

Clinical Hypnosis in the Treatment of PTSD

It is essential that anyone who wishes to treat people experiencing Post-Traumatic Stress Disorder (PTSD) be properly trained or experienced to do so.

In some cases, it has become apparent that previous training as a therapist or counselor can serve as a disadvantage. This is because of the unique place that PTSD occupies among clinically defined mental health conditions. PTSD is cause specific, i.e. linked directly with a known cause. As such, the treatment of the condition can be approached in a much more direct manner that would be the case with many other conditions.

Anyone undertaking to treat someone experiencing PTSD should ideally ensure that the following minimum criteria have been met prior to commencing a course of therapy:

1. That PTSD has been properly diagnosed.
2. That a client undergoing therapy for PTSD has previously undergone a Critical Incident Stress Debriefing (CISD) process under the supervision of a trauma cognisant therapist/mental health worker trained and experienced to carry out that task. (Clinical guidelines suggest that such debrief be carried out if more than 24 hours and less than 1 month post incident: however a traumatised individual can benefit from such a process even years after the original incident)
3. The therapist must be clear whether they are dealing with a single, compounded, multiple, 'simple' or 'complicated' incident/s of trauma.
4. That the client understands the concept of PTSD and has it explained where this is not the case. The successful treatment of PTSD often involves an emphasis on educating people about their condition.
5. Where possible and desirable involve immediate family in the process. Whether or not they should be present during treatment sessions is an individual decision. Where any doubt exists they should be excluded.

Studies of Vietnam veterans exposed to trauma suggested that those in the high-symptom group were more hypnotisable than those in the low-symptom group. Other studies showed a similar result. Control studies among groups experiencing more generalised anxiety disorders found that they scored about half as well as PTSD groups on hypnotic induction scales.

This would indicate that there are advantages to the PTSD sufferer in seeking the assistance of a hypnotherapist. From the therapist's point of view, a highly hypnotisable subject coupled with a known cause affords them a choice of several direct treatment options.

The symptom that is most characteristic of PTSD is the repeat occurrence of intrusive imagery. This can and does take many forms, the most commonly recognised of these is the 'flashback'. In general, a flashback accompanied by some form of 'acting out' is an extreme response and should lead to the sufferer

being classified as being in the high symptom group. This is NOT to be confused with the abreaction that most clinical hypnotherapists are familiar with.

A flashback does not generally lead to the emotional release associated with a properly handled abreactive experience. In high-symptom cases where this kind of experience is more common, additional training in trauma management is strongly advised.

Other health care workers as an adjunct to their own work, as well as a direct treatment, can use clinical hypnosis as an option. In reviewing some textbooks on PTSD, the suggested applications of clinical hypnosis or hypnotherapy in relation to PTSD are suggested as:

1. As a stress and anxiety management tool. It is ideal for lowering initially high stress levels to the point the client can begin to benefit from other treatment options.
2. As a method for dealing safely with the directed release of suppressed and pent up emotion.
3. As a method for dealing with the abreactive experience.
4. As a method for dealing with dissociation, spiritual malaise etc.

As an experienced hypnotherapist with over a decade's experience in working with traumatized people I find these recommendations heartening. It was not so long ago that Hypno-analytic techniques were considered an important treatment for 'shell shock' in the aftermath of the so-called Great War when the sheer volume of sufferers overwhelmed the available medical services.