to moderate depression.
14.	Dobbin, Maxwell, & Elton, 2009	4	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	1	depression			The combined effect size of hypnosis for depression 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 for depression.
16.	Hudacek, 2007	6	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, et al., 2010	6	Depression Anxiety	Quality of life and Palliative care		The problems in drawing accurate comparisons between studies makes it difficult to draw conclusions. Psychoeducational interventions brought mixed results, with those implementing CBT-based interventions being more consistently effective in eliciting psychosocial outcomes; hypnosis also appeared effective.
18.	Alladin, A., 2010					Hypnosis has been effectively included in multi-modal approaches to treating depression to assist with positive mood induction, positive skills training, cognitive restructuring and behavioural activation.

Irritable Bowel Syndrome (includes Inflammatory Bowel Disease)

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	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
19.	Carruthers, Morris, TARRIER, & Whorwell, 2010	5	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
20.	Heitkemper, 2009	5	IBS			Meta-analysis of 4 studies supports hypnotherapy as beneficial short-term therapy with global symptom relief but long-term benefits are uncertain
21.	Kraft & Kraft, 2007a	6	IBS			This paper clearly demonstrates that the combined use of hypnotherapy with psychodynamic psychotherapy is capable of leading to a complete recovery.
22.	Lindfors et al., 2012	5	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.
23.	Miller & Whorwell, 2008	3	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.
24.	Miller & Whorwell, 2009	5	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.

	Article	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
25.	Phillips-Moore, 2002	6	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.
26.	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

Pain

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	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
27.	Accardi & Milling, 2009	5	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.
28.	Askay, Patterson, Jensen, & Sharar, 2007	2	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.
29.	Castel, Salvat, Sala, & Rull, 2009	5	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.

	Article	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
30.	Corey Brown & Corydon Hammond, 2007	6	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.
31.	Cyna, 2011	6	Pain	Childbirth		The data suggests hypnosis reduces the need for pharmacological pain relief.
32.	De Pascalis, Cacace, & Massicolle, 2008	3	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.
33.	Derbyshire, Whalley, & Oakley, 2009	4	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.
34.	Dhanani, Caruso, & Carinci, 2011	6	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.
35.	Elkins, Jensen, & Patterson, 2007	5	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.
36.	Filshie, 2008	2	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

	Article	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
37.	Hammond, 2007	6	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.
38.	Huet, Lucas-Polomeni, Robert, Sixou, & Wodey, 2011	2	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.
39.	Jensen et al., 2007	4	Pain	Multiple Sclerosis	22	The results support the efficacy of self-hypnosis training for the management of chronic pain in persons with MS.
40.	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.
41.	Jensen et al., 2009	6	Pain			While enough may now be known of its efficacy to recommend that hypnosis 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.
42.	Jensen, 2009		Pain			Hypnosis 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.
43.	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.

	Article	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
44.	Kisely, Campbell, Skerritt, & Yelland, 2010	5	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.
45.	Kohen, 2010	5	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.
46.	Landolt & Milling, 2011	5	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.
47.	Landry, Bergeron, Dupuis, & Desrochers, 2008	5	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 in these studies shows that evaluation of these treatments is still preliminary.
48.	Lioffi, White, & Hatira, 2009	2	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.
49.	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,
50.	Milling, 2008		Pain	Children		Meta-analytic and qualitative reviews have concluded that hypnosis is effective for reducing both experimental and clinical pain.
51.	Patterson, Jensen, Wiechman, & Sharar, 2010	2	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.

