FRIDAY, MARCH 11, 2016

5:00 – 6:00 PM
Faculty Meeting

6:00 - 7:00 PM
P1: Evidence Based Ego State Therapy For PTSD
Arred Barabasz, PhD, ABPP
1.0 CE/CME Credits
For details see page 12.

7:00 – 9:00 PM
Welcome Reception

SATURDAY, MARCH 12, 2016

7:00 – 8:00 AM
Continental Breakfast

8:00 – 9:00 AM
P2: Prevention as the New Frontier: What Can Hypnosis Do to Help Prevent Depression?
Michael Yapko, PhD
1.0 CE/CME Credits
For details see page 12.

9:00 – 9:30 AM
Coffee Break

9:30 – 11:00 AM
Basic Workshop begins
Intermediate Workshop begins
Power of Words Workshop begins
Advanced Workshops begin

S1: Advances in Dental Hypnosis for Dentists and Psychology Professionals
Ashley Goodman, DDS, ABHD; Gabor Filo, DDS, ABHD; Edward F. Mackey PhD, MSN, MS, CRNA, ABHD, ABHN
4.5 CE/CME Credits

This workshop will review basic, intermediate, and more advanced hypnotic skills including rapid, timesaving techniques as they apply to the providing of effective and comfortable dental care for both the providers (hygienists and RDAs) and patients. The uses of creative visualization, densensitization, restorative appliance acceptance, control of saliva and blood flow, more rapid healing, pain control, etc., will be demonstrated. Specific applications of clinical dental uses for behavior modifications, relaxation, pediatric situations, anxiety and oral habit control, minimizing gagging, enhancing personal communications, and self-hypnosis/stress reduction methods for the dental patient, the dental care provider, and psychologists working with the dental team will be examined.

At the conclusion of this session, participants will be able to:

- Identify and recognize appropriate uses of hypnosis to aid in the treatment of dental problems; develop different hypnotic techniques appropriate to the dental milieu and be able to assess which is appropriate for use in differing therapeutic situations;
- Identify the uses of hypnotherapy for behavior modification, relaxation, anxiety control, fear elimination, quelling undesirable habits (tongue thrust, reverse swallowing, TMJ dysfunction, bruxism, clenching), amnesia, analgesia, anesthesia, pain control, prevention of gagging and nausea, control of saliva and bleeding, creative visualizing for healing, restorative appliance tolerance, pretreatment desensitization, self-image, self-esteem, and confidence; and have approaches for utilizing various hypnotic techniques, metaphors, and therapeutic communication for the above listed;
- Dentists can utilize the above listed skills and outcomes to improve current patient care and expand patient care (e.g. using hypnotic techniques to treat phobic patients who would otherwise require medical sedation dentistry or other of the above listed uses that the clinician does not currently treat). Psychologists will be able to evaluate and identify situations to assist local dental colleagues and their patients who may have dental related needs; and
- Dentists can discuss with and educate their staff in the new techniques they will be using to treat and communicate with patients, and formulate a plan to integrate new techniques through the various stages of patient care. Support from the entire dental team will enable the clinician to apply these new techniques in practice: from changes in patient scheduling, to encouragement and suggestions of using these techniques, to assistance in using the techniques and changes in the way the entire staff communicates with patients. Psychologists will be able to develop connections to the dental community for both referrals to and from dentists.

Dr. Filo is the creator of a CD set on hypnotic inductions from which some of his teaching content is derived and for which he receives financial remuneration.
S2: Hypnosis, Suffering, and Eastern Philosophy
David Patterson, PhD, ABPH
4.5 CE/CME Credits

This workshop will focus on the presenter’s recent developments in combining Eastern Philosophy with Ericksonian hypnosis and motivational interviewing as an approach to facilitate to living with suffering. Suffering is defined as resisting the inevitable pain that comes from life. The pain that will be addressed in this workshop will be that from emotional as well as physical sources. The workshop will follow the instructor’s model of conducting hypnosis workshops in that 1/3 of the workshop will be based on didactics that are intended to translate philosophy and neuroscience into clinical applications, 1/3 will be involve demonstrations with individuals or the entire group, and 1/3 will involve participants practicing the concepts presented in small groups or dyads. A primary teaching tenant espoused is that the presenter’s job is to break down the concepts to a level where they are easy to understand and practice for participants, and the attendees need to have to opportunity to verbalize the induction components “out loud”. The workshop will begin with an overview of how suffering can be addressed through Zen and other Eastern Philosophical principals. We will then focus on brief, direct hypnotic approaches based on dissociation for intense pain and suffering (for patients in crisis). The final half of the workshop will focus on teaching participants to perform non-linear hypnotic inductions that avoid the trappings of excessive cognitions and allow them to be present with pain, rather than resist it. In general, the workshop will be intended to be a light-hearted, with the instructor intending to provide growth experiences for the participants, while releasing his inner comedian.

At the conclusion of this session, participants will be able to:
- Acquire knowledge and be able to understand suffering both from human neurophysiology as well as from an Eastern Philosophy perspective;
- Perform hypnotic inductions that can be used to help patients cope with suffering based on concepts of Zen, Ericksonian non-linear inductions, and an understanding of neurophysiology;
- Acquire the wording and skill to provide hypnosis both for acute crisis (instances that do not allow for reflection and require immediate relief) as well as chronic conditions requiring life change; and
- Demonstrate a change in their ability to use enhanced dissociative and non-linear hypnotic inductions in their practice.

Dr. Patterson is the author or co-author of several books on hypnosis from which some of his teaching content is derived and for which he receives financial remuneration.

Eva Szigethy, MD
4.5 CE/CME Credits

**Background:** Patients with early or chronic psychological trauma often have chronic gastrointestinal symptoms (e.g., pain, nausea). While in many patients, these symptoms can respond to cognitive behavioral or scripted hypnotic therapy interventions, in a subset, these somatic symptoms persist together with associated emotional distress remain treatment refractory.

**Aims:** This workshop will discuss two different hypnotherapy approaches, Eye Movement Desensitization and Reprocessing (EMDR) and ego-states re-integration therapy (Phillips & Frederick 1995) in helping resolve refractory gastrointestinal and psychological symptoms.

**Methods:** Patients with a variety of clinical conditions will be presented including irritable bowel syndrome, cyclic vomiting, and inflammatory bowel disease. EMDR primarily involves recalling and reprocessing of traumatic memories with concurrent bilateral stimulation that often consists of guided, rhythmic back-and-forth movement of the eyes or tapping on alternating sides of the body. EMDR represents a useful method of treating trauma in part through addressing somatic sensations in a less reactivating and re-traumatizing way than other approaches. Ego-state therapy is based on the premise that trauma is associated with pathology of personality development. Hypnotherapy, including indirect Eriksonian techniques can be useful in integrating ego parts and associated gastrointestinal distress, often which represents a psychic somatic equivalent. Didactic materials and clinical case examples will be used to present the theory, neurobiological underpinnings, and application of these techniques. Objective ways to measure both psychological and somatic outcomes from a small parallel open trial case series for each method will be presented.

**Conclusion:** Participants will demonstrate skills to diagnose and treat trauma-associated gastrointestinal distress.

At the conclusion of this session, participants will be able to:
- Identify the key steps in a biopsychosocial formulation of traumatized adults with chronic gastrointestinal symptoms;
- Describe and differentiate the theory and application of EMDR and ego-state hypnotherapy for this population;
- Deliver new hypnotic approaches to patients with chronic gastrointestinal symptoms refractory to more conventional and empirically supported interventions; and
- Articulate and practice EMDR and ego state hypnotherapy techniques in their clinical practice.

SA1: The Discriminating Therapist: Knowing Why Doesn’t Tell You How
Michael Yapko, PhD
1.5 CE/CME Credits

In this workshop, we will explore the patterns of thought involved in how people make important life choices, especially those that carry the potential to really make a critical difference in their emotional well-being and quality of life. Instead of asking why and
then theorizing why someone makes poor choices, our emphasis will be on how one decides to do this, not that, in especially vulnerable situations, i.e., those that hold great potential for causing psychological distress. Specifically, we will focus on helping our clients develop what are called “discrimination criteria,” the key factors that help one determine whether to take one path or another in some particular situation. The value of asking “how” questions during the client interview as a means for identifying quickly where the client needs discrimination criteria will be emphasized as the precursor to effective use of hypnosis in treatment. Discussion will also address when medical practitioners should refer patients for further mental health counseling.

At the conclusion of this session, participants will be able to:
• Describe and discuss the relationship between global cognition and client symptom patterns;
• Model the use of the “How” question in the client interview to identify the client’s experiential deficit needing attention in the subsequent hypnosis session;
• Establish referral criteria for patients in need of mental health counseling; and
• Illustrate how the absence of a cognitive or perceptual template for making meaningful discriminations can result in distressing symptoms.

Dr. Yapko is the author or co-author of several books on hypnosis from which some of his teaching content is derived and for which he receives financial remuneration.

SA2: Creating New Frontiers by Expanding Horizons through Integration of Hypnosis, Emotional Freedom Technique, and Eye Movement Desensitization and Reprocessing
Patricia Lyerly, LCSW
1.5 CE Credits (Ineligible for CME/CDE)

Attendees will explore the benefits of energy psychotherapy through the use of Emotional Freedom Technique, which involves tapping on specific trigger points while focusing attention on specific affirmations. Attendees will be given opportunity to utilize the “Basic Recipe” both for themselves and in teaching through the use of role play. “The Basic Recipe” is a technique that can be easily taught for self-care and self-regulation for clients who have difficulty managing their emotions. EFT has been proven effective in the treatment of PTSD, decreasing physical pain, decreasing depression/anxiety, and improving self esteem, among other benefits. Attendees will also gain an in-depth orientation to the use of Eye Movement Desensitization and Reprocessing for the treatment of trauma. Individuals will explore the reasons why EMDR has been proven to be so effective in the treatment of a variety of conditions/issues. The use of the eight phases and the bilateral stimulation of EMDR to greatly reduce/eliminate symptoms of PTSD within a short period of time will be discussed. The value of combining the benefits from the use of EFT, EMDR, and hypnosis will be discussed. Teaching clients/patients the use of EFT, “the container technique”, and “safe place with anchor” for grounding/calming prior to doing trauma work will be emphasized. The value of combining hypnosis with EMDR so that memories from an earlier time than is consciously remembered and/or has been blocked from conscious awareness will be discussed. The advantages of using ideomotor signalling and the ability to process a memory without conscious awareness of the memory will be highlighted.

At the conclusion of this session, participants will be able to:
• Demonstrate awareness of how to use “The Basic Recipe” in EFT, which will include knowledge of the acupressure points and the phrases used in EFT, which can be helpful in self-regulation and self-healing, both for the practitioner and for those we serve;
• List at least 3 advantages of combining EFT, EMDR, and hypnosis in the treatment of patients;
• Increase the self-resiliency of patients served by teaching them the use of basic tools from EFT and EMDR; and
• Develop increased ability to teach patients tools for self-regulation; and develop increased insight into how to combine both the eight-phases of treatment and the bilateral stimulation of EMDR with regression and ideomotor signalling.

SA3: Hypnosis and the Interface of Technology for Improving Medical Outcomes
Joel Marcus, PsyD & Juliana Panova, PsyD
1.5 CE Credits

The significant body of research for the last 20 years shows that due to the complex interrelationship between the nervous, endocrine, and immune systems, the body’s response to stressors often leads to significant immune suppression, health deterioration and adverse reactions to medical treatment which negatively affect treatment outcomes. This workshop relates to a method for reliably achieving the optimal psychosomatic state for the specific current needs of medical patients via a medical device utilizing brain-computer interface that integrates immersive, interactive virtual reality with bio- and neurofeedback and hypnotic or guided modules.

At the conclusion of this session, participants will be able to:
• Identify 2 disease processes that may be amenable to use of combined modalities;
• Articulate the theories/data supporting the use of medical device utilizing brain-computer interface that integrates immersive, interactive virtual reality with bio- and neurofeedback and hypnosis; and
• Discuss a medical device utilizing brain-computer interface that integrates immersive, interactive virtual reality with bio- and neurofeedback and hypnosis.

