

Guidelines for Writing Case Reports for the Hypnosis Literature

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Case reports are an important and useful segment of the hypnosis literature. Single case reports warrant publication if they illustrate new insights and if they are in some way unique. The usual organization of the case report is to have a brief introduction with a literature review, the case history, a concise description of the treatment intervention, a report of the results with follow-up, and a discussion of the significance of the case. In addition to adding something new to the literature, case reports must meet certain standards to justify publication. A case report may be evaluated by assessing its internal validity, its external validity, and the methods of data collection. The single system design provides a method for research with one or several patients that is second in usefulness only to controlled studies.

Case reports are an important and useful segment of the hypnosis literature. In a recent review, Nugent (1985) found that about one-third of the articles published in the American Journal of Clinical Hypnosis between 1973 and 1983 were case studies. He also found that 90% of the studies (67 of 74) used no objective measures of change and in 86% (64 of 74) the interventions were not described in a clear and replicable way. Although this paper will focus on guidelines for writing meaningful single case reports, the same

principles are useful for reporting multiple cases.

What Makes a Case "Reportable"

Many doubt the value of single case reports but Debakey and Debakey (1983) state, "A case report, if properly prepared, is a valuable educational device to describe an unusual syndrome, association, reaction, or treatment. If a case advances understanding of a disorder, increases clinical skill, or suggests useful research, it is worthy of publication."

Not all cases warrant publication in a scientific journal, even if they are interesting and well written. "Single case reports merit publication *only* if they illustrate *new insights*" (Fromm, 1981). There are several types of cases that deserve pub-

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lication (Huth, 1982): 1) The unique case in which the patient's condition cannot be accounted for by known diseases or syndromes; 2) When, during the course of treatment, there are unexpected events that provide clues to new information; 3) A new treatment method is successful and offers significant benefit over previously reported methods; 4) Reports of treatment failures when the reasons for failure have been well identified; 5) Case reports that offer a new hypothesis that will be useful in expanding clinical theory.

Organization of the Case Report

Huth (1982) lists five elements necessary in a case report: 1) A statement of why the case is worth reading; 2) An account of the case with data; 3) Discussion of the evidence that the case is unique; 4) Possible alternative explanations for the features of the case; 5) A conclusion with the implications for other patients. The usual outline for a case report is:

- 1) Introduction (purpose of report and literature review)
- 2) Case History
- 3) Description of Treatment
- 4) Results (with follow-up)
- 5) Discussion

Introduction

The introduction of the case report should highlight previous reports of similar problems and/or similar treatment based on a thorough (usually computerized) search of the recent literature. If there are no references to the use of hypnosis in the treatment of the condition, references to other treatments which might be related should be included. In instances where the treatment is new or a modification of previous treatment, it is important to cite the references from which the

treatment was derived. Near the end of the introduction, there should be a statement of the purpose of the paper and just how the case is unique.

Case History

The case history should be concise, reporting only pertinent positive and negative findings (Debakey & Debakey, 1983), but must be sufficiently complete to justify the diagnosis. If possible, a standard diagnosis from ICD-9 or DSM III (American Psychiatric Association, 1980) should be used. It is essential to make any necessary modifications of the history to protect the privacy of the patient. Patients' names or initials should not be used and if the patient is likely to be identified for any reason, the clinically insignificant details of the history should be changed to disguise the identity of the patient.

Description of Treatment

A lucid description of the treatment intervention is necessary to make it possible for other therapists with similar skills to duplicate the treatment. This should be done as concisely as possible and should not repeat aspects of the treatment (such as standard inductions) available elsewhere. At times this will require verbatim accounts of suggestions used but these should be kept to a minimum. The number and length of the sessions should be noted. It is particularly important to describe *all* interventions, including those not related to hypnosis.

