

**Clinical Hypnotherapist
Counsellor
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REVIEW OF THE AUSTRALIAN GOVERNMENT REBATE ON PRIVATE HEALTH INSURANCE FOR NATURAL THERAPIES

Dear Review Committee,

Thank you for affording me the opportunity to submit to this review.

I am submitting to this review on Counselling and Hypnotherapy. I have been studying therapy since 1989.

I am a member of and accredited for my knowledge in complementary alternative therapy for the following:

- **Clinical Hypnotherapist**
 - Australian Hypnotherapist' Association - AHA
 - National Hypnotherapists Register of Australia - NHRA
 - President Emeritus - AHA
 - Australian Traditional Medicine Society – ATMS
- **Clinical Counsellor**
 - Psychotherapy & Counsellors Federation of Australia – PACFA
 - Australian Register of Counsellors and Psychotherapists - ARCAP
 - Australian Traditional Medicine Society – ATMS
- **Certified Energy Health Practitioner**
 - Association for Comprehensive Energy Psychology – ACEP

CLINICAL EFFICACY, COST EFFECTIVENESS, SAFETY AND QUALITY RELATING TO COUNSELLING AND HYPNOTHERAPY.

COUNSELLING:

On Monday October 29, Blue Knot Day, the Hon. Mark Butler MP, Federal Minister for Mental Health, launched the Adult Survivors of Child Abuse (ASCA) Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery; Authors: Dr Cathy Kezelman and Dr Pam Stavropoulos.

“Data collected by ASCA shows that 76% of callers who spoke about the impacts of abuse said it had affected their mental health, with many grappling with suicide or substance abuse problems.”

“Complex trauma, without the right support and treatment, can go beyond those who experienced it, affecting partners, families, communities and workplaces,” Mr Butler said.

The guidelines commented on the enormous societal cost of complex developmental trauma and for a period of decades, eclipsed by a biological psychiatry infused with a focus on genetics, neurotransmitters, psychotropic medications and a belief that mental illnesses were “brain diseases”.

The report underlines the anomaly that outcome research is problematic in many respects. It raises queries about ‘evidence-based’ treatment so-called.

It makes the point that lack of the status of ‘evidence-based’ does not itself equate to suspect treatment. Insistence that treatments be ‘evidence-based’ can also wrongly imply the superiority of treatments which new research insights are calling into question.

The guidelines quote “Comprehensive translation of research insights in the neurobiology of attachment to clinical and health care practice will take time. In the meantime, current research indicates need for the presence of common and ‘core’ elements for any treatment approach to complex trauma to be regarded as optimal. ‘Core’ elements include phased treatment, engagement of right-brain processes and implicit memory, and attentiveness to physical as well as emotional and cognitive processes.”¹

One such right-brain process treatment under current review and recently published in the American Psychological Association peer reviewed journal. Abstract: Combining brief psychological exposure with the manual stimulation of acupuncture points (acupoints) in the treatment of posttraumatic stress disorder (PTSD) and other emotional conditions is an intervention strategy that integrates established clinical principles with methods derived from healing traditions of Eastern cultures. Two randomized controlled trials and six outcome studies using standardized pre- and posttreatment measures with military veterans, disaster survivors, and other traumatized individuals corroborate anecdotal reports and systematic clinical observation in suggesting that (a) tapping on selected acupoints, (b) during imaginal exposure, (c) quickly and permanently reduces maladaptive fear responses to traumatic memories and related cues.²

I have used this therapy with excellent results both in my counselling and hypnotherapy practice since 2001 when I did two workshops with Dr. David Lake and psychologist, Steve Wells.

ACEP (USA) is now approved by the American Psychological Association to sponsor continuing education for psychologists.

Could I request the review committee to take these comments into the review outcome whilst searching and asking for 'evidence based research'?

I am pleased and delighted to have my own thinking and practice observations validated through working as a counsellor of the findings of the ASCA Guidelines.

HYPNOTHERAPY:

Bargh John A, and Morsella E in their manuscript 2008, *The Unconscious Mind* – say that; “The unconscious mind is still viewed by many psychological scientists as the shadow of a “real” conscious mind, though there now exists substantial evidence that the unconscious is not identifiably less flexible, complex, controlling, deliberative, or action-oriented than is its counterpart. This “conscious-centric” bias is due in part to the operational definition within cognitive psychology that equates unconscious with subliminal. We (Bargh and Morsella) review the evidence challenging this restricted view of the unconscious emerging from contemporary social cognition research, which has traditionally defined the unconscious in terms of its unintentional nature; this research has demonstrated the existence of several independent unconscious behavioural guidance systems: perceptual, evaluative, and motivational. From this perspective, it is concluded that in both phylogeny and ontogeny, actions of an unconscious mind precede the arrival of a conscious mind—that action precedes reflection”.³

EARLY HISTORY OF HYPNOSIS:

Much has been written about hypnosis – an example for the reader can be seen at the below link – <http://en.wikibooks.org/wiki/Hypnosis/Chapters/History>⁴

A REVIEW OF THE DEPARTMENT OF HEALTH’S REPORT INTO HYPNOSIS – The Parliament of South Australia, Tabled 29th April 2012

Specifically, on 7 May 2008, the House of Assembly resolved, on a motion of the Minister for Health, South Australia, (Hon John Hill, MP), that a report produced by the Department of Health be referred to the committee for its examination. The full title of the Department of Health report is: *Report on Harms Associated with the Practice of Hypnosis and the Possibility of Developing a Code of Conduct for Registered and Unregistered Health Practitioners.*

The report states; “Hypnosis can be difficult to define but is generally considered to be an altered state of consciousness characterised by heightened suggestibility. Evidence suggests that hypnosis and hypnotherapy can be a useful adjunct to psychological therapy. It can be used to treat

depression and anxiety and can assist in the management of a range of symptoms and conditions including chronic pain, obesity and sleep disorders”.