NEW FRONTIERS IN HYPNOSIS AND THEIR THERAPEUTIC APPLICATIONS
11:00 AM – 1:00 PM
Lunch on your Own

1:00 - 2:30 PM
Basic Workshop resumes
Intermediate Workshop resumes
Power of Words Workshop resumes
Advanced Workshops resume

S1: Advances in Dental Hypnosis for Dentists and Psychology Professionals (Cont)
Ashley Goodman, DDS, ABHD; Gabor Filo, DDS, ABHD; Edward F. Mackey PhD, MSN, MS, CRNA, FAPA

S2: Hypnosis, Suffering, and Eastern Philosophy (Cont)
David Patterson, PhD, ABPH

S3: Treating Somatic Manifestations of Post-Traumatic Stress Disorder: Hypnotic Techniques for Targeting the Brain-Gut Axis (Cont)
Eva Szigethy, MD

SP1: Hypnotherapeutic Techniques Refresher: Live Demonstrations
Arreed Barabasz, PhD, ABPP & Ciara Christensen, PhD
3.0 CE/CME Credits

This workshop is intended for those clinicians who find they are using only a limited range of hypnotic techniques. Based on approaches illustrated in Barabasz and Watkins (2005) text Hypnotherapeutic Techniques, 2E and the Watkins & Barabasz (2008) books, this workshop will include simple and complex induction techniques. Brief lecture and discussion will be interspersed with demonstrations of hypnotic phenomena and induction techniques.

The over arching aim is to teach techniques that can facilitate responses go well beyond those that can be wrought by mere suggestion alone.

The following pre-induction procedures will be taught and demonstrated: 1. Chevreul’s pendulum test; 2. arm drop test; 3. postural sway test; 4. hand-clasp test; and 5. arm levitation.

The following induction procedures will (time permitting) be reviewed and/or demonstrated: 1. the Kohnstamn transition; 2. direct stare for time critical situations; 3. opposed–hand/arm levitation for resistant participants; 5. Watkins’ non-verbal method; 6. leaving the stones behind (for patients with significant issues but where therapeutic contact time limited to as little as a single session; 7. subject-object-complex indirect technique; 8. Milton Erickson’s induction concepts; 9. Erickson’s covert handshake induction; and 10. Barabasz’s Meditation induction for heath and well being (time permitting).

Additional inductions demonstrated on request, time permitting.


At the conclusion of this session, participants will be able to:
- Recognize and apply key discrete components of hypnotic induction;
- Minimize conscious volition and foster dissociated control; and
- Apply anxiety reducing Pre-induction tests using hypnotic-like procedures.

Dr. Barabasz is the author or co-author of several books on hypnosis from which some of his teaching content is derived and for which he receives financial remuneration.

SP2: Musical Voyage of Discovery: Inspire and Motivate by Adding Musicality to your Sessions
Anita Jung, MS
3.0 CE/CME Credits

Music and rhythm find their way into the secret places of the soul. Plato The Greek philosopher Pythagoras was among the first to recognize the healing powers of music. Milton Erickson, the musician of mind, body and soul, was the first to structure communication for greatest effect so that clients could change many aspects of their life, not merely their presenting symptoms. Just as the cadence of voice and patterns of speech form the music of Ericksonian communication, repetition and rhythm create the emergence of a trance state in music, film, and in poetry. The utilization of all three within a hypnotherapy model functions as a catalyst accentuating the nuances of seeding, guiding associations, shifting perceptions, and inspiring change. In a combination of Ericksonian concepts giftwrapped in landscapes of music, poetry, and film participants will master how to interrupt and transform symptomatic states to create memorable and mindful resilience to enhance their performance in all aspects of life.
At the conclusion of this session, participants will be able to:

- Demonstrate and design a consistent method to add hypnotic rhythm to your voice;
- Prioritize 3 songs as a tool to interrupt a pattern and transform a symptomatic state that you will add to your current medical or therapeutic practice; and
- Articulate and practice musical, hypnotherapeutic communication and interventions.

SP3: The Road to Self-Regulation
Carolyn Daitch, PhD
4.5 CE/CME Credits

Mastery and maintenance of affect regulation are often impeded by individuals’ habitual knee-jerk reactions to environmental frustrations and interoceptive responses. This workshop focuses on what affect dysregulation is, how it affects our clients, and how it can be controlled through self-regulation tools, partnering habit change interventions with wellness approaches.

Affect dysregulation is at the core of most clinical disorders, as well as subclinical presentations where poor emotional management negatively impacts daily functioning. The workshop introduces the STOP Solution for calming emotional flooding. The STOP Solution provides a methodical protocol of easy-to-use tools that can be applied when clients experience difficult-to-manage emotions. The tools, based on hypnosis, mindfulness and cognitive behavioral approaches, have specific and individualized applicability to the most commonly experienced triggers. Application of the tools will help clients learn to gain mastery over their emotions. In addition, participants will learn the Daily Stress Inoculation, a wellness-based approach to lessen client’s baseline hyperarousal and further aid the successful implementation of the STOP Solution.

At the conclusion of this session, participants will be able to:

- Use a succinct protocol to teach individuals to break patterns of hyperactivation;
- Use hypnotic tools to apply the protocol to a wide range of clinical presentations, ranging from anxiety, to explosive anger, to depression;
- Teach the use of the Daily Stress Inoculation, a protocol of self-hypnotic techniques for daily use to increase parasympathetic tone and lessen baseline levels of activation;
- Identify and be able to provide psychoeducation on the optimal interplay of sympathetic/parasympathetic activation; and
- Demonstrate two hypnotic interventions to reinforce client’s practice and application of the STOP Solution and Daily Stress Inoculation.

Dr. Datch is the author or co-author of several books and CDs on hypnosis from which some of her teaching content is derived and for which she receives financial remuneration.

3:30 – 3:30 PM
Break

3:30 – 4:30 PM
Basic Workshop resumes
Intermediate Workshop resumes
Power of Words Workshop resumes
Advanced Workshops resume

S1: Advances in Dental Hypnosis for Dentists and Psychology Professionals (Cont)
Ashley Goodman, DDS, ABHD; Gabor Filo, DDS, ABHD; Edward F. Mackey PhD, MSN, MS, CRNA, FAPA

S2: Hypnosis, Suffering, and Eastern Philosophy (Cont)
David Patterson, PhD, ABPH

S3: Treating Somatic Manifestations of Post-Traumatic Stress Disorder: Hypnotic Techniques for Targeting the Brain-Gut Axis (Cont)
Eva Szigethy, MD

SP1: Hypnotherapeutic Techniques Refresher: Live Demonstrations
Arreed Barabasz, PhD, ABPP & Ciara Christensen, PhD

SP2: Musical Voyage of Discovery: Inspire and Motivate by Adding Musicality to your Sessions (Cont)
Anita Jung, MS

SP3: The Road to Self-Regulation (Cont)
Carolyn Daitch, PhD
SP3: The Road to Self-Regulation (Cont)
Carolyn Daitch, PhD

SP4: Authentic Forgiveness
Pati Beaudoin, PhD
1.5 CE/CME Credits

This workshop introduces a protocol that incorporates CBT, hypnosis, energy psychology and spirituality in a process that leads to authentic forgiveness. Clinicians and researchers agree that forgiveness leads to improved psychological and physical health; however, grudge theory explains why so often patients who perceive themselves as innocent victims have a great deal of difficulty letting the incident go for their own good. Authentic forgiveness eliminates the grudge. This protocol combines CBT, energy psychology, psychoeducation and hypnosis to eliminate the grudge, detach from the perceived perpetrator, release the learning that has been locked into non-forgiveness and bring the patient to a wholeness enhanced by that learning.

This workshop will provide a description of physiological and psychological benefits of forgiveness (with participation by attendees); a description of grudge theory and the victim role with a focus on secondary gain (with participation); a brief description of energy theory and how it works (with participation); demonstration of the protocol of authentic forgiveness, using hypnosis, spiritual imagery based on the patient’s spiritual orientation, CBT, measurement of SUDS and an energy intervention; practice of the protocol of authentic forgiveness with a colleague (done in small groups or dyads).

At the conclusion of this session, participants will be able to:
• List four psychological and/or physiological benefits of forgiveness;
• Describe Grudge Theory;
• Explain why victims stay stuck in the victim role; and
• Perform the entire process with a colleague.

SP5: Hypnosis, Emotional Freedom Techniques (EFT) and Acupuncture for Physical Symptoms of Grief
Larry Burk, MD
1.5 CE/CME Credits (Ineligible for CME/CDE)

Unresolved grief can manifest in the body as persistent physical symptoms, particularly involving the lungs and sinuses as an imbalance in the metal element according to Chinese five element theory. Chronic sinusitis, postnasal drip and recurrent bronchitis are common examples of grief-related afflictions, and acupuncture meridian and radiographic correlation will provided for these anatomical areas. Psychoneuroimmunological mechanisms can explain the connection between stress and the development of chronic illnesses, but do not provide a complete explanation for the occurrence of metaphorical symptom complexes. These symbolic diseases are often invisible to conventional physicians who treat such conditions with surgery and pharmaceuticals. Once the psychosomatic origins of the symptoms are recognized, effective treatment can be facilitated using hypnosis, acupuncture and Emotional Freedom Techniques (EFT). These approaches can be combined with breathwork and shaking in the EDANVIR (Energize, Desensitize, Awfulize, Neurtralize, Visualize, Internalize and Revitalize) protocol. An introduction to EFT and energy psychology principles and practice will be provided. Once the body memory of the grief experience has been neutralized and reconsolidated with EFT, hypnotic reframing of the loss can be more easily accomplished. Dreamwork can then be used to introduce the concept of after-death communication (ADC) as an additional method of resolving grief. Induced ADC has also been reported with eye movement desensitization and reprocessing. Finally, inherited multigenerational grief work will be addressed using the Native American Trail of Tears as an example. This workshop will include a literature review, clinical case reports, a group experiential exercise and a demonstration.

At the conclusion of this session, participants will be able to:
• Recognize physical illnesses that may reflect underlying unresolved grief;
• Explain to clients the connection between grief and physical illness;
• Lead clients through a basic tapping protocol; and
• Describe a combined approach using tapping with hypnosis.
Mental health and medical practitioners are often faced with situations that require appropriate and sound ethical decision making abilities. When using hypnosis there are likely to be new challenges that need to be evaluated within the therapeutic context of ethical decision making. Determining the appropriate ethical course to take when faced with an ethical dilemma can be a challenge for even the most seasoned professional. This workshop will cover the basics of the differences between laws and ethics including informed consent. Multiple ethical decision making models will be presented. Other ethical variables such as children’s rights, legal issues and research questions will also be covered. This workshop will be didactic/group discussion in nature. Participants are encouraged to bring de-identified cases or issues to be discussed.

At the conclusion of this session, participants will be able to:
• List at least two distinct ethical decision making models;
• Identify at least two different areas where the use of hypnosis may create the need to apply an ethical decision making model;
• Differentiate relevant laws from ethical principles; and
• Identify areas of possible ethical concerns and have a strategy to deal with these issues;

Nonmalignant pain is not necessarily benign pain. The permanence of chronic nonmalignant pain, and the losses that typically accompany it, bring up existential issues that are different from, but no less poignant than, those of terminally ill patients. Hypnosis is often recommended, and used, for helping chronic pain patients; the effectiveness with whom has been well documented. This makes hypnosis a useful vehicle for dealing with the hopelessness and even despair, the anger and even rage, and the fears that accompany chronic pain. Depression and anxiety are often diagnosed but the usual cognitive model for their treatment does not always fit well. Both actual losses and dim prospects for the future are often objectively real in such cases, which makes attempts at the modification of “catastrophizing” usually feel unempathic to the chronic pain patient. A palliative-care model may be used here, with some modifications. Techniques developed for Acceptance and Commitment Therapy (ACT) can be reinforced with hypnotic and post-hypnotic suggestions. Acceptance of pain that cannot be eliminated serves as an antidote to counterproductive attempts to “make the pain go away.” It can also help the individual live his/her life to the extent possible rather than be tormented by comparisons with his/her life before the pain, or life as he/she feels it should have been, or should be. Hypnotic inductions can do a great deal to help palliate the chronic pain patient’s situation, which may be nearly as hopeless as the patient feels-- a feeling that must be normalized.

