

Mental Health Experts:
Roles and Qualifications for Court
Second Edition

PBIpress

Frank M. Dattilo
Robert L. Sadoff

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11

Clinical and Forensic Hypnosis

Bruce N. Eimer, Ph.D.
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During its lengthy history, especially in its first half-century, the modality known today as hypnosis (after the Greek root for sleep) has been described by a variety of theory-based nomenclatures, which have included terms such as "animal magnetism," "mesmerism" (after its founder Franz Anton Mesmer, who lived between 1734 and 1815), "induced somnambulism," and "hypnotism." In addition, there have been other minor terms that were usually based on subsequently discarded theories.

Some of the above-mentioned words may be found in a number of older court decisions and other legal documents. While most authorities in modern times tend to use the above terminology interchangeably, the preferred term in use today throughout the world is hypnosis. In some Spanish-speaking countries, however, the method is sometimes called "sophrology" after the Latin root for sleep, although the theory behind this term has been discredited.

To avoid possible confusion and maintain consistency, we have used the modern term "hypnosis" throughout this chapter. It should be noted, however, that not all workers in the field agree that this term refers to the same fundamental process. In the judicial arena, a qualified expert should be able to describe the origins and meanings of the various terms.

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The construct of "hypnosis" represents both a particular type of altered state of consciousness, as well as the method or procedure employed for the induction of such a state. Given the abundance of myths and misconceptions about hypnosis, as well as disagreements about a universally acceptable and adequate definition, the construct has been a subject of some controversy even among expert hypnosis practitioners, scholars, and researchers themselves.

11-1. The Hypnotic State

The American Society of Clinical Hypnosis (ASCH), the largest professionally recognized national organization of licensed health-care practitioners who use hypnosis, describes hypnosis on their official website (<http://www.asch.net>), as:

A state of inner absorption, concentration and focused attention. It is like using a magnifying glass to focus the rays of the sun and make them more powerful. Similarly, when our minds are concentrated and focused, we are able to use our minds more powerfully. Because hypnosis allows people to use more of their potential, learning self-hypnosis is the ultimate act of self-control.

As discussed by Eimer and Freeman (1998), the hypnotic state of consciousness differs from the waking state in several ways:

- The hypnotic state, or therapeutic trance, is a mental state of (a) sustained responsive concentration, (b) focused imagination, and (c) heightened receptivity to acceptable suggestions.
- The patient entering a hypnotic state, or in a hypnotic state, collaborates with the therapist and freely complies with the therapist's instructions, directives, and suggestions, as long as they are acceptable.
- Persons in a hypnotic state experience as acceptable suggested sensations, perceptions, and positive ideas associated with their targeted therapeutic goals.
- The hypnotized individual experiences some degree of involuntariness in his or her responses to hypnotic suggestions. It may seem as if responses to suggestions occur on their own, as opposed to their being deliberate, completely voluntary, and effortful.
- The hypnotized individual can be described as being in a state of "parallel awareness" (Hilgard, 1991; Spiegel and Spiegel, 1978), being able to process information effortlessly on a number of levels simultaneously. This state of consciousness may be labeled "con-

trolled dissociation" in the service of the treatment or therapy. It is marked by "the ability to be here and there at the same time" (Herbert Spiegel, personal communication, 1996).

- Logically inconsistent or contradictory ideas may be experienced simultaneously without the same level of dissonance that might be experienced in a waking, nonhypnotic state.
- An individual in a hypnotic state is usually physically relaxed, while being mentally alert and focused.

These characteristics of the hypnotic state make hypnosis valuable as a tool for facilitating mental health and medical treatment outcomes. In more recent years, hypnosis has become increasingly employed as an aid in recovering and refreshing the memories of victims and witnesses to trauma, such as acts of crime. Investigative or forensic hypnosis, as this application has been called, is discussed further in this chapter.

11-2. The Nature of Hypnotic Suggestions

A suggestion is the transmission of an idea by one person (either personally or by a media advertisement) to another individual (or to a group of people) with the intention of automatically, spontaneously, or unconsciously affecting the recipient's actions, motivations, or experience. Without any or much conscious deliberation, the recipient is "open to the suggestion" to the degree to which he or she is receptive toward the expressed wishes, or direct or implied directives of the sender.

