



AMERICAN SOCIETY OF CLINICAL HYPNOSIS
EDUCATION & RESEARCH FOUNDATION

Hypnosis and the Treatment Relationship:
Applications, Processes, Outcomes

60th

RLANDO

MARCH 15-18, 2018
2018 Annual Meeting

Advanced Workshops

Thursday, March 15, 2018

12:30 PM-2:30 PM

Fundamentals Of Clinical Hypnosis Workshop begins
Refining Skills and Treatment Applications Workshop begins

TP1: Ethical Decision Making Pt1

Joel Marcus, PsyD; Lane Wagaman, EdD; Marc Oster, PsyD, ABPH
2 CME/CE Credits

Clinicians are often faced with situations which require appropriate and sound ethical decision making ability. As the practice of hypnosis has evolved, new challenges have been created. Determining the appropriate course to take when faced with a difficult ethical dilemma can be a challenge for even the most seasoned professional.

This workshop will cover the basics of the difference between laws and ethics. A model for ethical decision making will be presented. Issues of informed consent with research and clinical applications with different populations in multiple settings will be reviewed. Potential ethical challenges with the use of hypnosis will be reviewed and discussed. Methods of identifying and development of proactive strategies for risk reduction with the use of clinical hypnosis will be offered.

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

Identify the following and describe how the implementation of the objectives may impact or change their current clinical practice;

Identify the components of the ethical concept of the clinician as fiduciary of the patient;

Describe discreet professional virtues and two ethical principles that apply ethical concepts of the ethical relationship of confidence and trust of the patient in clinical practice; and

Identify and implement a multi-step model for the practical management of ethical dimensions of clinical cases.

YT1: Lessons Learned from a Career in Clinical Research: An informal interactive workshop

David Patterson, PhD, ABPH
2 CE/CME Credits

Dr. Patterson is the author of a text from which some of his teaching content may be derived and for which he receives financial remuneration. These products will not be promoted or sold during this program.

The ASCH membership has expressed interest in assessing outcome in hypnosis research, designing studies, preparing manuscripts, measuring hypnotizability and other facets of the science of hypnosis. This workshop will be an informal dialogue between one or more long term researchers in hypnosis and participants interested in the topic. We will take various topics of interest and problem solve them at a group (thereby encouraging interaction rather than a boring lecture). Attendees will be encouraged to bring ideas or projects they would like to develop or even potential grants. The discussion leader will use 30 years of NIH funded clinical studies as a backound and resource.

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

Discuss threats to the validity of a research findings and design control groups to generate effective studies

Understand the basics of grant funding and how to conceptualize small foundation grants as well large federal grants

Describe useful outcome measures in hypnosis measures as well as hypnotizability scales

T1: Integrating Hypnosis In a Relational Context

Carolyn Daitch, PhD
5 CE Credits *Not eligible for CME for MDs/DOs.*

Dr. Daitch is the author of several texts from which some of her teaching content may be derived and for which she receives financial remuneration.

In this workshop, therapists will learn to use hypnosis to help their clients enhance their relationships. Hypnotic treatment and effective relationship therapy have in common the objectives of enhancing

attuned connection. Specifically, relationship therapy has the goal of promoting connection, yet emphasizing differentiation. Just as a compassionate clinician provides a safe container for the couple or other significant relationship, such as parent/child, siblings co-workers, etc., effective hypnotic treatment requires a safe connection between the client and the therapist. In addition, both hypnosis and relationship therapy can mitigate affect dysregulation. This is important as affect dysregulation is at the core of relationship conflicts and impedes the ability to repair ruptures. Participants will learn tools to help clients who have difficulty with emotional regulation learn to navigate conflicted relationships with spouses, adult children, friends and co-workers. Further, integrating the principles and themes of Imago Relationship Therapy with hypnosis and mindfulness will be examined as a way of establishing healing in a relational context.

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

Use tools to help clients who have difficulty with emotional regulation learn to navigate conflicted relationships with spouses, adult children, friends and co-workers;
Explain how affect dysregulation is injurious to relationships;
Describe four techniques that promote self-regulation;
Utilize one affect regulation technique for diminishing conflicts in relationships;
Create a safe container with a dyad;
Understand how affect dysregulation is injurious to relationships;
Describe four techniques that promote self-regulation; and
Describe the Imago Relationship Dialogue.

T2: Insight-Oriented Hypnotherapy

D. Corydon Hammond, PhD, ABPH

5 CE Credits Not eligible for CME for MDs/DOs.

Dr. Hammond is the author of several texts from which some of his teaching content may be derived and for which he receives financial remuneration. These products will not be promoted or sold during this program.