At the conclusion of this session, participants will be able to:
• Formulate suggestions aimed at normalizing and alleviating hopelessness and despair in chronic pain patients;
• Formulate suggestions that instill a realistic degree of hope at the same time as they facilitate acceptance of physical and situational factors that cannot be changed; and
• Incorporating normalizing and hope-instilling suggestions.

Claire Frederick, Her Life and Ego States: A Tale in Pictures

Claire’ Frederick’s passing is a profound loss to the world of hypnosis. This presentation will help to provide some comfort and a richer sense of the person Claire was.

In this session, Carol Ginandes, who is both a professional photographer as well as a colleague and dear friend of Claire’s, will share a personal slideshow that includes photos from different eras and aspects of Claire’s remarkable life.

A Celebration of the Life of Claire Frederick

Following Dr. Ginandes’ session join Dr. Priscilla Morton and others to reminisce and celebrate the life of Claire Frederick and her contributions to clinical hypnosis.
Sunday, March 13, 2016

7:00 – 8:00 AM
Continental Breakfast

8:00 – 9:00 AM
P3: Embedding Hypnosis in the Treatment of Posttraumatic Disorders
Eric Vermetten, MD
1.0 CE/CME Credits
For details see page 13.

9:00 – 9:30 AM
Coffee Break

9:30 – 11:00 AM
Basic Workshop begins
Intermediate Workshop begins
Teaching & Consultation Workshop begins
Advanced Workshops begin

D1: Forgiveness Therapy in Hypnotic Interventions
Edward Mackey, Jr, PhD, MSN, ABHD, ABHN
3 CE/CME Credits

Do you harbor ill will toward another? Do you have feelings of resentment, anger, bitterness toward another? Have past hurts and indignities caused you loss of sleep, health and wellness? Has anger toward another consumed your life? Do you find yourself replaying old scenes of hurt or trauma over and over in your mind? Have you ever felt that “getting even” was the only way to feel better? Have you ever felt your heart racing or your pulse increasing when around certain individuals that have caused pain your past? Do you feel guilty somehow over these past incidences?

When we feel hurt (real or imagined), feelings of anger arise. If not addressed properly at that time, these feelings of anger develop into bitterness and resentment and begin to simmer below the surface, causing physical and psychological distress. As time moves forward the bitterness and resentment can grow and often times become all consuming in our lives. The Forgiveness Therapy Lecture may be the first step toward resolution of those old feelings. This presentation is based on a portion of the Forgiveness Therapy Workshop presented by Dr. Ed Mackey at West Chester University and will provide a concise method to begin using Forgiveness as a therapeutic intervention in your hypnotic practice.

At the conclusion of this session, participants will be able to:
• Describe an informed definition of forgiveness state;
• Explain at least one strategy for managing psychological and physiological feelings of hurt respectively;
• Know how to practice positive self-talk; and
• Identify at least one method to incorporate forgiveness work into a hypnosis session.

DA1: Hypnosis in Psychotraumatology
Eric Vermetten, MD
1.5 CE/CME Credits

Is there a place for hypnosis in trauma? This workshop will build a framework for the utilization of hypnotic techniques in the treatment of patients with trauma-related disorders. Focus will first be on the landscape of trauma, the history, relation with war, current state of the art science, the phenomenology of trauma symptoms, and current treatments for posttraumatic stress disorders.

The role of hypnosis in traumatic recall is a caveat and at the same time a promise for patients with trauma related disorders. Traumatized individuals, with trauma related psychopathology like PTSD, or other trauma-related disorders can alternate among states of consciousness. In most cases, the patients experience their trauma over and over again as if it were happening on the spot. This is a population that has been shown to be generally highly hypnotizable. Those with PTSD can use their hypnotic capacity to block pain, alter time perception or modify their affective response in a situation of traumatic recall. Hypnotic treatment allows modifying ownership and agency of traumatic memories.

Hypnosis in treatment of PTSD is often embedded in a phase-oriented approach in which three elements need to be timed sequentially: a. symptom stabilization; relaxation based, anxiety management, w/o medication, b. exposure; ‘working through’ the trauma, abreaction and alternatives to abreaction, c. closure; usually with ritual, providing a perspective. Perhaps the most powerful contribution of hypnosis to the treatment of PTSD which makes it the treatment of choice for experienced clinicians is the ability of hypnosis to facilitate emotional catharsis as a form of release therapy. The challenge for a patient is to learn to control the spontaneous hypnotic disposition by means of psychotherapeutic interventions that addresses self-hypnosis, and is embedded in a stepwise/graded program of release of the unbound affect, with the elements of symptom stabilization, exposure, and closure.

We will talk about PTSD and psychotherapy and the way in which hypnosis can be used to release unbound affect and also allow to learn to control dissociative flashbacks, as well as other techniques that can be embedded in evidence based therapies for PTSDs.

For more information or to register online, visit the ASCH website at www.asch.net.
At the conclusion of this session, participants will be able to:
• Describe the three phases of hypnosis as they relate to PTSD treatment;
• Explain how hypnosis releases the unbound affect; and
• Teach patients how to control dissociative flashbacks.

Dr. Vermetten is the author or co-author of several books on hypnosis from which some of his teaching content is derived and for which he receives financial remuneration.

DA2: Hypnosis, Hypnotizability, and the Hypnotic Induction Profile in Theory and Practice
John Alexander, PhD
1.5 CE/CME Credits

Division 30 of the APA has recently revised the official definition of hypnosis. According to the new definition, hypnosis is considered a state of consciousness, characterized by enhanced focused attention, reduced peripheral awareness, and heightened responsiveness to suggestion, which can be distinguished from the ceremonies used to produce it (hypnotic inductions) and from the purposes for which it may be used (hypnotherapy). The new definition also defines an individual’s capacity to enter into hypnosis (hypnotizability) as an ability to experience suggested alterations in sensation, perception, cognition and behavior during hypnosis, and implies that individuals differ in this capacity. David Spiegel, one of the four members of the Division 30 Hypnosis Definition Committee, and his distinguished father, the late Dr. Herbert Spiegel MD, have provided a useful theoretical framework for conceptualizing hypnosis which is consistent with the new definition, and a practical test for rapidly and effectively assessing hypnotizability in clinical practice. The purpose of this workshop is to provide, in lecture and video format, an overview of: (1) the Spiegels’ conceptual model of hypnosis as a state of focused attention and receptive concentration, with both biological and psychosocial components; (2) the Hypnotic Induction Profile (HIP), the Spiegels’ method of inducing hypnosis (the Eye-roll Test) and assessing hypnotizability by means of a series of sensorimotor tests; and (3) two methods for scoring the HIP, including the Induction Scale (a quantitative measure) and the Profile Grade (a qualitative scale which compares an individual’s biological capacity for hypnosis with their psychosocial ability to experience and express hypnotic phenomena.

At the conclusion of this session, participants will be able to:
• Describe the method of inducing hypnosis with the HIP;
• List the five sensorimotor tests that compromise the Induction Scale and the two which, along with the Eye-Roll sign, determine the Profile Grade;
• Describe how the two methods for scoring the HIP, the Induction Scale and the Profile Grade differ;
• Describe how performance on the HIP can be used to differentiate hypnosis and hypnotizability from treatment (hypnotherapy), when presenting hypnosis to patients as a treatment option; and
• Utilize these theoretical conceptualizations and practical experiences with the HIP to dispel common myths and misconceptions related to hypnosis, hypnotizability, and hypnotherapy when presenting hypnosis to patients as a treatment option.

DA3: The Ethical Use of Hypnosis: Hypnosis for the Seriously Cowardly Part 2
Joel Marcus, PsyD and Lane Wagaman, EdD
1.5 CE/CME Credits

Mental health and medical practitioners are often faced with situations that require appropriate and sound ethical decision making abilities. When using hypnosis there are likely to be new challenges that need to be evaluated within the therapeutic context of ethical decision making. Determining the appropriate ethical course to take when faced with an ethical dilemma can be a challenge for even the most seasoned professional. This workshop will cover the basics of the differences between laws and ethics including informed consent. Multiple ethical decision making models will be presented. Other ethical variables such as children’s rights, legal issues and research questions will also be covered. This workshop will be didactic / group discussion in nature. Participants are encouraged to bring de-identified cases or issues to be discussed.

At the conclusion of this session, participants will be able to:
• List at least two distinct ethical decision making models;
• Identify at least two different areas where the use of hypnosis may create the need to apply an ethical decision making model;
• Differentiate relevant laws from ethical principles; and
• Identify areas of possible ethical concerns and have a strategy to deal with these issues.

DA4: Integrating Hypnosis into Pediatric Clinical Encounters
Robert Pendergrast, PhD
1.5 CE/CME Credits

This workshop, facilitated by an academic primary care pediatrician, examines the theory and practice of incorporating hypnosis into clinical encounters with children. This will maintain a focus on child development, emphasizing that all hypnosis encounters with children and teens must enhance their own internal mastery and competence to deal with medical or psychological challenges. A major point of discussion will be the concept of utilization of the child’s own trance state and recognition that the process of clinical history-
taking and counseling can be hypnotic without doing hypnosis and that change occurs when the clinician reflects the child’s own skills and curiosity in this hypnotic conversation.

Clinical settings to be discussed will be relevant to primary care pediatricians and other child health providers, such as brief utilization of hypnotic language in primary care, or utilization of hypnosis to prepare for procedures or hospitalization. The use of hypnosis as a tool for adolescent behavior change, and its intersection with Motivational Interviewing, will also be discussed, relevant to an audience of child psychologists or other behavioral health professionals. Specific emphasis will be given to the decision to utilize hypnosis in a short office visit versus scheduling a longer block of time for a more structured hypnotherapy appointment. These topics will be illustrated by using video clips from the presenter’s own practice, with ample time for discussion with participants. It is hoped that participants will leave the workshop prepared to more easily integrate hypnosis into child health encounters.

At the conclusion of this session, participants will be able to:

- Focus on listening skills for building metaphor and suggestions.
- Construct a plan for gradually becoming less script dependent; and
- Apply these skills by imaginative practice in self-hypnosis;
- Recognize this developmental process with the goal of increasing personalized treatments.
- Construct individualized patient scripts;
- Differentiate patients who will most benefit from personalized metaphors and suggestions;
- Differentiate between the mental health and medical setting as they pertain to customizing scripts;
- Demonstrate ability to personalize interventions;
- Create metaphor and suggestions for a patient in a the mental health and/or medical setting;
- Articulate 3 steps in creating new metaphors and suggestions for the mental health and/or medical setting;
- Address underlying reluctance or anxiety in letting go of scripts;
- Differentiate 3 examples of when it is appropriate to use standardized script protocols; and
- Assess internal barriers and articulate actions steps to moving beyond scripts;
- Articulate 3 steps in creating new metaphors and suggestions for the mental health and/or medical setting;
- Address underlying reluctance or anxiety in letting go of scripts;
- Create metaphor and suggestions for a patient in a the mental health and/or medical setting;
- Demonstrate ability to personalize interventions;
- Differentiate between the mental health and medical setting as they pertain to customizing scripts;
- Differentiate patients who will most benefit from personalized metaphors and suggestions;
- Construct individualized patient scripts;
- Recognize this developmental process with the goal of increasing personalized treatments.
- Apply these skills by imaginative practice in self-hypnosis;
- Construct a plan for gradually becoming less script dependent; and
- Focus on listening skills for building metaphor and suggestions.