In the clinical setting, there is no decisive point at which "waking suggestion" becomes "hypnotic suggestion" because it is a matter of degree (Zarren and Eimer, 2001). This is one of the reasons why hypnosis is considered to be a clinical tool appropriately used only by a trained and otherwise qualified licensed health-care practitioner to facilitate behavioral change, including, but not limited to, treatment in the practitioner's particular field. That is also why hypnosis is not considered as a specific therapy or treatment in and of itself.

11-3. Hypnosis as a Clinical Tool or Procedure

The Society of Psychological Hypnosis, the recently renamed Division 30 of the American Psychological Association, defines and describes hypnosis as:

A procedure during which a health professional or researcher suggests that a client, patient, or subject experience changes in sensations, perceptions, thoughts, or behavior. The hypnotic context is generally established by an induction procedure.

Although there are many different methods of hypnotic induction, most include suggestions for relaxation, calmness, and well being. Instructions to imagine or think about pleasant experiences are also commonly included in hypnotic inductions.

(Kirsch, 1994, pp. 142–43.) This authoritative definition is currently being revised.

11-4. Uses of Hypnosis—Clinical Applications

Hypnosis as a procedure or method is not a unique type of therapy, such as psychoanalysis, psychodynamic, cognitive, or behavior therapy. Rather, hypnosis is a clinical tool that can be used to enhance treatment or other behavioral change. For example, clinical psychologists, counseling psychologists, clinical social workers, and psychiatrists can use hypnosis to make psychotherapy briefer and more effective, or to help relieve pain (Eimer, 2000; Eimer and Freeman, 1998). Health-care professionals who can employ hypnosis in their work include dentists, who can use it to make dental treatment more comfortable and to reduce unwanted complications, and physicians, who can use hypnosis to relieve pain, to make medical treatment more tolerable, and to enhance patient adherence to treatment regimens. Surgeons and anesthesiologists can use hypnosis to prepare patients for surgery so that less or sometimes even no chemical anesthesia is necessary. The pace and progress of the patient's recovery is itself noticeably improved by minimizing unwanted side effects following surgery. (Fredericks, 2001; Zarren and Eimer, 2001).

The term "hypnotherapy" is a misnomer because of its literal meaning (sleep) and because hypnosis is not actually a therapy in and of itself, but a supplemental clinical tool employed by licensed health-care professionals to advance the treatments they are qualified to perform. Similarly, a surgeon's scalpel is only a tool, and the use of the scalpel by itself is certainly not treatment. As there is no health-care professional called a "scalpist," so is there also no health professional who can properly be called a "hypnotist."

11-5. Qualifications of Hypnosis Clinicians

Training in hypnosis alone is not sufficient for the conduct of psychotherapy. Clinical hypnosis should be used only by properly trained and credentialed health-care professionals (i.e., licensed psychologists, psychiatrists, clinical social workers, physicians, and dentists), who, in addition to their professional training in their particular specialty, obtain education and experience in the clinical use of hypnosis working within their specific areas of professional expertise.

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Hypnosis is most effective when the patient is highly motivated to overcome a problem, and when the licensed clinician is well-trained in both hypnosis and in the issues related to the treatment of the particular problem. However, individuals who have higher levels of inherent hypnotic responsiveness or capacity tend to derive greater benefit from hypnosis than do those with less innate hypnotic capacity. As with any therapeutic modality, hypnosis may be of marked benefit to some patients with some problems, and of little benefit to other patients with other problems. When used by an experienced licensed health-care professional, with special expertise in treating a particular type of problem, it is more likely to be a successful supplemental technique.

On its official website, the American Society of Clinical Hypnosis (ASCH) notes that hypnosis clinicians can perform three basic services using hypnosis. All three capitalize on the fact that hypnosis helps in bypassing the critical censor of the conscious mind, which often defeats what the individual knows to be in his or her best interests.