This intermediate to advanced workshop will introduce participants to 17 different hypnoprojective techniques, along with recommended indications and contraindications for insight-oriented hypnosis. This will be a practically oriented clinical workshop. Participants will be introduced to specific techniques for exploring unconscious functions and purposes. These methods may be used in working with psychological/psychiatric disorders, as well as physiological/medical conditions such as pain, gastrointestinal disorders, and respiratory conditions.

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

Identify 17 hypnoprojective techniques;
Verbalize suggestions for facilitating different methods of unconscious exploration; and
Identify and help remove unconscious variables that are underlying psychological and physiological problems.

T3: A Proactive Response to the Opiate Prescription Crisis with Compassionate Patient Centered Care: Integrating Hypnotic Utilization, Neuroplasticity, and the Psychophysiologic Pattern

Mark Weisberg, PhD, ABPP and Alfred Clavel, Jr., MD

5 CE/CME Credits

Dr. Weisberg is the author of several texts from which some of his teaching content may be derived and for which he receives financial remuneration. These products will not be promoted or sold during this program.

Since back pain is the most common of chronic pain, this workshop will focus on low back pain (LBP). The critical step in managing any chronic condition is asking the patient to be part of the solution. Engaging patients in daily self-care, gradual conditioning programs, releasing tension from stress or guarding from pain and the all-important step of activating self-healing resources is critical. Opiates—especially at high doses—disconnect the brain from the body in a dissociative process, making self-care and activating self-healing resources more challenging. The goal of good treatment is to reduce dissociation and increase somatic awareness. Repetition of awareness training changes the brain through neuroplasticity and can reverse the changes in the brain associated with chronic pain. Daily practice activates self-healing resources, regulates the autonomic nervous system and creates empowerment. It prevents deconditioning and the depression

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that follows inactivity and isolation.

In this workshop, we will consider the role that hypnosis can play in facilitating an ideal healing state to effectively treat LBP, help wean patients off opiate medications, and reduce central sensitization. The presenters will review the literature and take the participants on an experiential journey using a mixture of didactic and experiential approaches they can use on a daily basis in their clinical practice.

The integration of hypnosis to help engage patient motivation, facilitate rehabilitation, reduce the pain experience, and develop a strong core will be woven throughout the workshop. Patients who undergo this approach to treatment report high levels of satisfaction.

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

Describe concretely how to educate patients on how their opiate medication has actually trapped them and maintained their chronic pain state;

Identify fundamental background information for conceptualizing Psychophysiological Disorders, particularly chronic Low Back Pain (LBP), as an example of a dysregulation syndrome;

Recognize why many traditional treatments for LBP are ineffective or insufficient in traditional pain rehabilitation programs; and

Formulate several hypnotic techniques for reducing pain and opiate dependence, as part of an integrative treatment approach.

T4: Memory Shifts: The Lynch Pin to Symptom Change & Positive Client Growth

David Alter, PhD, ABPH

5 CME/CE

Memory is fundamentally relational. Memory processes create lasting bonds that connect us to time, to context, to each other, and to our evolving sense of ourselves. We are inherently embodied, story-telling beings, unceasingly encoding and upgrading our self-narrative through experiences that reinforce or modify our core identity. For our clients, memory processes are also the lynchpin for symptom formation and symptom maintenance. As memory processes are the hub from which client's presenting concerns radiate, understanding "memory" from neuroanatomic, cognitive/emotional, interpersonal, and philosophical perspectives creates a useful foundation from which to assist our clients to form more functional and forward-looking self-narratives. This workshop guides participants through an engaging, neuroanatomically-informed tour of memory and memory formation. Then, with a basic understand of what memory is and the evolutionary purpose it serves, the workshop dives into demonstrating interpersonal, hypnotically-informed processes that deconstruct, rearrange, and reconstruct memory. The workshop turns common assumptions about memory on their heads. Rather than principally linking us to our past, the workshop emphasizes that memory is the process by which our brains seek to predict our future. But, since predictions about our future are associated with acquired learning from the past, the workshop demonstrates hypnotic practices that help your clients to reshape and refashion their "remembered futures" in ways that less dominated by yesterday's experiences.

