EUROPEAN SOCIETY OF HYPNOSIS

ESH RESEARCH PROJECT

Steps to follow to participate

SIPMU
SOCIETÀ SCIENTIFICA ITALIANA
IPNOSI CLINICA IN PSICOTERAPIA
E MEDICINA UMANISTICA
www.sipmu.org

Project info

The study is coordinated by the European Society of Hypnosis (ESH), which recruits clinical members of affiliated or ESH constituent societies; including SIPMU in Italy.

ESH requires the collaboration of professionals in the medical sector to collect data from clinical practice in Europe, using HYPNOSIS.

This includes general practitioners, psychologists, psychotherapists, dentists, etc.

Goals goals to achieve

The project aims to measure the effectiveness of HYPNOTIC THERAPY on patients.

This project can allow us to answer many important questions, such as:

• **What conditions respond best to hypnosis?**

• **Do some people respond better to hypnosis than others?**

Project duration: Years 2025 and 2026

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What types of therapies are included in the research?

The research includes **any type of hypnotic therapy**, used for various problems, for example:

- ❖ **ANXIETY**
- ❖ **PHYSICAL PAIN**
- ❖ **EMOTIONAL SUFFERING**

# How many patients can I involve?

Starting **from just 1 patient**, up to **as many as you wish**, there is no maximum number.

The more patients we can involve, the greater our contribution to the statistical consistency for research.
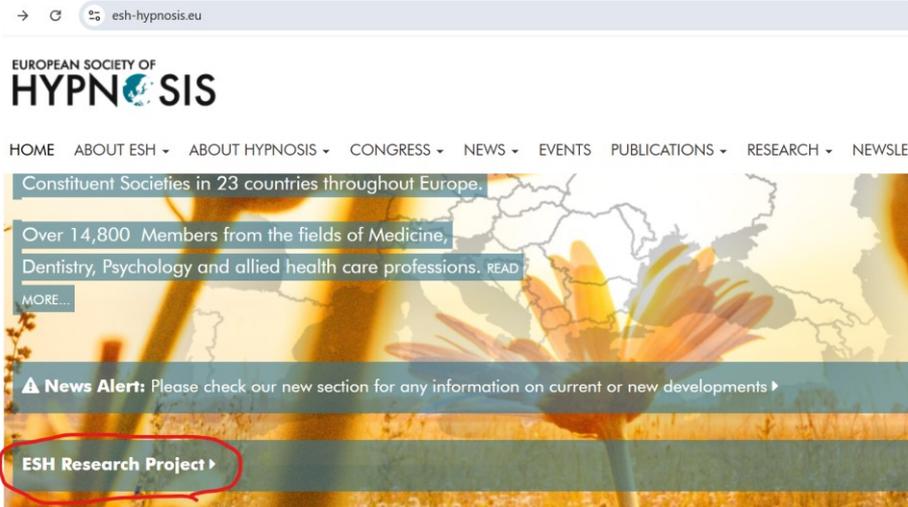
More Patients can join throughout the year.

It is important that they are **new patients**, who have not yet started treatment with hypnosis.

WHAT THE CLINICIAN SHOULD DO
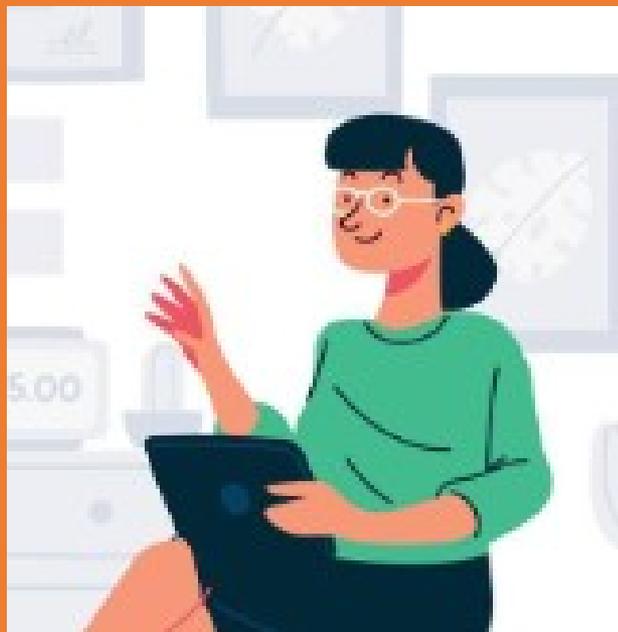
What the clinician should do - 1