The ASCH website includes the following description of the ways hypnosis clinicians use hypnosis:

- Hypnosis clinicians encourage the use of the imagination. Mental imagery is extremely powerful, especially in a highly focused state of attention such as hypnotic trance. Controlled imagery can serve as a form of mental rehearsal for actually experiencing or doing the things we are imagining. For example, a patient with ulcerative colitis may be asked to imagine the appearance of the distressed colon. If the patient imagines it as being like a tunnel, with very red, inflamed walls that are rough in texture, the patient may be encouraged in hypnosis (and in self-hypnosis) to imagine this image changing to a healthy one (ASCH, 2001).
- They use direct trance state suggestion because in the state of concentrated attention that characterizes hypnotic trance, ideas and suggestions compatible with the patient's wishes can exert a powerful behavior-changing impact on the mind.
- They also may use hypnotic uncovering techniques for unconscious exploration, to better understand a patient's underlying motivations, or identify whether past events or experiences are associated with causing or perpetuating a problem (Cheek, 1994; Ewin, 1992).

So-called "stage hypnosis," or hypnosis for entertainment, is not a valid use of hypnosis. Hypnosis can be a powerful and effective treatment technique when appropriately employed, but inappropriate use may result in deleterious effects. Stage hypnotists sensationalize hypnotic phenomena and thus perpetuate negative myths about hypnosis. In addition, they lack sufficient, if any, academic preparation in a health-care field and typically do not have the necessary understanding of behavioral dynamics. Using hypnosis for amusement tends to discourage people from seeking out licensed health professionals who legitimately employ clinical hypnosis as a tool in their practice.

Most onlookers are unaware that stage hypnotists screen their volunteers for their heightened suggestibility and willingness to comply with the hypnotist's commands and suggestions. They also tend to have previously trained accomplices in the audience. Stage hypnotists attempt to select only those participants who will be cooperative. Members of the audience who want to be part of the show, and who have possible exhibitionist tendencies, as well as being responsive to hypnosis, make the best subjects for entertainment purposes.

11-7. National Hypnosis Societies

There are two major national hypnosis societies whose memberships are restricted to licensed health-care professionals with requisite training and experience in hypnosis.

The American Society of Clinical Hypnosis (ASCH) is the largest national professional association of licensed health-care and mental health professionals who use hypnosis in treating a wide range of medical, dental, and psychological conditions. Membership in ASCH is limited to those clinicians who must first meet their state's statutory licensure or certification requirements for their particular health-care profession. Those requirements necessarily vary for each state, but are based on essentially similar standards of appropriate formal education, specialized training, examinations, and supervised experience.

The Society for Clinical and Experimental Hypnosis (SCEH) is the other major national organization dedicated to hypnosis. Both ASCH and SCEH publish well-regarded journals and provide training for health-care professionals and students. Full membership in both societies requires that one have an appropriate advanced academic degree in the profession, such as the Ph.D. or Psy.D. for psychologists, M.D. or D.O. for physicians, the D.D.S. or D.M.D. for dentists, the M.S.W. for social workers, or similar

attainment in other health-care professions. In addition, the professional must have special training in hypnosis as well as a period of documented supervised experience in the applications of hypnosis.

Those licensed health professionals and academically degreed professionals who are accepted for membership in ASCH or SCEH sign an agreement to abide by the rules of ethics of these societies. These ethical rules prohibit members from "assisting, training, identifying with, working with, supervising, or otherwise encouraging the practice of Lay-Hypnotists. Those who do so, and use titles identifying them with such Lay-Hypnosis groups, can lose their right to remain members of these organizations" (Zarren, 1995, p. 2).

The hypnosis division of the American Psychological Association (APA Division 30, Society of Psychological Hypnosis) is an interest group open to all members of APA and certain others. No examination is required for membership, but a review of credentials is conducted.

For psychologists, attaining fellow status in this society is a desirable credential. It requires a psychologist to meet all the requirements of membership in APA and Division 30 (that is, a doctorate in psychology—either a Ph.D., Psy.D., or Ed.D.—and licensure to practice psychology, and/or a university faculty appointment) and to have made significant contributions to the advancement of psychological hypnosis. Fellows are voted in by the division board.

The International Society of Hypnosis (ISH) is a worldwide group composed of national professional organizations from many countries. It, too, is an interest group whose membership is open to qualified professionals throughout the world. No examination is required for membership, but a review of credentials is performed.