	Article	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
52.	Shakibaei, Harandi, Gholamrezaei, Samoei, & Salehi, 2008	2	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.
53.	Stinson, Yamada, Dickson, Lamba, & Stevens, 2008	1	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.
54.	Tan, Fukui, Jensen, Thornby, & Waldman, 2010	4	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.
55.	Thornberry, Schaeffer, Wright, Haley, & Kirsh, 2007	4	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.
56.	Uman, Chambers, McGrath, & Kisely, 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.
57.	Vandevusse, Irland, Berner, Fuller, & Adams, 2007	5	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.
58.	Vlioger, 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)

	Article	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
59.	Abbasi, Ghazi, Barlow-Harrison, Sheikvatan, & Mohammadyari, 2009	3	Pain	Labour and childbirth	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.
60.	Hunt & Ernst, 2011		Pain Enuresis	Children		Hypnotherapy was shown to be effective in treating enuresis in one of two RCTs and in one RCT for assisting the induction of anaesthesia. [.....hypnotherapy may be effective in reducing procedure-related pain.]
61.	Thompson, Steffert, Steed, & Gruzelier, 2010	2	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).
62.	Bernardy, Fuber, Klose, & Hauser, 2011	1	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. Its use as an adjunct to efficacious pharmacological and non-pharmacological treatments had been recommended by the German interdisciplinary guideline on FMS based on expert consensus.
63.	Martínez-Valero et al., 2008	2	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.
64.	Stoelb, Molton, Jensen, & Patterson, 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.

Other (includes alexithymia, emotional numbing, learning, obesity, self-efficacy, sexual dysfunction, sleep issues and trauma)

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	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
65.	Gay, Hanin, & Luminet, 2008	2	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.
66.	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.
67.	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.
68.	Sapp, Obiakor, Scholze, & Gregas, 2007	6	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.
69.	Barker, Jones, & Greenlees, 2010	2	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. The study demonstrates hypnosis can enhance and maintain self-efficacy and sports performance.
70.	Kraft & Kraft, 2007b	6	Sexual dysfunction			This paper has demonstrated quite clearly that hypnotherapy is an extremely valuable tool in the treatment of sexual dysfunctions
71.	Farrell-Carnahan et al., 2010	2	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.
72.	Pfitzer, 2008, p. 86	6	Trauma	Crime		Meta-analyses on the efficacy of therapeutic approaches in general demonstrated a superiority of hypnotherapy over most other interventions. E.g. Psychodynamic treatments, CBT, EMDR, Stress Inoculating Treatments (SIT) as well as a combination of treatments.

Psychophysiological

Overall hypnosis interventions were considered safe, effective, clinically valuable and statistically significant. One study questioned the stability 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	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
73.	Bay & SujataVaidya, 2012	3	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.
74.	Richardson et al., 2007	1	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.
75.	Domínguez-Ortega & Rodríguez-Muñoz, 2010	3	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.
76.	Elkins et al., 2008	2	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.

	Article	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
77.	Torem, 2007	6	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.
78.	Barabasz, Higley, Christensen, & Barabasz, 2009		Psychophysiological	Human Papillomavirus	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.
79.	Gay, 2007	2	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.
80.	McCormack, 2010	5	Psychophysiological Nausea and Vomiting	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 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.
81.	Shah, Thakkar, & Vyas, 2011	2	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. Hence, the use of clinical hypnosis as a viable adjunct to medical management is suggested to help to prevent neonatal morbidity and foetal loss.
82.	Reinhard, Huesken-Janßen, Hatzmann, & Schiermeier, 2009	3	Psychophysiological	Preterm delivery	64	Hypnosis was shown to be effective therapy without side-effects, which can reduce preterm delivery.

	Article	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
83.	Lotfi-Jam et al., 2008		Psychophysiological Nausea and vomiting	Strategies for Managing 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.
84.	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)

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

	Article	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
85.	Abramowitz, et al., 2008	2	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.
86.	AHRQ, 2011	6	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.
87.	Bisson & Andrew, 2007	5	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.
88.	Lynn & Cardeña, 2007	6	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.
89.	Barabasz, Barabasz, Christensen, French & Watkins, 2012		PTSD			Manualised, single-session hypnosis in the treatment of PTSD has proved efficacious in two placebo-controlled trials

Smoking

Hypnosis has long been regarded by the public as effective to quit smoking. 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	Evidence Level	Focus	Issue	Number of cases	Summary of key findings
90.	Barnes et al., 2010	5	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	2	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	2	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, Mottillo, Joseph, Pilote, & Eisenberg, 2012	1	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.

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