All information can be found at the ESH webpage
https://esh-hypnosis.eu/esh-research-project/

*ESH Central Office or the Society Research Coordinator each clinician will receive **USER CODES** to assign to patients, and also the **CONSENT FORM***

Example: Usercode GBAA11
4 uppercase letters, 2 numbers
(2 first letters are country code)

Questions ????
Contact ESH Central Office
mail@esh-hypnosis.eu
Randi Abrahamsen
randiabrahamsen@hotmail.com

What the clinician should do - 2

WITH THE PATIENT

- 1) Inform the patient about the project (patient information sheet)

- 2) Have the consent form signed by the patient.

- 3) Provide the **USER CODE** to participate in the project

- 4) Keep the consent form signed by the patient

- 5) Assist the patient during the first access to the WEBSITE for data entry

- 6) Remind the patient to log in every week
(even if there has not been a therapeutic meeting)

What the clinician should do - 3

*Each clinician will receive an **Excel spreadsheet,** where he or she enters all the info about the treatment*

WITH THE PROJECT:

● 7) Enter the Excel spreadsheet and register under patient´s usercode

● 8) **Diagnosis/problem** for treatment for each patient

● 9) Record **time spent** on hypnosis and other treatments

● 10) Send this report to the ESH coordinator every month (or after agreement)

	A	B	C	D	E
1	Code for patient	Diagnosis	time used for hypnosis	time used other treatment	date.month.year
2	GBBB24	Sleepdisorder	40 minutes	20 minutes	d.m.y
3	GBBB24		50 min	10 min	d.m.y
4					
5	GBBB32	Depression	30 minutes	60 minutes	d.m.y
6	GBBB32		45 minutes	15 minutes	d.m.y
7					

WHAT THE PATIENT SHOULD DO

1 INITIAL QUESTIONNAIRE	2 WEEKLY REPORT during treatment	3 FINAL REPORT

What the patient should do

- 1) Sign the **CONSENT FORM**

- 2) Take the **USER CODE** from the clinician

- 3) Enter the **Research Website** by entering the USER CODE and EMAIL to participate in the project

- 4) Create a personalized access **password**

- 5) Fill out the **QUESTIONNAIRE** (anonymously)

- 6) Login and fill out the **QUESTIONNAIRE every week (same weekday as first entry)** until the end of the therapy

N.B. The clinician does not have access to the data entered by the patient
All data and answers will remain anonymously.
The system will remember the symptoms entered by the patient initially.

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1
INITIAL
QUESTIONNAIRE

What does the patient find in the initial QUESTIONNAIRE? - 1

First entry
Web site: https://www.eshsurvey.co.uk/join

The login screen requires:

- Language choice

- The USER CODE assigned by the clinician

- The email *(will not be disclosed)*

- The email confirmation
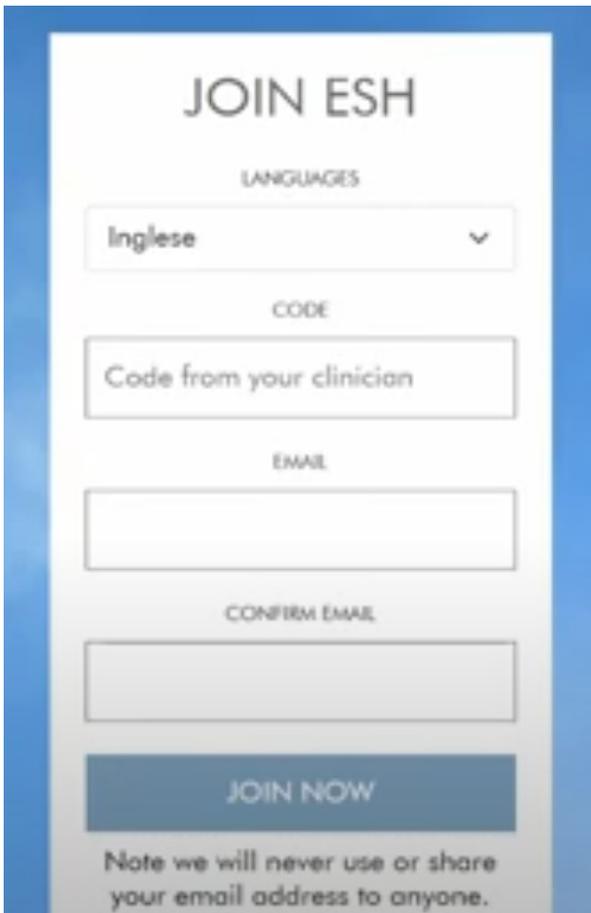
JOIN NOW

JOIN ESH

LANGUAGES

Inglese

CODE

Code from your clinician

EMAIL

CONFIRM EMAIL

JOIN NOW

Note we will never use or share
your email address to anyone.