11-8. Regulation and Credentialing of the Practice of Hypnosis

As of this writing, there is no specific licensing of recognized professional hypnotists or hypnotherapists in the great majority of state jurisdictions in the United States. There are, however, a number of recognized credentialing boards and agencies with stringent criteria. These are described below. Numerous brief programs are also offered by a wide variety of unaccredited, mostly for-profit organizations. Lay hypnotists are solicited for such courses. For enrollment, the great majority of these programs do not require any requisite training, licensure, or certification in a primary health-care profession. Accordingly, virtually anyone, even a person with no recognized academic background, experience, or license in mental

or obtain a similar title, and obtain, for a fee, a diploma suitable for framing" from most of these organizations.

Since, as already noted, there are virtually no statutory regulations of such persons, it is caveat emptor for members of the general public seeking a referral. Those seeking a qualified hypnotist are instead best advised to direct their inquiries to their local psychological, medical, dental, or other health discipline society. The yellow pages of a local telephone directory are not the best source for identifying qualified hypnosis practitioners.

Few states regulate the practice of hypnosis by lay hypnotists. Lay hypnotists typically claim that they are practicing "non-therapeutic hypnosis" which, as pointed out by Jordan Zarren (1995, p. 1), currently the president-elect of the American Society of Clinical Hypnosis, is often not the case:

Non-therapeutic hypnosis is generally defined as Hypnosis for smoking, weight, motivation, concentration, self-improvement, habits, sports, etc. There are many Lay-Hypnotists, however, who publicly advertise that they work with depression, emotional problems, anxiety, phobias, healing, and much more.

Lay hypnotists typically practice without requisite education, experience, or identification that they are health services providers, nor is their work regulated by statute. Certificates may be purchased from a number of for-profit sources that identify an individual as a "certified" or "board certified" "hypnotist" or "hypnotherapist," or similar title. However, such certificates do not verify the certificate-holder's credentials, licenses to practice his or her primary health-care or mental health-care professional discipline, education, training, experience, competence, ethical standards, or continuing professional education.

Most states do not mention the practice of hypnosis in their regulatory statutes; however, some jurisdictions mention hypnosis and related terminology under the healing arts statutes that regulate the practice of psychology, psychotherapy, medicine, nursing, and dentistry. Unfortunately, this information is typically buried in the text of these laws and, therefore, is not readily known or available.

In *Ethical Issues in How We Identify Ourselves as Therapists Who Utilize Hypnosis*, J. I. Zarren has noted that relatively few licensed health professionals using clinical hypnosis have taken courses offered by lay hypnotist organizations. By paying a fee and filling out an application, or sometimes by taking a brief training course, virtually anyone can become "grandfathered" into nominal certification by any one of a number of such organizations, and can then add various combinations of initials and titles after

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his or her name indicating that he or she is qualified or certified as a hypnotist or hypnotherapist. This has resulted in a confusing state of affairs for the general public because it blurs the distinctions between recognized degreed, licensed, and university-trained health-care professionals and lay hypnotists who typically do not have such backgrounds and other credentials (Zarren, 1995).

Prior to making an appointment for clinical hypnosis services, members of both the public and the bar who seek a referral should first make inquiries regarding the qualifications of the person they are considering for a consultation. Local and national professional societies, as well as universities, are good resources for purposes of information and referral.

11-9. "Fact" and "Expert Witnesses" in Hypnosis

When seeking the services of a licensed professional practitioner of clinical hypnosis as a witness or consultant, a distinction should be made between "fact witnesses" and "expert witnesses." Any healing arts practitioner who testifies to the court about one of his or her particular cases regarding the techniques that the practitioner employed with an individual patient or client, or his or her own education and training, licensure credentials, or related personal information is acting in the role of a *fact witness*. In point of fact, there may even be licensed hypnosis practitioners who have not acquired any training beyond a brief workshop or reading the available literature. Consequently, they may lack the prerequisites to qualify for the peer-approved credentials discussed elsewhere in this chapter. Therefore, if called to testify in a particular case, such individuals may not possess sufficient qualifications to be acceptable to the court as an overall *expert witness* in the general field of clinical hypnosis. In other words, a professional who uses hypnosis in his or her practice may not be able to qualify as an expert in a court of law.