DA5: Taking Off the Training Wheels: Transitioning From Canned Scripts to Individualized Hypnotic Suggestions
Sharon Spiegel, PhD;
1.5 CE/CME Credits

The focus of this workshop is on skill-building for creating individualized hypnotic metaphors. Scripts provide a valuable educational tool for practicing inductions, deepening, and hypnotic suggestions. In addition, published scripts can be an important resource when starting to work with a new population or treatment issue. With the benefit of knowledge, training, and clinical experience, however, practitioners strive to develop a more intuitive sense of how to craft suggestions that are tailored for a particular patient or therapeutic setting. Unfortunately, many clinicians find this transition difficult and and continue to rely on pre-tested scripts. A Google search for hypnosis scripts shows that hundreds of canned scripts are available. While scripts can be a valuable, they can be thought of as serving the same function as training wheels on a bicycle—very useful and helpful at the outset, but best removed when no longer needed. When practitioners continue to use sample scripts verbatim rather than as an example from which to build and personalize, they may be shortchanging their patients and missing the opportunity to develop their own internal resources. This workshop will help you assess internal barriers to becoming less script-dependent as well as provide a framework for transitioning to a more personalized approach. Participants will be offered case material and have an opportunity to practice by collaborating together to create hypnotic metaphors.

At the conclusion of this session, participants will be able to:

- Differentiate 3 examples of when it is appropriate to use standardized script protocols;
- Assess internal barriers and articulate actions steps to moving beyond scripts;
- Articulate 3 steps in creating new metaphors and suggestions for the mental health and/or medical setting;
- Address underlying reluctance or anxiety in letting go of scripts;
- Create metaphor and suggestions for a patient in the mental health and/or medical setting;
- Demonstrate ability to personalize interventions;
- Differentiate between the mental health and medical setting as they pertain to customizing scripts;
- Differentiate patients who will most benefit from personalized metaphors and suggestions;
- Construct individualized patient scripts;
- Recognize this developmental process with the goal of increasing personalized treatments.
- Apply these skills by imaginative practice in self-hypnosis;
- Construct a plan for gradually becoming less script dependent; and
- Focus on listening skills for building metaphor and suggestions.

DA6: Introduction to Hypnosis Specialty Discipline Boards
Facilitator David M. Wark, PhD, ABPH; Medicine Diplomate, Phil Shenefelt, MD, ABMH; Dentistry Diplomate, Ashley Goodman, DDS, ABDH; Psychology Diplomate, Marc Oster, PsyD, ABPH; Social Work Diplomate, George Glaser, MSW, DAHB; Nursing Diplomate, Linda Thomson, MSN, CPNP, ABHD, ABHN
1.5 CE/CME Credits

The American Boards of Clinical Hypnosis is an umbrella organization made up of professionals in medicine, dentistry, psychology, social work, and nursing who use hypnosis in their healthcare practice. Members of the various Boards establish and administer examinations of advanced competence. A clinician who passes the exam is designated a Diplomate, recognizing experience, and high skills. But more importantly, successful candidates deserve the feeling of confidence and satisfaction they get knowing they have done something beyond the usual, and been recognized by their peers. The process involves thought, study, and mentoring. In this workshop, the Facilitator will give a brief overview of the value of being a Diplomate. Then the participants will have a chance to talk in groups with the President of their own specialty Board.

At the conclusion of this session, participants will be able to:
SUNDAY, MARCH 13, 2016

- Evaluate their readiness to be a Diplomate;
- Summarize the process for their specialty;
- Evaluate the pros and cons of themselves being a Diplomate; and
- Make a personal decision whether or when to apply.

11:00 AM – 1:00 PM
Lunch on your Own

1:00 – 2:30 PM
Basic Workshop resumes
Intermediate Workshop resumes
Teaching & Consultation Workshop resumes
Advanced Workshops resume

D1: Forgiveness Therapy in Hypnotic Interventions (cont)
Edward Mackey, Jr, PhD, MSN, ABHD, ABHN

DP1: A New Classification of the Neurophysiological Modified States of Consciousness: From Neurosciences to Neurophilosophy
Maria Paola Brugnoli, MD;
1.5 CE Credits (Ineligible for CME/CDE)

At the conclusion of this session, participants will be able to:
- Identify a new classification of the different modified states of consciousness as a central unifying concept in neuroscience;
- Develop an appreciation for and breadth of knowledge that spans the full range of the modified states of consciousness, from the neuroscience point of view, to the correlate disciplines, including behavioral, cognitive and neurophilosophy thoughtfull;
- Improve their knowledge in consciousness’ classification, applying scientific methods, including forming hypotheses, designing experiments to test hypotheses, and collecting, analyzing, interpreting, and reporting data.

DP2: Helpful Hints for Halting Habits
Linda Thomson, MSN, CPNP, ABMH, ABNH
4.5 CE/CME Credits

At the conclusion of this session, participants will be able to:
- Describe how to match hypnotic strategies for habit disorders to the developmental level of the child;
- Design an effective hypnotic intervention for two common pediatric hand habits; and
- Develop an effective hypnotic intervention for an elimination disorder.

Ms. Thomson is the author of 2 books on pediatric hypnosis and the creator of a CD set for surgery patients who wish to use hypnosis as an adjunct to anesthesia during their surgery, from which some of her teaching content is derived and for which she receives financial remuneration.
**DP3: How to Create Your Own Reliably Effective Hypnosis Protocols for Chronic Physical Symptoms**  
Olafur Palsson, PsyD  
4.5 CE/CME Credits

Chronic physical symptoms that have already proven unresponsive to all the usual medical treatment approaches can present formidable challenges in healthcare. Clinical hypnosis offers unique tools for addressing medically unresponsive symptoms, but for best effect the clinician often has to apply treatment differently for those problems than in other therapeutic applications of hypnosis.

In this workshop, Dr. Palsson will teach participants to utilize a specific structure and key elements in hypnosis treatment that together produce high probability of achieving substantial improvement in chronic and stubborn physical symptoms. This includes the approach to the chronic medical patient, formulating the hypnosis sessions to maximize therapeutic impact, and crafting effective suggestions and metaphors to produce physical changes. These exact methods have been tested in several formal research studies on gastrointestinal disorders and persistent physical stress symptoms over the past 20 years and have demonstrated consistently high rates of success. After this workshop, participants will be able to replicate this specific approach for applications to a variety of chronic health problems.

At the conclusion of this session, participants will be able to:

- Articulating the key aspects of session structure and therapeutic elements that together are likely to produce an effective intervention for chronic physical symptoms;
- Applying five different ways to effect changes in physical symptoms with hypnosis;
- Providing empirically informed structured hypnosis treatment for chronic physical symptoms that have proven unresponsive to treatment; and
- Crafting therapy sessions in a manner specifically designed to impact chronic physical presenting problems.

**DP4: Attachment-Focused Hypnosis in Psychotherapy for Developmental Repair**  
Eric Spiegel, PhD  
4.5 CE/CME Credits

In this workshop, we will consider the role that hypnosis can play in a relationally attuned therapeutic relationship in enhancing observation and reflection of self and other mental states in patients with developmental arrests related to insecure attachment. In this presentation, the presenter will integrate the attachment literature on mentalization into a comprehensive hypnotherapeutic attachment approach for treating and repairing developmental arrests. The relational and psychological functions of attunement, representation, and mentalization are essential components of a secure attachment experience. With this in mind, the presenter will share his attunement, representation, and mentalization (ARM) hypnotherapeutic attachment approach to psychotherapy for developmental repair. In didactic and experiential training, participants will learn the ARM approach; develop and practice hypnotic suggestions for each of the three ARM components; and discern how ARM advances related treatment goals. This presentation will also feature video of interventions; and case presentation of applications for patients across different diagnostic spectrums.

At the conclusion of this session, participants will be able to:

- Apply the components of the ARM (attunement, representation, mentalization) approach to attachment demonstrable through utilization of at least 1 specific hypnotherapeutic intervention for each component;
- Formulate and deliver 3 hypnotic suggestions which advance the attachment goals of enhancing attunement in the hypnotherapeutic relationship, developing mental representation of a secure attachment figure or ego state, and increasing the capacity for reflective awareness about mental states in patients;
- Develop increased skill in discerning between different diagnostic presentations and their respective attachment etiologies in clinical

---

**Hungry for more knowledge?**

Continue your ASCH education by attending one or more of the following educational scheduled for 2016-2017.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 12-15, 2016</td>
<td>ASCH Regional Workshop; Chaparral Suites Scottsdale; Scottsdale, AZ</td>
<td>Scottsdale, AZ</td>
</tr>
<tr>
<td>June 23-26, 2016</td>
<td>ASCH Regional Workshop; Crowne Plaza Old Town Alexandria; Alexandria, VA</td>
<td>Alexandria, VA</td>
</tr>
<tr>
<td>September 15-18, 2016</td>
<td>ASCH Regional Workshop; Hyatt Regency Schaumburg; Schaumburg, IL</td>
<td>Schaumburg, IL</td>
</tr>
<tr>
<td>October 27-30, 2016</td>
<td>ASCH Regional Workshop; Doubletree by Hilton Austin; Austin, TX</td>
<td>Austin, TX</td>
</tr>
<tr>
<td>December 1-4, 2016</td>
<td>ASCH Regional Workshop; Rosen Plaza Hotel; Orlando, FL</td>
<td>Orlando, FL</td>
</tr>
<tr>
<td>March 17-21, 2017</td>
<td>ASCH Annual Scientific Meeting &amp; Workshop; Hyatt Regency Phoenix; Phoenix, AZ</td>
<td>Phoenix, AZ</td>
</tr>
<tr>
<td>June 15-18, 2017</td>
<td>ASCH Regional Workshop; Crowne Plaza Old Town Alexandria; Alexandria, VA</td>
<td>Alexandria, VA</td>
</tr>
</tbody>
</table>

For more information, contact the ASCH office at 630-980-4740 or info@asch.net.

---

For more information or to register online, visit the ASCH website at www.asch.net.
practice; and
• Administer 2 hypnotic interventions for a patient in each attachment etiology.

**DP5: Integrating Hypnosis into the Treatment of Patients with Chronic Headache and Temporomandibular Disorders** (Cont)
Mark Weisberg, PhD, ABPP; Alfred Clavel Jr. MD
4.5 CE/CME Credits

Chronic Daily Headache and Temporomandibular Disorder (TMJ) are two very common problems presenting in the primary care setting. Over the past three decades, several emerging areas of investigation have provided evidence on the important impact that stress, mood, and psychophysiological states can have on the development, course and outcome of medical and dental conditions such as headache and temporomandibular disorders.

New discoveries of pain mechanisms such as brain plasticity, pain modulation, neurogenic inflammation and mind-body interactions are challenging our traditional approaches to the treatment of these chronic conditions. Initially from empirical observation and currently from molecular and physiologic evidence, we are rapidly discovering the neurobiological mechanisms that constitute the channels of interaction between mind and body. Hypnosis provides the tools and the language to help unlock the secrets of inherent internal self-healing resources that are so crucial for successful rehabilitation In this full-day workshop, participants will discover an effective model for conceptualizing these disorders in a manner that leads to using specific, powerful hypnotic techniques for successful treatment.

At the conclusion of this session, participants will be able to:
• Acquire fundamental background information for conceptualizing conditions such as Chronic Daily Headache and Temporomandibular Disorder as examples of dysregulation syndromes (also known as Central Sensitization Syndrome) and learn why knowledge of these syndromes are so important in patient care;
• Identify why many traditional treatments for these disorders have been ineffective or insufficient;
• Formulate at least 3 effective applications of clinical hypnosis as part of the integrative treatment of these conditions;
• Differentiate how to choose direct versus indirect hypnotic interventions for the complex pain patient;
• Identify signs of central sensitization syndrome in headache or TMJ patients;
• Explain the effects of central sensitization syndrome to patients in a manner which provides a useful rationale for adding clinical hypnosis as part of their treatment;
• Construct new, useful hypnotic interventions for treating patients with these conditions;
• Alter their assessment protocol to account for these above-mentioned variables; and
• Utilize different and more effective types of hypnotic interventions with the headache or TMJ patient than they did before.

