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Response to Dr. Edwin Yager’s Open Letter to the Editor

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Dr. Yager, in his Open Letter the Editor of the ASCH Journal expressed concerns regarding the validity of success claims made by his colleagues who use clinical hypnosis as a tool for behavior change. His concerns arose after he conducted a follow-up review of a colleague’s smoking cessation success rates and discovered that although 68% of his colleague’s clients reported “immediate success,” after a few days, “only 24% had not resumed smoking.” This preliminary data led Dr. Yager to wonder if he had been allowing himself to be convinced of exaggerated success rates in treating other disorders with hypnosis as a result of accepting “immediate reports as final results” without the benefit of objective follow-up measures. In order to address his concerns, Dr. Yager developed a brief 15-item visual analogue scale inventory for collecting clients’ pre and post-treatment ratings of the continued impact of their presenting problems. He suggests that such a rating scale could be used to document the effectiveness of hypnosis treatment.

We agree with Dr. Yager that hypnosis clinicians should distinguish between the “immediate success” and “ongoing success” of their treatment. However, we assert that it is not necessarily easy for clinicians to come up with a clinically valid way of doing so. Good empirical science does not always equate with good clinical practice. The measurement of therapeutic outcomes and treatment success is fraught with landmines.

First, all hypnosis is not the same, and hypnosis clinicians work in different settings with different patient populations. For example, Dr. Yager (2009) differentiates between formal trance states and his own “Subliminal Therapy” which he identifies as an implied trance state, with anecdotal follow ups. Our own “Brief Cognitive Hypnosis” single session smoking cessation protocol (Zarren & Eimer, 2001) is different from Dr. Yager’s “Subliminal Therapy” and other hypnosis treatment approaches. Thus, hypnosis treatment outcomes obtained in one setting using one approach may not be generalizable to other settings and clinicians.

Second, outside of externally funded, formal studies conducted in university or medical settings, solo clinician inquiries are most often anecdotal because of time limitations and the realities of private clinical practice. Based on anecdotal follow-ups with our patients ranging from one day after treatment to upwards of 5 years, we claim better that a 70% average success rate for our unique single session smoking cessation protocol (Zarren & Eimer, 2001). When it comes to smoking, a patient either still smokes or doesn’t. Our goal is to help our smoking patients stop smoking - period. However, as Dabney Ewin points out (Ewin, personal communication, 2007), some patients lie, and the only way to obtain accurate abstinence data is through the
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collection of urine nicotine and breath carbon monoxide levels. Therefore, patients’
verbal reports and recorder ratings are often inaccurate and invalid.

Third, patient expectations (Kirsch, 2005) constitute a huge factor in the success
or failure of hypnosis treatment programs in general and smoking cessation programs in
particular. Many smokers come to a hypnosis practitioner with unreasonable and
misinformed expectations. It is our job to reframe these expectations. The effective clinician
understands that everything he or she says and does from the first contact with the
patient affects the patient’s expectancies of treatment success. Therefore, our approach
is to refocus the patient on his or her successes. We partially do this by reframing patients’
ideas that the treatment “failed” if they engaged in the unwanted behavior to the idea that
they simply made a mistake because mistakes can be corrected. Furthermore, we do not
belabor the point, as that would be counter-therapeutic.

In regards to researching outcomes, our approach includes regular follow-ups when
possible and on an as needed basis. For example, our smoking cessation protocol contract
offers a no-charge return visit if there is any kind of a problem within 2 weeks of
the original visit. Our own research has shown that most problems, if they occur, happen
within this 2 week time frame. We also suggest, in trance and out of trance, that any problems
occurring during that 2 week period can be handled over the phone, at no charge, in a short
time, if the call is made the same day, or soon after the problem occurs. The major phone change
procedure is to reframe the problem from a failure to a mistake. Mistakes can easily be corrected.

In conclusion, we agree with part of Dr. Yager’s assertions. We believe that
we should be able to document the effectiveness of our treatments. However, we
assert that it is neither easy nor simple to do so. Rating scales are not the answer. The
bottom line is that we utilize hypnosis as a tool to help our patients make choices and
take responsibility for their behaviors. Our 70% average success rate for smoking
cessation is based on the fact that our approach makes it easier for our patients to
stop smoking. We arm our patients with accurate information and make it difficult for
them to continue ignoring the grim realities associated with continuing to smoke. We
also communicate in a way that builds their confidence that they can succeed.

For many years, we have recognized that success in treatment builds
referrals. And we can often judge our success rate by how many and for how many
years those referrals occur. We both have had referrals from successful patients
even after 20 years. Dr. Yager has yet to prove that his one page follow-up survey
is any more valid than what we or others may use to improve our service to our
patients and to improve the quality of our clinical work.

References

Psychology, 61, 791-803.
Bethel, CT: Crown House Publishing Company.