To be qualified as an expert witness, and thus to be able to testify as such before a court of law or in deposition, the hypnosis clinician must possess the highest levels of education, specialized training, experience, and specialty certifications.

11-9.1 Academic Qualifications

The attorney or jurist who is seeking to qualify an "expert witness" should obtain the services of a health professional who has either a doctorate or a terminal master's degree in his or her profession from a regionally or nationally accredited university, or from a professional school of psychology, medicine, or nursing. The master's degrees most frequently held by qualified hypnosis clinicians are the master of social work degree (M.S.W.), and the master of science in nursing degree (M.S.N.). Doctoral

degrees in the field of psychology held most often are the Ph.D. in clinical, counseling, or school psychology, and the Psy.D. degree in those same specialties. In the field of medicine, the M.D. and D.O. are the degrees most frequently held by hypnosis clinicians and the D.D.S. and D.M.D. are the degrees most often held by those working in the field of dentistry.

11-9.2 Licensure

Recognized health-care professionals must be licensed by statute in order to practice their profession and either be currently practicing, or have previously practiced in the state or states in which they have their professional practice licenses. Verification of licensure or certification may be obtained by making inquiries to the appropriate state regulatory board or secretary of state where appropriate.

11-9.3 Hypnosis Training

In addition to subsequent specialized training in recognized and approved hypnosis programs, licensed health-care professionals typically have seven to nine years of university coursework in their basic discipline, plus additional supervised training in clinical internship and residency programs. Although a number of academic programs have included courses and supervised practice in hypnosis, such training is usually obtained subsequent to the professional's basic medical, psychological, dental, or social work curriculum. Employing the services of a lay hypnotist who does not possess such qualifications is not the best course of action when the services of an expert are required.

To obtain a competent referral for a hypnosis expert, ASCH recommends the following procedure described on their website:

Ask if the person is licensed ... in their field by the state. If they are not legitimately licensed, they probably lack the education required for licensure. Find out what their degree is in. If it is in hypnosis or hypnotherapy, rather than a state-recognized health care profession, the person is a lay hypnotist. Check for membership in the American Society of Clinical Hypnosis or the Society for Clinical and Experimental Hypnosis (which are the only nationally recognized organizations for licensed health care professionals using hypnosis) as well as membership in the American Medical Association (AMA), the American Dental Association (ADA), the American Psychological Association (APA), The National Association of Social Workers (NASW), etc. Contact a state or local component sec-

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tion of the American Society of Clinical Hypnosis to see if the person is a reputable member. If you have doubts about their qualifications, keep looking.

11-10. ASCH "Certification" and "Approved Consultant" Status

There is another important credential that aids in the identification of a qualified hypnosis practitioner. The ASCH offers a voluntary credentialing process in clinical hypnosis and provides recognition of the advanced clinician who has met specialized educational qualifications, regularly updated continued education and training requirements, and had extensive experience in clinical hypnosis. Two levels of certification are available; the entry "certification" level, and the higher "approved consultant" level. Appropriate diplomas are awarded for each. Both recognize professionals who have obtained advanced training and extensive experience in the use of hypnosis in their professional practices.

ASCH certification differs from other programs in that it ensures that the certified individual is a bona fide licensed health-care professional recognized by collegial peers as exceptionally qualified to provide hypnosis services in a safe and responsible way. ASCH certification enables differentiation of the professional practitioner from the lay hypnotist. Verification of certification on either level may be obtained by contacting the ASCH national office (see page 172 for address); the clinician may also have the diploma displayed in his or her place of practice.

11-11. Board Certification in Hypnosis

The highest level of recognition of competence in the practice of clinical hypnosis is board certification by one of the four constituent bodies of the American Board of Clinical Hypnosis. These separate but interlinked boards are the American Board of Medical Hypnosis (ABMH), American Board of Psychological Hypnosis (ABPH), American Board of Hypnosis in Dentistry (ABHD), and the American Hypnosis Board for Clinical Social Work (AHBSW).