Dr. Weisberg is the author or co-author of several books on hypnosis from which some of his teaching content is derived and for which he receives financial remuneration.

2:30 – 3:00 PM
Break

3:00 - 4:30 PM
Basic Workshop resumes
Intermediate Workshop resumes
Teaching & Consultation Workshop resumes
Advanced Workshops resume

**DP2: Helpful Hints for Halting Habits** (Cont)
Linda Thomson, MSN, CPNP, ABMH, ABNH

**DP3: How to Create Your Own Reliably Effective Hypnosis Protocols for Chronic Physical Symptoms** (Cont)
Olafur Palsson, PsyD

**DP4: Attachment-Focused Hypnosis in Psychotherapy for Developmental Repair** (Cont)
Eric Spiegel, PhD

**DP5: Integrating Hypnosis into the Treatment of Patients with Chronic Headache and Temporomandibular Disorders** (Cont)
Mark Weisberg, PhD, ABPP; Alfred Clavel Jr. MD

**DP7: Hypnotically Enhanced Addictions Treatment: Alcohol Abuse, Drug Abuse, Gambling Addiction and Weight Loss**
Joseph Tramontana, PhD
1.5 CE/CME Credits

The goal of this workshop is to present his techniques, including scripts, for working with alcohol abuse, drugs, and gambling. Smoking and weight loss will be briefly addressed, specifically his modifications and combinations of other approaches.
At the conclusion of this session, participants will be able to:

- Describe approaches and scripts for working with alcohol, drug abusers and gambling addicts;
- Develop innovative ways to deal with these populations and to be able to provide services to this clientele; and
- Utilize marketing techniques for working with smokers and weight loss clientele.

4:30 – 5:00 PM
Break

5:00 - 6:30 PM
Basic Workshop resumes
Intermediate Workshop resumes
Teaching & Consultation Workshop resumes
Advanced Workshops resume

DP2: Helpful Hints for Halting Habits (Cont)
Linda Thomson, MSN, CPNP, ABMH, ABNH

DP3: How to Create Your Own Reliably Effective Hypnosis Protocols for Chronic Physical Symptoms (Cont)
Olafur Palsson, PsyD

DP4: Attachment-Focused Hypnosis in Psychotherapy for Developmental Repair (Cont)
Eric Spiegel, PhD

DP5: Integrating Hypnosis into the Treatment of Patients with Chronic Headache and Temporomandibular Disorders (Cont)
Mark Weisberg, PhD, ABPP; Alfred Clavel Jr. MD

DP8: Exploring The Dynamics Of Meditative And Hypnotic States As A Means To Enhance New Learning Strategies
Christopher Coslett, DC
1.5 CE Credits (Ineligible for CME/CDE)

Come join us as we explore the complementary and synergistic qualities of meditative and hypnotic “state change”. There is a certain elegance which emerges as we trace both meditative and hypnotic shifts as they emanate from the baseline resting state or “default mode network” in the brain. Meditative and hypnotic modulations become as two sides of a coin, incorporating distinct yet complementary attributes of learning and memory to provide a powerhouse of cognitive skill set building. This paradigm of meditative and hypnotic state change is supported with a synthesis of scientific research, world teachings and empirical utilization representing the breadth of therapeutic applications. Throughout the workshop we will incorporate group exercises to demonstrate distinct attributes of meditative shifts, as well as qualities that fall exclusively in the realm of hypnotic state change in the brain. Moving further into new frontiers,... we will identify the synergistic means by which employing meditative training facilitates improved hypnotic skills, and conversely, hypnotic modulations serve to enhance meditative skill set building.

At the conclusion of this session, participants will be able to:
- Differentiating meditative from hypnotic state change shifts in the primary learning and memory systems in the brain;
- Construct an integrated meditative and hypnotic state change approach tailored to individual needs;
- Develop and apply novel sequences of guided mental training experiences targeted to individual patient/client needs; and
- Augment familiar hypnotic “self” processing attributes with a working knowledge the principal meditative styles as they exist in world teachings.

DP9: Hypnosis in the Treatment of Addiction
Michael McGee, MS, LPC
1.5 CE/CME Credits

This workshop focuses on learning to combine cutting edge interviewing and hypnotic techniques to help clients overcome their natural ambivalence about seeking freedom from addictions. Emphasis on combining MET with hypnosis and related neural changes using brain plasticity to interrupt behavior patterns. Being free of addiction is a natural and whole state of being that results from motivation to change and a process of remembering who we really are. This course will give you the tools to guide your clients back to their natural, free, and healthy state of being.

At the conclusion of this session, participants will be able to:
- Explain basic understanding of MET techniques to reduce ambivalence to change;
- Identify how to integrate interview results into client centered hypnotic suggestions;
- Develop ability to interrupt habitual neural pathways with new information; and
- Integrate use of Ultradian rhythms in hypnosis for addictions;
• Utilize MET to reduce ambivalence to change in referred individuals;
• Create client centered suggestions based on the client’s internal motivation;
• Practice MET-hypnosis as a new method of treatment and match sessions to basic Ultradian cycles;
• Formulate client centered hypnotic suggestions;
• Enhance empathy and therefore therapeutic relationship;
• Identify stages of change and where the patient is on his or her path;
• Design their own interview/suggestions combinations
• Discuss stages of change with patients;
• Recognize their own ability to elicit motivation; and
• Design suggestions based on interviews and homework.

6:30 PM
Conference Recess

7:00 – 10:00 PM
Board of Governors’ Meeting
Monday, March 14, 2016

7:00 – 8:00 AM
Continental Breakfast

8:00 – 9:00 AM
P4: Brain Oscillations and Hypnosis: Implication for Enhancing Outcome Efficacy
Mark Jensen, PhD
1.0 CE/CME Credits
For details see page 14.

9:00 – 9:30 AM
Coffee Break

9:30 – 11:00 AM
Basic Workshop resumes
Intermediate Workshop resumes
Teaching & Consultation Workshop resumes
Advanced Workshops resume

M1: Recent Advances in Pain Management
Mark Jensen, PhD
3.5 CE/CME Credits

Recent research suggests that hypnotic treatments for chronic pain might be enhanced through the use of strategies and suggestions that alter patients’ automatic processing of thoughts related to their life goals. By helping patients more easily (and automatically) focus more on their most important and meaningful life goals, less time is spent processing information related to pain and its impact. Research indicates that this approach results in larger beneficial impacts on important outcomes, including pain intensity, than treatment approaches that focus more directly on pain reduction. In this workshop, a model of automatic neurophysiological functioning (a “Behavioral Activation System-behavioral Inhibition System” or “BIS-BAS” model) will be presented, and specific hypnotic strategies that target components of this model (specifically, suggestions that activate the positive affect, optimistic cognitions, and behavioral motivation components of BAS) will be presented. The workshop will contain demonstrations, brief exercises and the opportunity for group discussion and consultation regarding specific cases.

At the conclusion of this session, participants will be able to:
• Understand the findings from recent research regarding the relative effects of pain-focused versus Behavioral Activation Focused hypnotic suggestions;
• Understand the components of the Behavioral Inhibition and Behavioral Activation Systems (BIS-BAS), and their role in facilitating most day-to-day automatic affective, cognitive, and behavioral responses; and
• Understand and be able to perform two specific hypnotic strategies ([1] use of hypnotic suggestions for changes in pain-related thoughts and [2] use of an age progression technique to activate the BAS) to impact pain and its impact based on the BIS-BAS model.

M2: Rehabilitation: Amelioration of Suffering and Adjustments to Disability
Philip Appel, PhD
3.5 CE/CME Credits

This workshop deals with the subject of hypnosis in rehabilitation and in the amelioration of suffering from untoward medical events that alter a person’s physical, intellectual or emotional capacities. The concept of suffering from a lasting medical event is all about the wounding of self, and the narcissistic injury or threat incurred. In this workshop we will look at one particular approach to restoring a sense of self that is not identified necessarily with self as a physical being alone or as an agent or narrator of one’s life. When medical illness or injury creates lasting disability then facets of self are confronted as the remembered sense of self may be in conflict with the experienced sense of self. Use of hypnosis with a choiceless awareness mindfulness meditation exercise as well as Assagioli’s exercise in Disidentification and the use of ego-state therapy combined with loving kindness will be explored. The workshop will have experiential components as well as didactic.

At the conclusion of this session, participants will be able to:
• Construct a hypnotically mediated choiceless awareness mindfulness meditation;
• Use principles of disidentification and how to perform that exercise;
• Apply ego-state therapy with loving kindness meditations to achieve compassion for self;
• Understand how to work with the “narrative self;”
• Increase skills in working with narcissistic injuries incurred as a result of disability; and
• Assist their patients to transcend their injuries and disability in a way that they are no longer define by it.

For more information or to register online, visit the ASCH website at www.asch.net.
Dr. Appel is the author or co-author of several books on hypnosis from which some of his teaching content is derived and for which he receives financial remuneration.

**M3: The Poetry of Language: Hypnotic Rhythms of the Body-Mind**  
George Glaser, MSW, DAHB  
3.5 CE/CME Credits

This workshop offers methods for discovering, analyzing and utilizing rhythmic components inherent in the hypnotic/therapeutic process. One might consider the processes of hypnotic induction and deepening as ‘musical’ or ‘poetic’ experiences complete with shifting tempos and rhythms, regardless of whether we are speaking of a rapid induction or a more leisurely psychotherapeutic session. It is the presenter’s contention that awareness of such rhythms offers the professional a valuable tool in individualizing the therapeutic approach, especially in reference to elements of hypnotic deepening. Another concept proposes that deepening is best approached in an individualized manner, precipitated by the hypnotist’s use of naturalistic/somatic language based on the patient’s cognitive and emotional styles. This approach promotes the notion that hypnotic response and deepening is likely to be highly responsive to the quality of the hypnotist-client/patient relationship. In this view, the match between the therapist’s style and language and the client/patient’s needs and response styles, are of utmost importance.

We will examine two forms of deepening: one involving a formal induction containing both standard and naturalistic hypnotic elements; the other involving an examination of how to utilize a person’s existing meditative and imaginal rhythms as a starting point in the hypnotic experience.

Teaching will be accomplished through lecture, demonstration/video, audience involvement and participant practice. These ideas and practices are relevant in a variety of healthcare environments. The presenter’s primary clinical experience has been in public and private outpatient settings dealing primarily with anxiety, depression and chronic pain issues.

At the conclusion of this session, participants will be able to:

- Describe at least two interpersonal rhythmic elements present in a clinical encounter;
- Utilize use their awareness of linguistic/energetic rhythms to develop two approaches for hypnotic deepening;
- Develop at least one poetic induction technique to use with a current client or patient; and
- Employ at least one “poetic” induction and deepening technique in their current practice.

**M4: Integrating Mindfulness in Your Hypnosis Practice**  
Akira Otani, EdD, ABPH  
3.5 CE/CME Credits

This workshop reviews the history, theoretical premises, and primary techniques of mindfulness. More specifically, the attendee will learn the 4-step Touch-and-Return® method of mindfulness that is easily incorporated in his/her hypnotic practice. Special emphasis will be placed on the application of “decentering,” that is purported to be essence of mindfulness in comparison and contrast to hypnotic dissociation. Neuroscientific and medical evidence of mindfulness will also be reviewed in terms of its efficacy in stress management, depression, anxiety, medical disorders, and pain management. The attendee will also have a chance to experience the “M&M mindfulness” during the workshop in order to facilitate his/her understanding of mindfulness.