Discussion

The discussion should begin with the relationship of the case presented to the existing literature. This should not repeat the information in the introduction but should exemplify how the case being re-

ported compares to previously reported cases, including how this case is unique. If the paper is reporting a different treatment approach, the results should be compared to similar cases treated with other methods. Care should be taken not to draw causal connections based on a single case when the association may be coincidental. In drawing conclusions, the author must always consider the possibility that the patient has withheld pertinent information which may affect the significance of the findings.

An important part of the discussion is the endeavor to understand how the various treatment factors affected the outcome. This will often be quite speculative but helps to provide a theoretical basis for the treatment being described. The role of hypnosis in the treatment outcome will require elaboration. How did it facilitate therapy? Was hypnosis a necessary ingredient or did it speed up the process? The relationship of hypnotic capacity to therapeutic change should be considered even if hypnotizability has not been formally tested. Did the particular type of suggestion (e.g., direct vs. indirect) influence the outcome? If so, how?

In concluding the discussion, the applicability of the findings to other patients and possible research questions which arise from the report should be explored.

Evaluating Case Reports

In addition to adding something new and different to the literature, case reports must meet certain standards to justify publication. Each case report must be carefully evaluated. The framework for evaluating case reports (Bloom & Fischer, 1982) should include the following points, which may be categorized under internal validity, external validity, and data collection.

Internal Validity

Internal validity refers to the claim that the intervention reported resulted in the change which occurred. When a patient is being treated for a specific problem, it is usually assumed that any improvement which occurs is the result of the treatment administered.

There are a number of reasons that this may not be true. Kasdin (1982) lists five possible threats to internal validity: 1) History — other events occurring simultaneously may affect outcome; 2) Maturation — either physical or psychological maturation may have an important effect on the condition; 3) Testing — the fact that the patient is being observed may influence the course of treatment; 4) Statistical regression to the mean — if there is an extreme score or problem initially, there is a tendency toward change; 5) Multiple interventions — if more than one treatment is applied at the same time, it is difficult or impossible to determine which produced the resulting change. Another important factor is the natural history of the illness.

Let us consider each of these in more detail. During the time that a patient is in treatment, events may occur which have a profound influence on the outcome of treatment. For example, to cite an extreme possibility for emphasis, if a patient is being treated for depression resulting from financial difficulty and during the course of treatment wins a large sum of money in the lottery, the change in mood might not be entirely the result of the treatment.

Physical and psychological maturation tends to confuse treatment results particularly in children. If a child is being treated for enuresis right at the developmental period when this is likely to disappear spon-

taneously, it is easy to attribute this change erroneously to the treatment.

Distortion of results by testing procedures is not usually a problem in clinical case reports but the phenomenon of regression to the mean may be. If the patient is exhibiting extremely severe symptoms or very high scores on a test at the beginning of treatment, there is likely to be a shift to some improvement whether the treatment is effective or not.

The problem of multiple interventions is the threat to internal validity which is most difficult to eliminate in therapies using hypnosis. Almost all of the patients treated using hypnotic techniques are receiving some treatment outside of hypnosis. At times this may not be conspicuous because it is not a specialized treatment, but it may have an important influence on the outcome; for instance, the effects of supportive psychotherapy are often ignored in considering the factors involved in change. As with all treatment, the placebo effect and other nonspecific factors should be considered.

External Validity

In addition to the many threats to internal validity, there are many factors which may interfere with generalization of the reported results to other patients with similar problems. The threats to external validity are patient differences, therapist differences, and measurement differences. Although a patient may have the same diagnosis or condition, the response to treatment may depend on many other factors unique to the individual patient. These factors include such things as motivation, underlying psychodynamics, and external support systems. In addition to the unique factors related to the patient, each therapist brings certain characteris-

tics to the treatment situation which will influence outcome. A major factor is the interaction between therapist and patient. Of primary concern in generalizing a treatment to other patients is the ability to duplicate the intervention used (see section on intervention above).