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

Explain memory: what it is, how it forms and re-forms, the functions it serves in illness and health, and how hypnosis is a useful process through which remembered narratives can be changed to support client growth;

identify and utilize two hypnotic interaction and intervention methods designed to alter clients'™ embodied narratives (i.e., their self-relationship-based memories);

apply memory change practices involving hypnotic intervention methods that alter clients'™ embodied narratives (i.e., their memories);

develop relational skills in attending to multiple expressions of memory aside from verbal expression of autobiographical memory, and to recognize them as opportunities through which hypnotically-informed change efforts can occur; and

modify their own preconceived ideas about memory in light of the evolutionary and interpersonal neurobiological framework presented in this workshop to enhance the clinical effectiveness of their work with their clients.

2:30 PM - 2:45 PM

Break

2:45 PM-5:45 PM

Fundamentals Of Clinical Hypnosis Workshop resumes

Refining Skills and treatment Applications Workshop resumes

T1: Integrating Hypnosis In a Relational Context resumes

T2: Insight-Oriented Hypnotherapy resumes

T3: A Proactive Response to the Opiate Prescription Crisis with Compassionate Patient Centered Care: Integrating Hypnotic Utilization, Neuroplasticity, and the Psychophysiologic Pattern resumes

TP2: An Extension Study Using Hypnotic Suggestion As An Adjunct To IV Sedation

Edward Mackey, Jr, PhD, MSN, ABHD, ABHN
3 CE/CME Credits

The effects of hypnosis/therapeutic suggestion in connection with intravenous sedation and surgery have been described in many clinical publications; however, few randomized, controlled, and blind studies have been performed in the outpatient area. This study aimed to evaluate the use of hypnosis/therapeutic suggestion as an adjunct to intravenous (IV) sedation in patients having 3rd molar removal in an outpatient setting. The patients were randomly assigned to a treatment or control group. The treatment group listened to a rapid conversational induction and therapeutic suggestions via headphones throughout the entire surgical procedure along with a standard sedation dose of intravenous anesthetic. The control group listened to only music without any hypnotic intervention. Intraoperative Propofol administration, patient postoperative pain ratings, and postoperative prescription pain reliever consumption were all significantly reduced in the treatment compared to the control group.

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

Identify common medications used in outpatient Intravenous sedation;

List three types of suggestions used in pre-recorded generalized inductions; and

List three areas where outpatient anesthesia may benefit from the inclusion of hypnotic suggestion as an adjunct to intravenous sedation.

YT2: Writing and Publishing Your Hypnosis Articles in the American Journal of Clinical Hypnosis (AJCH)

Stephen Lankton, MSW, FASCH, DAHB & David D. Reid, PsyD
(3 CME/CE)

Mr. Lankton is the editor of the American Journal of Clinical Hypnosis (AJCH); some of his teaching content may be derived from his experience as editor, and he receives financial remuneration as part of his position.

This workshop is most appropriate for participants who work in behavioral/mental health and medicine who may or may not work with medical/surgical patients and are at least 2 years post basic course who seek a balance of theory and experiential exercises. Also appropriate for Physicians, Nurses and Dentists.

People often consider the process of writing and publishing a formidable task. The purpose of this workshop is to familiarize clinicians, researchers, and students with the process of writing for publication in journals. The workshop will cover APA guidelines and style guidelines for articles submitted to the *American Journal of Clinical Hypnosis (AJCH)* and also how to properly use word processing commands for various style requirements. In addition, a real-time demonstration of how to electronically submit to *AJCH* via the publisher's *ScholarOne* submission portal. There will be time for participants' Q&A regarding specific questions on writing topics related to hypnosis including proper formulation of case studies, research, technique, and theory articles to help participants understand the proper choice of article format and strategies for formulating and writing their ideas.

Upon completing this session, the participant should be able to:

Provide specific illustrations and examples for proper formatting, APA style, and word processing including abstracts, titles, citations, references, and so on;

Describe the editorial and review process; and

Describe the types of articles that can be published.

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6:00 PM - 7:00 PM

Plenary #1: Relational Safety as the Treatment for Trauma and Pain: Polyvagal Contributions To The Countertransference Trance

Maggie Phillips, PhD

See page 11 for details

7:00 PM - 9:00 PM

Welcome Reception



Friday, 3/16/2018

6:30 AM ASCH Membership Meeting
 7:00 AM Continental Breakfast
 7:30 AM **Plenary #2: PTSD Treatment Guidelines and Clinical Care: The Significance of Relationship**
Christine Courtois, PhD, ABPP
 See page 11-12 for details
 8:30 AM Break

9:00 AM-12:00 PM

Fundamentals Of Clinical Hypnosis Workshop resumes
 Refining Skills and Treatment Applications Workshop resumes
 Power of Words Workshop begins
 Teaching and Consultation Workshop begins