At the conclusion of this session, participants will be able to:

- Explain the basic tenets of mindfulness;
- Offer verbal instructions that facilitate mindfulness; and integrate mindfulness into hypnotic work.
- Explain in clear terms what mindfulness is to the client;
- Guide the client through mindfulness by way of the 4-step Touch-and-Return® process (i.e., warm-up, breath focus, multiple awareness, finish);
- Utilize mindfulness skills as hypnotic suggestion for trance induction and therapeutic purposes; and
- Possess a wider range of conceptual and practical skills dealing with various client problems.

**M5: Advances in Children’s Trances: Utilizing the Hypnosis in the Encounter**  
Laurence Sugarman, MD, FAAP, ABMH and Daniel Kohen, MD, ABMH  
3.5 CE/CME Credits

All clinical encounters contain elements of trance. The experience of coming to the doctor’s office involves intensified, focused attention, heightened responsivity to ideas and various expectancies, all positively or negatively conditioned from previous encounters. Clinical hypnosis is about utilizing trance therapeutically. This workshop is about the principles and practice of integrating hypnosis into common clinical encounters in child and adolescent healthcare by “finding the hypnosis in the encounter.” We will focus on the continuum of child health care- from primary care, to subspecialty situations and behavioral and mental health care.

From our experiences (both faculties’ and participants’) we will extract principles of
At the conclusion of this session, participants will be able to:

• Articulate that in a person’s biology physical, mental, emotional, spiritual and social aspects are not real; anything affecting any aspect of that person is affecting all of that person’s biology all of the time;

• Evaluate patients/clients differently as whole beings and will be able to practice clinical hypnosis in a new manner that addresses that biological wholeness to alleviate suffering;

• Articulate in an understandable manner to patients/clients how clinical hypnosis can alter body biology through gene expression and brain plasticity;

• Discuss genomics and epigenetics to a patient/client in an understandable way;

• Describe and practice clinical hypnosis as a tool affecting biology thus changing how patients/clients are experiencing life, including physically;

• Articulate a concept of the Subconscious Mind as the supervisory entity devoted to a patient’s/client’s survival and wellness;

• Explain that the subconscious mind can use biology to get a person’s attention that something in her/his life needs attention, resulting in unexplained symptoms;

• Evaluate patients differently, creating new patient experiences and utilizing clinical hypnosis in new ways to address unexplained symptoms;

• Discuss the concept of Inner Safety and will be able to assess a patient’s/client’s Inner Safety;

• Recognize and identify how they can use Healing Relationship and clinical hypnosis for an individual patient to affect gene expression and brain plasticity helping to restore Inner Safety; and

• Articulate and practice Healing Relationship and clinical hypnosis in new, creative ways to restore Inner Safety and relieve symptoms giving patients/clients and themselves evolving experiences of being alive.
Monday, March 14, 2016

1:00 – 3:00 PM
Basic Workshop resumes
Intermediate Workshop resumes
Teaching & Consultation Workshop resume
Advanced Workshops resume

M1: Recent Advances in Pain Management (Cont)
Mark Jensen, PhD

M2: Rehabilitation: Amelioration of Suffering and Adjustments to Disability (Cont)
Philip Appel, PhD

M3: The Poetry of Language: Hypnotic Rhythms of the Body-Mind (Cont)
George Glaser, MSW, DAHB

M4: Integrating Mindfulness in Your Hypnosis Practice (Cont)
Akira Otani, EdD, ABPH

M5: Advances in Children’s Trances: Utilizing the hypnosis in the encounter (Cont)
Laurence Sugarman, MD, FAAP, ABMH and Daniel Kohen, MD, ABMH

M6: Achieving Inner Safety by Clinical Hypnosis and Healing Relationship (Cont)
Harvey Zarren, MD

3:00 – 3:30 PM
Break

3:30 - 5:30 PM
Basic Workshop resumes
Intermediate Workshop resumes
Teaching & Consultation Workshop resumes
Advanced Workshops resume

M6: Achieving Inner Safety by Clinical Hypnosis and Healing Relationship (cont)
Harvey Zarren, MD

MP1: In the Room with Milton H. Erickson, MD
Jane Parsons-Fein, MSW, DAHB and Nick Parsons; LMF
2 CE Credits (Ineligible for CME/CDE)

In this workshop we will show excerpts from Volumes I and II of In the Room with Milton H. Erickson, MD videotaped by Jane Parsons-Fein from October 3rd through 12th, 1979 in Phoenix, Arizona. The footage includes enhanced sound and subtitles for ease of viewing. As Mike Nichols, the famous film director said describing moving pictures: “What a movie is both in the making of and the seeing of - a connecting of the unconscious and also a tapping of your own.”

Participants can experience what Mike Nichols is talking about just by watching how Milton Erickson moves his students from one state of consciousness to another. It takes moving with him on film to experience the many levels, shifting back and forth in a flow of consciousness. They experience his artful use of confusion, metaphor, silence, suspense, shock, pattern interruption, utilization, challenging, humor, his voice cadence, shifting his body position, timing, hearing his impeccable choice of words. They experience his comfort with his own unconscious making it easier to explore new depths within themselves and come to a new understanding of what Erickson meant when he said, “trust your unconscious; it knows more than you do.” The gift of experiencing him directly wears well when we then work with our own clients and patients and hear ourselves repeat in our own words something he had said perhaps months or years ago all because he created a scaffolding that moves through time and that we retain on some mysterious level.

At the conclusion of this session, participants will be able to:
• Acquire a new experience of watching Milton Erickson’s ease and comfort with his own unconscious, his creative use of unconscious language, and his shifting in and out of conscious and unconscious states;
• Suggest to participants to go into trance with a goal learn in their unique ways what they need to develop their own unique styles of doing effective and successful hypnosis with their patients; and
• Observe the effect that their comfort with themselves can have on their patients and use that as they monitor their patients’ response.

Ms. Parson-Fein is the creator of DVDs on hypnosis from which some of her teaching content is derived and for which she receives financial remuneration.

New Frontiers in Hypnosis and their Therapeutic Applications
MONDAY, MARCH 14, 2016

MP2: Natural Fertility Coaching, Using Hypnosis and CBT
Christine Silverstein, PhD
2 CE/CME Credits

Shakespeare expounded: All the world’s a stage, and all the men and women merely players...

For an estimated 6.7 million women in the US, their dreams of having a baby are dashed by the diagnosis of infertility. The silent stigma of infertility affects every person’s life, involving relationships with partners, family, friends, co-workers, and healthcare providers. Women feel blamed for infertility and are told to “just relax” and pregnancy will occur. Many women never seek treatment because of shame.

Others flock to fertility clinics in the hope of success. Some achieve their goals, but many are left with an empty nest. There is a plethora of evidence in scientific literature that an unfulfilled desire to procreate provokes an intense emotional crisis that is difficult to handle for both patients and staff members, resulting in high treatment discontinuation and high dropout rates for staff. Until recently, mental health professionals (MHP) have been underutilized. In a recent article in Fertility and Sterility, published by the Journal of the American Society for Reproductive Medicine, Alice Domar, a mind-body expert in infertility, discussed an integrated collaborative model of mental health counseling for the future that combines stress management for patients and staff, as well as empathy training. For MHP to qualify to work in fertility clinics as psychoeducators and counselors, they must have training in reproductive medicine, as well as mind-body techniques. This workshop is designed to assist MHP in gaining knowledge about reproduction and infertility and how they can integrate hypnosis and CBT into their practices to improve outcomes for their clients within or outside the clinic setting.

The psychological components of fertility treatments have been primarily addressed by MHP, in terms of research interventions and stress relief. However, physicians, nurses, and other members of the team can benefit from inclusion in an integrated, collaborative care model. It is likely that a majority of patients in a fertility clinic are experiencing anxiety and/or depression, posing difficulties for caregivers. Distressed patients are more likely to terminate treatment and give up on themselves. Reactions to such distress may correlate with lower pregnancy outcomes. Often, staff members are the bearers of “bad news” for failed treatments, and caregivers shoulder the burden. There is no grieving time. Staff members lack the know-how to handle "difficult" patients. When patients feel “enough is enough,” staff is unequipped to deal with end-of-treatment counseling. In addition, caregivers experience compassion fatigue, leading to burnout. MHP, including nurses, social workers, and psychologists, are called to be on-site and off-site counselors and can impact care by incorporating proven mind-body techniques into fertility care and by teaching self-administered coping strategies, using hypnosis and CBT with patients and staff members that include stress reduction. As other modalities grapple with how to integrate services into fertility programs, hypnotherapy has an advantage for there is an established framework called the Fertile Body Method. It is a 6-stage process that covers the full gamut of fertility care needs. Developed by a hypnotherapist within a fertility clinic, this method, as described in this workshop, provides a tool for practitioners to attain success in all settings.

At the conclusion of this session, participants will be able to:

- Articulate and practice the Fertile Body Method as a new, integrative, and collaborative method of treatment for fertility enhancement;
- Construct at least 3 hypnotic metaphors to improve outcomes that relate to topics such as grieving, letting go, or nest-building for a positive pregnancy;
- Formulate at least 2 coping strategies, using Cognitive Behavior Therapy and Interventions that can be readily incorporated into fertility care protocol with patients and staff; and
- Create at least 2 mindful conditioning exercises for patients and staff, such as mental rehearsal and mental recall, which will aid in confidence building for treatment and pregnancy attainment.

MP3: Hypnoanalysis in Vexing Dental Problems
Joseph Zastrow, MD
2 CE/CME Credits

This advanced workshop will provide an alternative treatment scheme for treatment of dental disorders often rooted in trauma and manifest with somatic complaints such as pain and anxiety. This workshop will provide a framework for the use of hypnoanalysis for temporal mandibular joint dysfunction (TMJ), burning mouth and parafunctional habits often treated in an oral medicine practice. This workshop is squarely centered on dental application; but psychosomatic continuum of care presented in this case format will make this an appropriate workshop for all members of ASCH. This workshop will contain a brief group hypnosis to demonstrate the rapid induction and deepening techniques used in the oral medicine clinic. There will be a brief background didactic lecture, technique discussion, case and data presentation with time for discussion of this clinical technique.

This is a cutting edge workshop where formal hypnoanalysis is applied to (TMJ), burning mouth and parafunctional habits in a systematic manner. This topic is relevant to nearly all ASCH members as these dental issues are seen by dentists but also primary care, specialty medical care and psychologists at all levels. The psychologic component of TMJ is poorly understood and this workshop will close this gap by demonstrating how a known hypnotic technique can be applied in a routine manner. Parafunctional habits bridge the shared information gap of dentist and psychologist and as such this workshop will also provide a forum for these two specialties to collaboratively and synergistically share their experiences.

At the conclusion of this session, participants will be able to:

- Differentiate TMJ, burning mouth syndrome, bruxism and, oral parafunctional habits;

For more information or to register online, visit the ASCH website at www.asch.net.
New Frontiers in Hypnosis and their Therapeutic Applications

- Analyze a patient as to the underlying cause(s) of the psychosomatic issue at root level;
- Formulate a specific plan of suggestions based on the findings;
- Apply the learned principles and generalize these to many other clinical issues; and
- Change their clinical practice by providing hypnoanalysis in a standardized manner for vexing oral problems.

MP4: Designing Hypnosis Research: From Hypothesis to Results
Eva Szigethy, MD; David Patterson, PhD, ABPH; Mark Jensen, PhD; Daniel Handel, MD; Olafur Palsson, PsyD
2.0 CE/CME

Hypnotic treatments have growing empirical support as being beneficial for a large number of psychological and medical conditions. There remains, however, many aspects of hypnosis that have yet to be evaluated. This workshop will draw upon the existing literature to define how clinicians can conceptualize research questions and design studies to test hypotheses regarding the efficacy and mechanisms of hypnosis. The research covered will include studies on the neurobiological underpinnings of the hypnotic responding and hypnotizability, as well as research evaluating the efficacy of hypnotic treatments. Specific focus will include the formulation of specific hypotheses, operationalizing the definition of hypnosis, study design issues, and appropriate statistical approaches. The workshop will be divided into two parts. In the first part, the presenters will provide a summary of the key issues that future hypnosis research should address and discuss appropriate methods for addressing those issue. The second part will consist of a discussion among the expert panel and the workshop participants of the key issues raised. The goal of the workshop is to facilitate an understanding of the scientific methods needed to evaluate hypnosis among clinicians and clinical researchers who use and study hypnosis, in order to help the workshop participants (1) better evaluate the research literature and (2) create or further develop their own research programs.