What does the patient find in the initial QUESTIONNAIRE? - 2

Thanks for Joining our Research Programme

You need to choose a password so you can log in next time. The research is anonymous, so you will not need to give your name or email address. The memorable word is used if you forget your password - please do not use your name or anything obvious.

Password

Please choose a password for future logins.

Your password must be at least 8 characters long, with at least one uppercase letter, one lowercase letter and one special character.

PASSWORD

CONTINUE

First entry
Web site: https://www.eshsurvey.co.uk/join

The login screen requires:

Create a personal password

The password must be at least 8 characters with at least one uppercase letter, one lowercase letter and one special character.

(Please write down your password, it must be used at every entry)

All following entries use: **https://www.eshsurvey.co.uk**

What does the patient find in the initial QUESTIONNAIRE? - 3

Details about you:

I am: ☐ Male ☐ Female ☐ Prefer not to say   **Age:** *Years*

MAIN SYMPTOMS

Choose one or two symptoms *(physical or mental)* which bother you the most.

Symptom 1: *Write the symptom*
Symptom 2: *Write the symptom*

Now consider **how bad** each symptom is, over the last week?
In the box, select a number between 0 and 6

0 1 2 3 4 5 6

(0 = as good as it could be)   (6 = as bad as it could be)

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What does the patient find in the initial QUESTIONNAIRE? - 4

How long have you had symptom 1, either all the time or just on and off?

Please select time:

☐ 0-4 weeks   ☐ 4-12 weeks   ☐ 3 months-1 year   ☐ 1-5 years   ☐ over 5 years

What does the patient find in the initial QUESTIONNAIRE? - 5

ACTIVITY

Now choose one ACTIVITY (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing.

Activity: *enter the activity*

Enter in the box **how bad** it has been <u>in the last week</u>:

In the box, select a number between 0 and 6

0   1   2   3   4   5   6

(0 = as good as it could be)   (6 = as bad as it could be)

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What does the patient find in the initial QUESTIONNAIRE? - 6

WELLBEING

Lastly how would you rate your feeling of **WELLBEING** during the **last week**?

In the box, select a number between 0 and 6

☺   0   1   2   3   4   5   6   ☹

(0 = as good as it could be)   (6 = as bad as it could be)

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What does the patient find in the initial QUESTIONNAIRE? - 7

MEDICATION
Up to 4 medications

Please list any medications you use for your symptoms (for example a pain killer or something for anxiety). If you take more than one, please enter their names with one name to each line. In the boxes below, please enter the name of the medication in the first box, the amounts your are taking each week (how many tablets, for example) and then tinally the strenght of 1 tablet being (for example, in milligrams).

	NUMBER OF TABLETS PER WEEK	STRENGHT OF 1 TABLET MG/G
MEDICATION 1		
MEDICATION 2		

What does the patient find in the initial QUESTIONNAIRE? - 8

ASSESSING ABSORPTION

Corresponding to Hypnotic suggestibility

Some people get really absorbed in a task they are doing, or get lost in a book or film. Others never quite lose touch with what's going on around them, no matter how hard they are concentrating. Then again, many people are somewhere between the two.

This very short questionnaire helps us to assess your natural way of responding.
After each of the following statements, please click in the box and select the number which best applies to your experience, where 1 means that never happens to you, 2, 3 and 4 mean it is increasingly familiar, and 5 means that it is a common experience for you.

What does the patient find in the initial QUESTIONNAIRE? - 9

ASSESSING ABSORPTION

7 QUESTIONS

1. I can focus so completely that I lose track of what is happening around me.

2. I have the ability to go on automatic pilot during a familiar task.

3. I have the ability to be so absorbed in a television show or movie that I can become unaware of other events that are occurring around me.