Each of these boards is recognized as the highest credentialing achievement available for the practicing clinician by ASCH, SCEH, ISH, and the many national and international societies of licensed health-care professionals.

The specialty diplomas awarded by these boards indicate to the public and to those in other professions that the recipient has met standards for their credentials. In the case of psychology, ABPH issues two certificates: one in

clinical hypnosis for practitioners and another in experimental hypnosis for scientific researchers. Before awarding their respective diplomas, each board requires that a candidate demonstrate a specific academic preparation in his or her basic health field, have extensively documented and supervised years of experience, have advanced levels of specialty training in hypnosis, and complete a rigorous examination by a peer committee that may be oral, written, or both. Board credentialed clinicians have contributed to the scientific and practice literature through publication, and many of them hold academic appointments and are therefore themselves teachers of other health professionals.

Applying for these diplomas is a voluntary, nonstatutory process; not all professionals with adequate qualifications choose to pursue the rigorous requirements for the specialty board hypnosis diploma in their discipline.

11-12. Scope of Opinions Rendered by the "Expert Witness" in Clinical Hypnosis

The expert witness in *clinical hypnosis* may render opinions regarding the application of specific hypnotic and related nonhypnotic techniques and strategies in diagnosis, assessment, treatment, and related applications. These may include, but are not limited to, the following:

- hypnotic exploration of the underlying causes of a patient's symptoms
- cognitive reframing and restructuring of the patient's beliefs, feelings, experiences, and memories
- induction of symptom substitution and transformation, as in pain management
- helping the patient to develop appropriate coping skills to deal more effectively with the problem that the patient exhibits
- assisting the patient to dissociate or disconnect from disabling psychosomatic symptoms
- facilitating the patient's analysis and resolution of underlying psychological conflicts relative to the problem that the patient exhibits
- helping the patient to manage pain, unwanted habits and behaviors, alleviate undue anxiety and problematic mood states, and cope more effectively with the physical symptoms that accompany medical disorders

The expert witness in *forensic hypnosis* may be requested to perform a variety of functions in the legal setting. These roles and functions include:

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- serving as a consultant to an attorney on matters pertaining to hypnosis. This would not necessarily require giving testimony.
- testifying as an expert in court. Such testimonial opinions could be about their own work or that of someone else.
- conducting an investigative hypnosis interview in a matter under investigation. This could be with the understanding that testimony in a court of law would be required or not; however, all hypnosis interviews should be conducted as if testimony would be required, so that the data is admissible as evidence.
- performing an actual hypnotic induction of a witness in the courtroom setting. (It is rare for a court to authorize this.)
- teaching other professionals (for example, law enforcement officers and law students) about the appropriate use of forensic hypnosis. This would not involve instructing them how to perform hypnosis.
- evaluating a subject's ability to be hypnotized or susceptibility to suggestive influence.

11-13. The "Recovered Memory" Controversy

In recent years, there has been some controversy in legal and clinical circles regarding the use of hypnosis to retrieve memories of alleged past experiences. Following a number of widely publicized legal proceedings that were sensationalized in the media, some individuals received prison sentences for allegedly abusing children and others in their care. Subsequent objective investigations revealed that certain lay hypnotists and otherwise unqualified persons had inappropriately used hypnosis with their patients to retrieve "repressed memories," after which they then offered court testimony based on such actions. The lesson of these unfortunate events is that misuse of hypnosis by unqualified individuals can be exceedingly detrimental to legal due process (see Brown, Schefflin, and Hammond (1997) for a comprehensive review of this issue, including pertinent legal citations).

11-14. Selecting a Qualified Forensic Hypnosis Consultant for Expert Testimony

The legal professional who wishes to obtain the services of a qualified hypnosis professional should be aware of the requisites and levels of education, training, and credentials described previously. In general, documented recognition of competence by one's peers is a fundamental requirement. The expert should have a history of extensive clinical practice in the area in which testimony is sought. Previous or ongoing consult-

antships in hypnosis with local, state, and federal agencies are positive indicators of competence, and publications in recognized print media and presentations at scientific meetings are highly desirable. The professional should have been previously qualified as an expert in a court of law and should be familiar with the legal process in the courtroom. Furthermore, the expert should possess the temperament to conduct himself or herself well while providing testimony or depositions under oath. A preliminary interview with the expert should provide the opportunity for these qualifications to be elicited and discussed.