The review report notes that the introduction of the Psychological Practice Bill 2006 needs to be considered in the context of the National Competition Policy Agreement principles. Those principles state, among other things, that legislation should not restrict competition unless it can be demonstrated that it is in the public interest to do so.

The review report also notes that in the mid 1990s, the Australian Health Ministers’ Advisory Council (AHMAC) established a process for determining whether to regulate any currently unregulated health profession. A number of core criteria were set by AHMAC for assessing whether a profession should be regulated by legislation. The criteria (re-endorsed in March 2007) posed a number of questions including: ‘Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?’ In 1996, AHMAC determined that there was no need to regulate hypnosis and hypnotherapy on the grounds that there was no demonstrable harm.

The review of Health’s report goes on to summarise the main reasons supporting the removal of current restrictions on the practice of hypnosis. These include:

- the practice is not considered to pose a significant risk of harm to the health and safety of the public,
- other professionals may wish to use hypnosis as part of their treatment modality but are unable to do so under the current legislation restricting the practice to certain professionals;
- as ‘hypnosis’ and ‘hypnotherapy’ are often difficult terms to define, it is possible for similar services to be provided under a different name; and
- as the law presently stands medical practitioners and psychologists are allowed to practise hypnosis irrespective of whether they are appropriately trained to do so.⁶

The committee did not consider that members of these professions are necessarily the most appropriately qualified or trained to practise hypnosis. The committee was concerned that the current legislation allowed a number of registered professions to practise hypnosis without requiring them to have completed any specific training in the area.

TRAINING IN HYPNOTHERAPY

I would ask the Advisory Committee to consider that a Private Health Insurer set a requirement of a minimum of 500 hours of formal (classroom) training - the Gov Accredited schools no longer do all their theory training in a classroom. Most now do at least some of their theory training via the internet (same as is now the common practice by universities) training consisting of theory, practice and clinical applications of hypnosis and hypnotherapy. Within that training, there should be counselling skills and basic psychological processes, with at least 100 hours of face-to-face practice of techniques in study groups. All other requirements such as Ethics, Professional Indemnity and Public Liability Insurance, First Aid certificate, Supervision and Continued Education should also apply.

Hypnotherapy has a different skill set to psychology. Whilst psychology and counselling skills are part of the curriculum, to affect change in using hypnotherapy, undeniably the skills in hypnotherapy are paramount to creating change resulting in quick and permanent reduction in the

feelings and emotions, of maladaptive responses to memories and related cues that lead to addictions, stress, fears, phobia, pain and anxiety.

I have attached a listing of evidence-based research articles as requested. I think the number of research articles listed speaks for itself as to the many benefits of using hypnotherapy to assist and work in conjunction with helping doctors look after their patients. Some of these reviews support the cost effectiveness, to the patient, the private health funds and the government purse, in cutting down the time for healing, resulting in shorter stays in hospital and using less medication for pain.

When considering the usefulness of what research already shows, health funds covering the use of hypnotherapy can go a long way towards decreasing the global health problems of obesity, addictions, pain, anxiety, stress, hypertension and their associated long-term ill health effects of diabetes, heart disease and cancer.

Yours sincerely,

Bruni Brewin JP
Clinical Hypnotherapist & Counsellor

Encl: Research support document

References:

¹ ASCA. Adults Surviving Child Abuse.

<http://www.asca.org.au/displaycommon.cfm?an=1&subarticlenbr=366>

²Feinstain, David. Psychotherapy: Theory, Research, Practice, Training, Vol 47(3), Sep 2010, 385-402. doi: 10.1037/a0021171 <http://psycnet.apa.org/journals/pst/47/3/385/> APA PsychNet, Rapid treatment of PTSD: Why psychological exposure with acupoint tapping may be effective.

³ Cited at: www.ncbi.nlm.nih.gov/pmc/articles/PMC2440575. Bargh John A, Morsella E manuscript available in PMC 2008 June 26, 'The Unconscious Mind'

⁴ Cited at: <http://en.wikibooks.org/wiki/Hypnosis/Chapters/History>

⁵28/04/2009, 229, Standing Committees, *Social Development Committee - 29th Report - Review of Department of Health's Report into Hypnosis*. Phone: 08 8237 9416 Fax: 08 8231 9630 E-mail: sdc@parliament.sa.gov.au

<http://www.parliament.sa.gov.au/Committees/Pages/Committees.aspx?CTId=5&CId=182>