4. I have the ability to get so completely caught-up in my thoughts that I can become totally unaware of the passage of time.

1   2   3   4   5

1 = It never happens to you
2 – 3 - 4 = It is increasingly familiar
5 = It is a common experience for you

What does the patient find in the initial QUESTIONNAIRE? - 10

ASSESSING ABSORPTION

7 QUESTIONS

5. **Some of my daydreams and fantasies can become so vivid that I am able to feel like it is actually happening.**

6. **I have the ability to recall an event so vividly that I feel as if I'm actually reliving it.**

7. **I can observe my behaviour as if I am watching someone else.**

1   2   3   4   5

1 = It never happens to you
2 – 3 - 4 = It is increasingly familiar
5 = It is a common experience for you

2
WEEKLY REPORT
during treatment

Please use : https://www.eshsurvey.co.uk

What the patient finds in the weekly REPORT - 1

SYMPTOMS

WEEKLY REPORT DURING TREATMENT
(Participants are shown the symptoms they originally entered)

PLEASE TELL US HOW SEVERE YOUR SYMPTOM(S) HAVE FELT OVER THE LAST WEEK   *In the box, select a number between 0 and 6*

Symptom 1:   *Symptom previously entered*

Symptom 2:   *Symptom previously entered*

😊   0   1   2   3   4   5   6   🙁

(0 = as good as it could be)   (6 = as bad as it could be)

What the patient finds in the weekly REPORT - 2

Activity

ACTIVITY. YOU TOLD US YOU HAD DIFFICULTIES TO ………………… (activity previously entered is shown)
PLEASE TELL US HOW YOUR PROBLEM HAS FELT OVER THE LAST WEEK.

In the box, select a number between 0 and 6

☺   0   1   2   3   4   5   6   ☹

(0 = as good as it could be)   (6 = as bad as it could be)

What the patient finds in the weekly REPORT - 3

WELLBEING

THINKING BACK OVER THE LAST WEEK, HOW WAS YOUR GENERAL FEELING OF WELLBEING?

In the box, select a number between 0 and 6

☺   0   1   2   3   4   5   6   ☹

(0 = as good as it could be)   (6 = as bad as it could be)

What the patient finds in the weekly REPORT - 4

MEDICATION

Medication: *previously entered medication is shown*

Please list any new medications you use for your symptoms (for example a pain killer or something for anxiety). If you take more than one, please enter their names with one name to each line. In the boxes below, please enter the name of the medication in the first box, the amounts you are taking each week (how many tablets, for example) and then finally the strenght of 1 tablet being (for example, in milligrams)

	NUMBER OF TABLETS PER WEEK	STRENGHT OF 1 TABLET MG/G
MEDICATION 1		
MEDICATION 2		

What the patient finds in the weekly REPORT - 5

LAST QUESTION OF WEEKLY REPORT.

IS YOUR TREATMENT ONGOING?

PLEASE TICK ONE OF THE BOXES BELOW AND CLICK CONTINUE.

MY TREATMENT IS ONGOING ☐

I HAVE NOW ATTENDED MY FINAL SESSION ☐

When the patient click *I have now attended my final session,* the patient will automatically Continue to fill out the final report
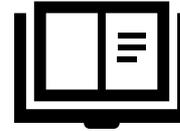
3
FINAL REPORT

When treatment is completed

What the patient finds in the Final REPORT - 1

Patients will be shown a small report of their symptom scoring during treatment

Participant's satisfaction with treatment using Hypnosis

Please tell us how satisfied you are with your experience of hypnosis.

😊   1   2   3   4   5   🙁

(1 = Very satisfied)   (5 = Not at all satisfied)

29

When treatment is completed

What the patient finds in the Final REPORT - 2

New symptom?

If an important new symptom has appeared please describe it .

Symptom 3: *Symptom name entered* ✏️

Please score how bad it is below

In the box, select a number between 0 and 6

😊   0   1   2   3   4   5   6   ☹️

(0 = as good as it could be)   (6 = as bad as it could be)

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When treatment is completed

What the patient finds in the Final REPORT - 3

Other things affecting your health:

The treatment you are receiving may not be the only thing affecting your problem.

If there is anything else that you think is important, such as changes you have made yourself, or other things happening in your life, please write it here:

……………………………………………………………….

THE END

✓ All questions answered, thank you for your participation.

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