In the event that the legal case in point concerns issues subsumed under the so-called "recovered memory controversy" discussed above, as well as the hypnotic retrieval of memories in general, the expert must be qualified to testify on the complex psychology of memory and its vicissitudes, as well as proven techniques for accessing repressed and otherwise "forgotten" memories. In addition to more generalized qualifications, relevant experience in the retrieval of memories and knowledge of specialized case law must be part of the qualifications of such an expert witness.

11-15. Questions to Consider when Examining or Cross-examining Experts In Hypnosis

- Please state for the record your formal education beyond the high school years.
- Was your bachelor's or master's degree earned in the field of psychology, or a related field? If not, in what field did you earn your degree?
- Do you possess a doctoral degree? If so, in what field did you earn your doctorate?
- Where did you complete your clinical internship training? Was your internship training supervised by someone who held a diploma from one of the branches of the American Board of Clinical Hypnosis? If so, was your supervisor's board certification from the American Board of Psychological Hypnosis, the American Board of Medical Hypnosis, the American Board of Dental Hypnosis, or the American Hypnosis Board for Clinical Social Work? Was your supervisor certified as an approved consultant with the American Society of Clinical Hypnosis (ASCH)? Was your supervisor a member of the Society for Clinical and Experimental Hypnosis (SCEH)? What was the name of your supervisor?
- Where did you complete your postdoctoral training? [Ask the same questions as above regarding the clinical supervisor's hypnosis credentials.] What was the name of your supervisor?

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- Are you duly licensed in one of the fields of mental health at the independent practice level in the state of _____? In what field is your license? In what other states or jurisdictions are you licensed to practice in that field? Do you possess a state license in any other fields of clinical practice? In what fields, and in what state?
- Is your license issued on the basis of a master's or a doctoral degree?
- Are you state licensed in hypnosis? [This question is intended to catch imposters who are faking their credentials, because there are no states that offer a license in hypnosis!]
- What specific training do you have in hypnosis? Where did you train? With whom?
- Are you certified by any governing bodies that regulate the profession of hypnosis? If so, what organizations? What is your certification number, and on what date were you first certified? Are you certified in hypnosis by any other national organizations? What organizations?
- What hypnosis organizations or societies do you belong to? [Be concerned if the "expert" does not belong to either or both the ASCH and the SCEH. If the individual mentions any other national hypnosis groups other than these, or the Society for Psychological Hypnosis, be concerned!] How long have you been a member of these organizations? Are you a fellow of any of these groups? Which ones?
- Do you hold a diploma from one of the branches of the American Board of Clinical Hypnosis? If so, which branch? When did you become board certified?
- Are you certified as an approved consultant with the American Society of Clinical Hypnosis? When did you become certified as an approved consultant?
- How long have you been using hypnosis as an integral part of your practice?
- In what aspects of the use of hypnosis do you specialize?
- During the last year, how many patients would you say you have treated using hypnosis in this way, or for this purpose?
- Do you consider yourself an "expert" in clinical hypnosis? On what basis?

- Do you consider yourself an "expert" in forensic hypnosis? On what basis?
- Have you published any books or articles in the field of hypnosis? Please list what you have published on the topic of hypnosis.

Key Associations and Organizations

American Society of Clinical Hypnosis (ASCH)

140 N. Bloomingdale Road
Bloomingdale, IL 60108
Telephone: (630) 980-4740
Fax: (630) 351-8490
E-mail: info@asch.net
Website: <http://www.asch.net>

Society for Clinical and Experimental Hypnosis (SCEH)

Executive Office
Massachusetts School of Professional Psychology
221 Rivermoor Street
Boston, MA 02132
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Fax: (617) 469-1889
E-mail: sceh@mspp.edu
Website: <http://www.sceh.us>

Society of Psychological Hypnosis

Division 30 of the American Psychological Association
750 First Street N.E.
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Telephone: (202) 336-6013
Fax: (202) 218-3599
Website: <http://www.apa.org/about/division/div30.html>

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