At the conclusion of this session, participants will be able to:
- Identify state of the art studies on hypnotherapy effects and mechanism of action in representative psychological and medical conditions (e.g. chronic pain, GI conditions, sickle cell, oncology, mood disorders);
- Understand various study design approaches including retrospective and prospective designs, treatment trials with and without control conditions, mediators and moderators of treatment effects and be able to enumerate pros and cons of each approach;
- Discuss specific components of a study including the definition of hypnosis, selection of control conditions, selection of outcome measures, statistical approaches and dealing with the placebo response; and
- Provide a forum where active discussion of the concepts occurs between the presenters and audience so that the learning process is often dynamic, beyond the didactic information presented.

5:30 PM
Conference Recess

6:00 - 7:00 PM
Cocktail Reception

7:00 - 10:00 PM
Awards Dinner with entertainment
Tuesday, March 15, 2016

7:00 – 8:00 AM
Continental Breakfast

8:00 – 9:00 AM
P5: Mind-Body Hypnotic Healing of Conversion Disorders
Camillo Loriedo, PhD, MD
1.0 CE/CME Credits
For details see page 15.

9:00 – 9:30 AM
Coffee Break

9:30 – 11:00 AM
Basic Workshop resumes
Intermediate Workshop resumes
Advanced Workshops resume

TA1: Hypnosis with Families
Camillo Loriedo, PhD, MD
1.5 CE/CME Credits

The use of hypnosis with families appears to be an easy and natural process because family provides the most common context for early hypnotic experiences. Therapists working with families learned by their experience how one can be deeply influenced by the family spontaneous inductions. On the other side, the role played by the identified patient in facilitating trance in the family system is certainly very relevant.

The study of the family natural tendency to induce trance is one of best ways to learn how to utilize hypnosis with families. Specific direct and indirect techniques are required to activate family resources and to induce a deep and meaningful change of the most rigid family patterns. In this framework hypnosis will be presented no more as an individual/linear event but rather, within a system perspective, as a circular and evolving process.

Indications on how to recognize the peculiar family hypnotic patterns and how to use them in order to bring in the therapeutic change will be given to the participants. The demonstration of a family hypnotic session gives a clear idea of the powerful and subtle resistances a family may develop in the course of the hypnotic treatment as well as of the many different solutions a therapist may adopt to overcome these resistances. Indirect as well as direct forms of hypnosis to be used in the family interview will be presented and special attention will be dedicated to the criteria to follow in order to combine properly direct and indirect in the different phases of the therapeutic process.

At the conclusion of this session, participants will be able to:
• List five hypnotic effects on the family systems that can help to develop an effective therapeutic relationship in family therapy;
• Describe five different forms of family therapy according with the type of family resistance; and
• List six different specific hypnotic inductions with families.

Dr. Loriedo is the author or co-author of several books on hypnosis from which some of his teaching content is derived and for which he receives financial remuneration.

TA2: Meditation, Hypnosis and Dissociation: Similarities, Distinctions and Why We Need to Know— A Clinical Practice Perspective
Sally Bowden-Schaible, MS, LCPC
1.5 CE/CME Credits

Understanding the nature of mind with its various mental states and how these mental states affect our well-being has been the subject of study in the fields of psychology (including hypnosis), religion/spirituality and philosophy for thousands of years. As more people seek meditation experiences at established meditation retreat centers, at community-based meditation gatherings and with the growing number of on-line meditation communities; and, conversely, as “mindfulness” and meditation practices leave the meditation halls of spiritual communities, increasingly becoming integrated into multiple facets of Western culture—psychology, mental and physical health care, education, business, even the military—it is important that as responsible prescribers of mindfulness and meditation we understand the psycho–spiritual (and cultural) complexities of these practices. Whether inside or outside meditation practice communities, it is increasingly becoming clear to us today that these practices (like the practice of hypnosis) are not always as straightforward, beneficial and harmless as we may have thought. As the Zen saying goes, “A right tool in the wrong hand becomes a wrong tool.”

As we have come to recognize in the practice of clinical hypnosis, mindfulness and meditation practices are not always as straightforward, beneficial and harmless as we may have thought. This workshop will offer a clinical practice perspective that considers similarities and distinctions between the mental states associated with hypnosis, various forms of meditation and some forms of dissociation, as well as the individual strengths and vulnerabilities of our clients/patients when recommending to them practices of mindfulness, meditation and self-
hypnosis as part of a mental health/healthcare plan. Participants will leave the workshop with information and practice experience to build upon when integrating these practices into clinical care.

At the conclusion of this session, participants will be able to:
- Recognize similarities and distinctions between the mental states associated with hypnosis, various forms of meditation and some forms of dissociation;
- Describe what “mindfulness” is as well as what it isn’t and identify various forms and practices of mindfulness, meditation and self-hypnosis that can be integrated into client/patient care;
- Identify risks and benefits associated with related practices of mindfulness, meditation and self-hypnosis;
- Assess client/patient strengths and vulnerabilities so as to appropriately recommend the type and form of mindfulness, meditation and/or self-hypnosis practice to be integrated into a client/patient care plan; and
- Recognize the benefit of integrating these practices into one’s own life when recommending them to others.

Danielle Burns, MS
1.5 CE/CME Credits

Each pregnancy is uniquely challenging, fascinating and awe inspiring. Here, the miraculous is felt within the inner workings of the mother-fetus bond, thereby having the potential to psychologically shift a woman’s self-identify from a superficial way of being into a deep instinctual relationship with her unborn child. Epigenetics and attachment theory has been the basis upon which these ideas rest, associating the health of the mother and fetus to factors of stress, parenting and environmental influences. These overarching research outcomes have contributed enormously to the collective wisdom of humanity, hereby smoothing the progress of social stability, contributing to the prevention and healing of trauma, and providing meaning to many lives. However, appearing to overlook the unique intrinsic meaning to which each person ascribes significant moments of life transition, these ideas have failed to account for the possibility of there being “something else” or have dismissed as irrelevant what theoretical knowledge has not yet managed to explain. Consequently, a minimum set of assumptions underlying the archetypal significance of the symbiotic union existing between a mother and fetus are left hidden. It is worth noting that pregnancy can provide an intra-psychic mode of meaning that is tremendous and distinctively spiritual in nature. By viewing prenatal attachment through a hypnotic lens, this workshop will illuminate how archetypal experiences enhance the mother-fetus bond toward integrating a new mode of consciousness surrounding the maternal role.

At the conclusion of this session, participants will be able to:
- Define the term, prenatal attachment; archetype, as it relates to the experience of prenatal attachment; numinous, as it relates to the experience of prenatal attachment and fetal sentence;
- List at least 3 benefits of enhancing the experience of prenatal attachment in pregnant women, couples and families;
- Construct 3 metaphors, 3 truisms and 3 positive suggestions appropriate for facilitating prenatal attachment;
- Lead a client through a hypnotic intervention designed to enhance prenatal attachment; and
- Articulate and facilitate prenatal attachment as a new form of treatment for pregnant women and couples.

TA4: The Use of Hypnosis as an Adjunct to Dream Interpretation: A Jungian Perspective
Peter Demuth, PsyD
1.5 CE/CME Credits (Ineligible for CME/CDE)

The use of hypnosis as an adjunct to Jungian Dream Interpretation will be explored through the brief presentation of several clinical vignettes during a didactic lecture period. Following the initial lecture there will be a 40 minute (approximate) presentation using a preselected volunteer’s dream from the audience to further demonstrate in vitro how hypnosis can be utilized in amplifying dream content.

At the conclusion of this session, participants will be able to:
- Understand basic Jungian core concepts, including persona, shadow, ego, the collective unconscious and active imagination as well as how hypnosis can enhance amplification of dream content and help to by pass entrenched ego defenses; and
- Explain Jungian Dream Interpretation and how hypnosis can serve as a valuable clinical tool.

TA5: Alert and Conversational Hypnosis for Habit Control
David Reid, PhD
1.5 CE/CME Credits

Unwanted habits seem to control people more than people control their habits. Whether the persistent behavior involves nail biting, smoking, overeating, or alcohol abuse, the pesky habit usually claims victory in the end regardless of the resistance or efforts employed to ward it off. The act of visualization, whether guided by another or self-directed, has been shown to be an effective means of enhancing smoking cessation (Carmody et al., 2008; Elkins, Marcus, Bates, Hasan Rajab, & Cook, 2006; Elkins & Rajab 2004) and weight management (Bolocofsky, D.N., Spiner, D., Coulthard-Morris, L., 1985; Johnson, 1997). Hassain, Zagarins, Pischke, Saiyed, Bettencourt, et al., (2014) found hypnosis to be more effective than nicotine replacement in improving smoking abstinence in hospitalized smokers. It is also apparent that group interventions employing hypnosis are as equally efficacious in smoking cessation as individual therapy that includes hypnosis (Riegel, 2013). As therapists we can evoke therapeutic, conscious and unconscious resources in many ways, though in
this workshop we will explore evocation of resources through alert trance.

At the conclusion of this session, participants will be able to:
• Develop a treatment plan including alert hypnosis interventions to patients presenting with habit control challenges;
• Construct three post-alert hypnotic suggestions and two metaphors for two case studies provided by the instructor for treating unwanted habits;
• Develop alert hypnosis interventions to provide unique approaches to treating unwanted habits; and
• Articulate and practice alert and conversational hypnosis for unwanted habits as new methods of treatment.

TA6: Induced Altered States of Consciousness Experiences Related to Spiritual and Religious Aspects of Skin and Skin Disorders
Philip Shenefelt, MD, ABMH
1.5 CE/CME Credits

Skin and skin disorders have had spiritual and religious dimensions often derived from induced altered states of consciousness experiences since ancient times. Skin, hair, and nails are visible to self and others. The skin is a major sense organ for touch, pain, itch, heat, cold, pressure, and vibration. Skin also expresses emotions detectable by others through pallor, coldness, goose bumps, redness, warmth, or sweating. How much skin is covered with what kind of coverings, scalp and beard hair cutting, shaving, and styling, skin and nail and hair coloring and decorating, tattooing, and intentional scarring of skin all have had and continue to have spiritual and religious significance, often derived originally from visions or other altered state of consciousness experiences. Persons with visible skin disorders have often been stigmatized or even treated as outcasts. Spiritual and religious interactions with various skin disorders such as psoriasis, leprosy, and vitiligo are discussed.

At the conclusion of this session, participants will be able to:
• Explain the connection between altered states of consciousness and spiritual and religious experiences;
• Recognize the culturally specific contexts in which the spiritual and religious experiences occur;
• Describe the interaction between skin and psyche and their spiritual and religious dimensions; and
• Assess the influence of spiritual and religious dimensions on personal and cultural ramifications of skin disorders.

11:00 AM – 1:00 PM
Lunch on your Own

1:00 - 2:30 PM
Basic Workshop resumes
Intermediate Workshop resumes
Advanced Workshops resume

TP1: Helping Patients/ Clients Prepare for Procedures and Surgery
Holly Forester-Miller, PhD
3 CE/CME Credits

This presentation is designed to provide participants with How to skills for helping to prepare clients/patients for surgery and other medical procedures. Whether one is a doctor, nurse practitioner, physicians assistant, or mental health practitioner there are many areas in which we can use hypnosis as an integrative approach to help individuals’ prior to procedures. A brief overview of the current research on hypnosis for surgically/procedural related issues will be given. The main focus however will be on understanding the various areas where we can help clients and developing techniques to take back to the office with you. The presenter will address clients’ concerns such as: psychological wellbeing, pain control, bleeding control, postoperative healing, postoperative comfort, dealing with the individual’s and operation specific issues, side effects of anesthesia, and post-operative recovery issues. A brief clip of a video of the presenter having surgery with no anesthesia and no measurable blood loss will be shown. In addition to discussing the suggestions and approaches used in working with individuals, the presenter will lead exercises for participants to enhance their skills. Case studies will be discussed.

