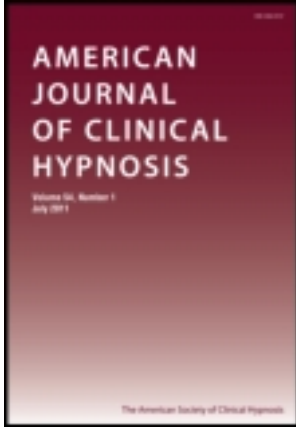


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Publisher: Routledge

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UK



## American Journal of Clinical Hypnosis

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/ujhy20>

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Jordan I. Zarren MSW, DAHB, DCSW & Bruce N. Eimer PhD, ABPP

Version of record first published: 21 Sep 2011

To cite this article: Jordan I. Zarren MSW, DAHB, DCSW & Bruce N. Eimer PhD, ABPP (2010): Response to Dr. Edwin Yager's Open Letter to the Editor, American Journal of Clinical Hypnosis, 52:3, 171-172

To link to this article: <http://dx.doi.org/10.1080/00029157.2010.10401715>

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## **Response to Dr. Edwin Yager's Open Letter to the Editor**

Jordan I. Zarren, MSW, DAHB, DCSW

Bruce N. Eimer, PhD, ABPP

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

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

- Ewin, D.M. (2007). Personal communication.
- Kirsch, I. (2005). Placebo psychotherapy: Synonym or oxymoron? *Journal of Clinical Psychology, 61*, 791-803.
- Yager, E.K. (2009). *Foundations of clinical hypnosis: From theory to practice*. Bethel, CT: Crown House Publishing Company.
- Zarren, J.I. & Eimer, B.N. (2002). *Brief cognitive hypnosis: Facilitating the change of dysfunctional behavior*. New York: Springer Publishing Company.