Data Collection

The final aspect of the framework for evaluation is the method of data collection. The data on change may range from anecdotal information to objective data such as standardized scales. Many case reports use anecdotal information and if such information is collected carefully and presented clearly, it can be satisfactory. Objective data, however, are even more useful if available.

Adequate baseline data are essential to assess the significance of the results. The baseline data must include what is referred to as stability information, that is, information on how stable the symptom or condition was before the intervention. This is accomplished in two ways. First, a history of how long the symptom has been present and how it has changed over time must be established. If it is a condition with spontaneous remissions and recurrences, the frequency and duration of the remissions must be carefully assessed. In addition to this retrospective baseline, if possible it is desirable to have repeated objective measures over time to establish the stability of the symptom.

The changes reported should be assessed on several occasions to assure the stability of the change. In most types of problems, a substantial follow-up period with reassessment is necessary. Adequate follow-up is of special significance in problems that tend to have spontaneous remissions of long duration. For example,

in genital herpes the recurrences may be infrequent and irregular. Follow-up must be of sufficient duration to assure that significant change has occurred. If a patient has an average of eight recurrences in a year but these are irregular enough that there may be 6 months between recurrences, a study with only a 6-month follow-up would be worthless in assessing change.

To aid in determining the effective factor in therapy using hypnosis, data collection should include some assessment of hypnotizability (Frankel, 1981; Mott, 1979). This is especially important because hypnosis may not be present even though an induction has been performed (Mott, 1982). In the clinical situation, scales such as the Hypnotic Induction Profile (Spiegel & Spiegel, 1978) or the Stanford Hypnotic Clinical Scale (Morgan & Hilgard, 1978) are particularly useful.

Single System Design

Although anecdotal case reports have a place in the literature, case reports based on a single system design are much more useful (Barlow & Hersen, 1984; Kasdin, 1982). The single system design provides a method for research with one or several patients that is second in usefulness only to controlled studies.

The first step in the single case design is to specify the problem. The problem may be defined as overt behavior, cognitions, or affect. It must be defined clearly and in a way that it can be measured. Although almost any problem can be measured if it is defined correctly, the clear definition of the problem is much more difficult, or at times impossible, in some conditions such as more pervasive characterological issues, existential problems,

and serious intimacy or relational problems. Although various measurement tools are available, it may be necessary at times to construct a special measurement tool.

The measures should be designed in such a way as to permit repeated measures pre-, during, and post-treatment. This is necessary to evaluate any changes. Once measurement criteria have been developed, baseline data can be recorded. There should be a systematic collection of data before intervention begins. This may be done over a period of a few days to a few weeks depending on the nature of the problem.

The actual design of the experiment will vary but it is usually based on the principle of establishing a baseline, conducting an intervention, and evaluating the results. With therapies involving hypnosis, it is often not possible to return to baseline as is often done in single system designs.

It is essential to define the intervention clearly. The intervention should be chosen for a good reason and this should be well documented. There should be a discernible differentiation between the evaluation and the intervention.

Reports of single case designs usually rely heavily on visual analysis of data. The data should be displayed in the form of simple charts or graphs for easy inspection. In some instances it may be possible to use simple statistics.

Length of Case Reports

In general, papers submitted for publication in a scientific journal should be as concise and brief as feasible to convey the necessary information. Case reports should not exceed about 1500 words (about seven or eight double-spaced typewritten pages). Many reports of single cases can

be even shorter without eliminating essential data. The style and form of the case report have not been addressed in this paper but are well covered by DeBakey and DeBakey (1984) and in the book on medical writing by Huth (1982).

Conclusions

Single case reports can be valuable contributions to the scientific literature if they report a unique case or treatment, provide adequate baseline data, describe the treatment intervention clearly, assess results with sufficient follow-up, and provide the information for the reader to judge the validity of the claims made for the intervention. A report of a series of cases with a similar condition or treatment is always more useful when these data are available.

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