At the conclusion of this session, participants will be able to:
• Explain the current research findings for the use of hypnosis with surgical related concerns;
• Offer hypnotic suggestions to their clients for at least three common surgical concerns; and
• Create original suggestions to assist clients with surgical concerns.

TP2: The Glass Enclosure: Dynamic Exploration Using Guided Imagery
Cynthia Costas Cohen, MA, MFT and David Gordon, PHD
3 CE/CME Credits

Guided imagery techniques have been incorporated into the healing traditions of cultures dating back to ancient times. This seminar will focus on a dynamic form of guided imagery that has many parallels to Ericksonian approaches to hypnosis, including:
1) Similarities regarding the hypnotherapist-client dialogue;
2) The critical role of the therapist to track the image process along with the client;
3) The importance of fully accepting and utilizing the client’s reality; and
The practitioner in this approach, similar to Ericksonian hypnosis, has the advantage of understanding clients’ unconscious worlds to facilitate interactions with guide figures and symbols to foster behavioral change. The metaphorical nature of language in imagery allows symptoms to be worked with directly without the client experiencing intolerable anxiety that previously had inhibited their ability to confront symptoms and alter the ways they responded to them.

Rather than following a more scripted, structured format, the practitioner interacts more spontaneously with the client, monitoring clients’ affective experience such that they neither become overwhelmed by feelings nor demonstrate automatic avoidance behaviors that protect them from affect at the cost of engaging more proactively in the imagery, and ultimately, in their own lives.

At the conclusion of this session, participants will be able to:
- Acquire basic skills necessary to utilize this dynamic guided imagery approach with patients;
- Articulate how and when to utilize this guided imagery approach with their own patients;
- Acquire new therapeutic techniques that can be added to their repertoire of hypnotic techniques, enabling them to work more efficiently and effectively with a wider range of patients; and
- Discern how and when to implement this therapeutic approach within their own practice.

TP3: Clinical Hypnosis as an Adjunct in Peri-Operative Medicine and Pain Management in Children, Adolescents and Adult Patients
Haleh Saadat, MD and Rae Ann Kingsley, MSN, APRN, CPNP-AC/PC
3 CE/CME Credits

Pain and anxiety affect individual’s physiological and psychological status. A multidisciplinary team approach that has the ability to link the expertise and knowledge of several specialists (Pediatricians, Anesthesiologists, Psychologists, Nurses, child life specialists, and other health care professionals) allows the development of individual treatment plan, which has the ability to integrate the conventional medical interventions and complementary approaches. Hypnosis is one of the several complementary methods that as an adjunct to the conventional medical treatments, is considered to be effective in the management of variety of medical conditions, by the National Institutes of Health (NIH). This workshop intends to demonstrate the effectiveness and the ease of integration of this modality in a daily clinical practice.

At the conclusion of this session, participants will be able to:
- Explain the applications of clinical hypnosis in procedural sedation, and pain management;
- Discuss age appropriate metaphors for pain management;
- Designing Multidisciplinary pain management team; and
- Describe the ease of hypnosis phenomenon integration in a busy clinical practice.

TP4: Hypnosis within the Practice of Multimodal Therapy
Gary Kelley, PhD
1.5 CE/CME Credits

Multimodal therapy was initially developed as an approach to treat psychological issues in a comprehensive fashion with durable results. Arnold Lazarus, the developer of Multimodal Therapy, initially introduced the terms “behavior therapy” and “behavior therapist” into the professional literature in 1958, but found that Behavior Therapy failed to attend to important process variables and over-focused on techniques. As his thinking progressed, he released his reformulation in his book Behavior Therapy and Beyond (1971). This book was a precursor to the Cognitive Behavior Therapy movement and is generally considered to rest in the Cognitive Behavior Therapy realm. The use of Cognitive and Cognitive Behavior therapy integrated with hypnosis is well established in the research literature and the subject of several books. (Alladin, 2007; Alladin, 2008; Chapman, 2006; Dowd, 2000) Lazarus provided his first comprehensive conceptualization of Multimodal Therapy in 1973.

The key elements in Multimodal Therapy are as follows: Behavior, Affect, Sensations, Imagery, Cognitions, Interpersonal relationships, and Drugs/biological functioning; BASIC ID for short. This method of providing treatment asserts that for therapeutic results to be durable, an assessment of difficulties in each of these areas of human functioning must take place. In addition, in collaboration with the client, problems in 2 or 3 of the BASIC ID modalities are selected for treatment focus. Once problem areas are selected, a second order BASIC ID is conducted. With the second order of BASIC ID, each particular problem is assessed within each modality. Other techniques utilized in Multimodal Therapy are Bridging (moving from one modality of focus to another) and Tracking (determining the “firing order”- the order in which these modalities arise in relation to a particular problem). Finally, the Multimodal Life History Inventory and a Structural Profile Inventory are used for diagnostic and treatment purposes.

Dr. Lazarus has supported the use of Hypnosis in treatment. However, his approach to hypnosis was of a minimalist nature. There has been little else written or presented in the use of Hypnosis together with Multimodal Therapy. The purpose of this presentation will be to provide a theoretical framework for the practice of Multimodal Therapy and demonstrate the integration of Hypnosis with it. This is an important issue. Gibbons (2004, 2005) proposes the formulation of hypnotic induction and suggestions using a Multimodal framework. However,
a survey of 140 practicing psychotherapists selected from the membership directories of three professional associations suggests that a psychotherapist’s theoretical orientation coincides with their dominant modalities (Herman, 1993). Thus, many therapists may tend to apply therapeutic techniques from their own perspective and dominant modalities rather than the client’s particular modality order for a particular problem. This presentation will provide a framework for identifying a client’s profile as well as second order ID for particular problems and how to utilize that information in developing pertinent hypnotic induction procedures as well as suggestions.

At the conclusion of this session, participants will be able to:
• Describe each of the seven BASIC ID Modalities used in Multimodal Therapy;
• Construct a Secondary BASIC ID (firing order) for a particular problem;
• Utilize the information obtained through the assessment of a client’s BASIC ID and secondary BASIC ID in the construction of precise hypnotic inductions; and
• Formulate hypnotic suggestions for specific therapeutic issues from a Multimodal perspective utilizing the BASIC ID and Secondary ID Profile.

TP5: Hypnotic Approaches for Working with Dreams
Susan Dowell, LCSW
1.5 CE Credits (Ineligible for CME/CDE)

Dreams have long been fertile soil for exploration in psychodynamic therapies. Hypnosis provides us with specialized clinical tools that allow us to peer more deeply into the metaphorical dream world that the unconscious mind has laid before us. And it provides us with potent strategies for focusing, identifying, uncovering, clarifying, expanding, and deepening the scope of our clinical explorations and problem resolutions.

In this workshop, students will learn hypnotic exploratory techniques particularly designed to work with dreams and we will look at how these techniques can be utilized both to help patient's access clinical information that has been out of conscious awareness and to identify and develop underutilized resource states. These techniques include Dream Narration, Subtitling, Dream Borrowing, Reversing Roles with Dream Characters, Re-dreaming and Suggested Dreams. These hypnotic tools can allow us to: uncover core conflicts, identify and work with split off Self-States, access untapped resources and problem solving abilities, facilitate self-empowerment, interrupt patterned responses, retrieve connections to earlier memories, enhance problem solving skills, clarify perspective, operationalize change.

At the conclusion of this session, participants will be able to:
• Use the new clinical approaches they have learned, to both help patients engage and identify with their dream imagery;
• Utilize dream associations to help them access connecting memories and resources, for work with earlier conflicts; and
• Explore new and effective tools for uncovering, exploring and working with memories and clinical information embedded in dream metaphors.

2:30 – 3:00 PM
Break

3:00 - 4:30 PM
Basic Workshop resumes
Intermediate Workshop resumes
Advanced Workshops resume

TP2: The Glass Enclosure: Dynamic Exploration using Guided Imagery (cont)
Cynthia Costas Cohen, MA, MFT and David Gordon, PhD

TP3: Helping Patients/ Clients Prepare for Procedures and Surgery (cont)
Holly Forester-Miller, PhD

TP4: Clinical Hypnosis as an Adjunct in Peri-Operative Medicine and Pain Management in Children, Adolescents and Adult Patients (cont)
Haleh Saadat, MD and Rae Ann Kingsley, MSN, APRN, CPNP-AC/PC

TP6: Between Two Worlds: Hypnosis Strategies to Help Children and Adolescents Cope with Separation or Divorce
Antonio Bustillo, PhD
1.5 CE/CME Credits

Research on pediatric literature shows that hypnosis is an important tool helping children and adolescents deal with several medical conditions or situations like procedural-related pain, inflammatory bowel disease, pain related to invasive medical procedures in cancer patients, trichotillomania, asthma and pulmonary conditions, to name a few. There is also research showing that hypnosis techniques are useful to help children and adolescents develop self-regulating skills to manage anxiety related to sibling conflicts, parental conflicts, sleep problems, emotional dysregulation and behavioral disruptiveness, oppositional defiant behavior, and school refusal. Consistently, studies has shown that hypnosis is an excellent tool for clinicians to develop effective strategies to capitalize on children and adolescents internal resources, being emotional, psychological and physiological.

For more information or to register online, visit the ASCH website at www.asch.net.
This workshop addresses specific techniques for the use of hypnotic phenomena within and among family members to help children and adolescents develop self-regulation skills and coping strategies in surviving and dealing with their parent’s separation or divorce. Interventions are developed to utilize children and adolescent’s individual, interpersonal and even spiritual resources to cope with the complex web of emotional reactions, problems and symptoms that results from this important life change, developing tools to adapt and endure the process, sometimes even in spite of parental conflicts. Clinicians will learn fun, creative and interesting ways to deliver interventions where children and adolescents can “play with hypnosis” while developing ego strengthening and self-regulation skills, reduce anxiety symptoms, developing a sense of hope, and using individual and family resilience to navigate through this uncertain and conflicting process.

At the conclusion of this session, participants will be able to:
- Describe two techniques for the use of hypnotic phenomena within and among family members to help children and adolescents develop self-regulation skills and coping strategies;
- Explain “play with hypnosis” while developing ego strengthening and self-regulation skills; and
- Tailor interventions to patient specific needs.

TP7: Indirect Methods of Inducing Trance and Altering Consciousness
John Lentz, Dmin
1.5 CE/CME Credits

This advanced workshop utilizes experiences and didactic approaches to teach indirect methods of altering thinking. Various approaches will be presented and demonstrated both for the group as well as individual volunteers. Beliefs, and strongly held fears often restrict a person’s ability to grasp a concept and become able to use it for their benefit. Attendees will come away with innovative approaches that speak indirectly and therefore can induce a light trance and help alter the person’s limiting thoughts. Since changing a person’s thinking is for the purpose of enhancing their options and abilities it utilizes methods that are encouraging as well as freeing. These approaches once learned can be adapted for a wide range of mental health and medical applications. Since, these approaches are utilizing indirect methods of communication for mild inductions, they are based upon research dealing with hypnosis and the changes in the brain as well as clinical experience.

At the conclusion of this session, participants will be able to:
- Recognize more positive indirect communication approaches that can be used while dealing with patients to alter the mindset of the patient when blocks to communication have occurred;
- Recognize more indirect methods that can be used for enhancing everyday practice;
- List at least two indirect methods of communication that can be used to invite trance;
- Recognize how the indirect methods can also be used to alter thinking;
- List at least two methods;
- Recognize 2 indirect methods they can adapt to a mental health and medical environment as needed; and
- Utilize more options in dealing with and altering negative mind sets as well as coping with blocked patients, and resistant patients.

4:30 PM
Conference Concludes