F1: Hypnotic Strategies to Manage Relationship Factors in Psychotherapy

Elgan Baker, PhD, ABPH and Eric Spiegel, PhD
 5 CE Credits *Not eligible for CME for MDs/DOs.*

Relationship factors have long been identified as critical variables in the process and outcome of psychotherapy. This workshop will identify and explicate three major components of the therapeutic relationship and explore what each contributes to the therapeutic process: the transference, the non-transference, and the alliance. Dimensions of these factors will be related to iatrogenic regression, defense dilation, interpretation and insight, self-awareness and mentalization, enhanced observing ego functions affect regulation, and therapeutic change. Hypnotic strategies will be presented which are useful in evoking, focusing, modulating, enhancing, titrating, and utilizing each of these factors and this interaction for specific goals and outcomes in the therapeutic process. Strategies and techniques will be demonstrated through case examples and experiential exercises. Modifications and applications needed for patients at varying levels of structural maturity will also be discussed.

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

- Delineate the critical components of the therapeutic relationship; associate how these components influence process and outcome factors in psychotherapy; and utilize specific hypnotic strategies in the service of these goals;*
- Identify relationship factors which impact the therapeutic process and how to utilize each one for specific goals;*
- Describe the literature regarding relationship factors, and share applied examples;*
- Apply hypnotic strategies and techniques to evoke and modulate transference and non-transference factors to enhance the therapeutic process;*
- Alter hypnotherapeutic techniques to make them viable for patients at varying levels of characterological maturity; and*
- Recognize and manage specific resistances to the development of a positive therapeutic relationship.*

F2: The Role of Relationship Building in Palliative Care: Utilization in Service of Healing When Cure is Not Possible.

Daniel Handel, MD
 5 CE/CME Credits

Dr. Handel will provide this hands-on, skills-based workshop for advanced level participants interested in utilizing relationship to support patients with advancing, incurable, or terminal disease while training in hypnotic pain or symptom management strategies. Emphasis on language-based re-interpretations adds depth and specificity to selection of specific suggestions to speed responsiveness in therapy.

In palliative care, opportunities are often short in duration and filled with need and a sense of urgency. A focus on “just in time” suggestions, offered in naturalistic style, will be modeled in order to maximize opportunities for therapeutic suggestions during clinical encounters while also fostering hope, building trustful relationships, and encouraging positive reframes as possible.

This session will include didactic presentation, coupled with small group practice and script building

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exercises. Video presentations and demonstrations will be utilized to show specific techniques or examples of approaches. This session is intended to exemplify and expand on the conference themes of clinical utilization and the role of relationship in facilitating healing experience.

At the conclusion of this presentation, participants will be able to:
Identify patient cues and language patterns and utilize in order to build relationship, lessen resistance, and offer suggestion;
Learn to weave suggestion into preinduction and inductions so as to deepen and hasten response; and
Identify and utilize relational aspects of therapy to offer support, show respect, and encourage responsiveness.

F3: Hypnosis in the Treatment of Pathological Dissociation and the Dissociative Disorders

Richard Kluft, PhD

5 CE Credits *Not eligible for CME for MDs/DOs.*

Dr. Kluft is the author of a text from which some of his teaching content may be derived and for which he receives financial remuneration. These products will not be promoted or sold during this program.

With the exception of some instances of depersonalization and depersonalization disorder, the vast majority of dissociative symptomatology and dissociative disorders are posttraumatic hypnotic psychopathologies, requiring high hypnotizability as their substrate. Shame and damaged self structures are inevitable concomitants. Psychotherapies facilitated by hypnosis far outperform treatments that do not involve the use of hypnosis (Brand et al., 2016). This workshop will review the psychopathology of normal dissociation (absorption) gone awry, and dissociative identity disorder (DID), which encompasses the full spectrum of dissociative symptomatology. Thereafter it will review their treatment, with an emphasis on practical applications of hypnotically-enhanced interventions. Participants will learn over twenty specific interventions useful in the treatment of DID, with an emphasis on pacing, containment, abreaction, integration, and safe closure. The fractionated abreaction technique of trauma processing and the three truncations method of optimizing the ending of sessions will receive exceptionally detailed attention.

At the conclusion of this presentation, participants will be able to:
Employ over twenty techniques of intervention, methodologies to contain abreactions and end sessions with safety and stability;
List and describe the dimensions of fractionated abreaction and the three targets of truncation methods; and
Describe three methods to prevent decompensation, fragmentation, and regression, thereby reducing dropout rates and shortening the duration of treatment by drastic reduction of crises.

FA1: Understanding Subconscious Connectedness -- A Fundamental Personal Dimension with Practical Implications for Hypnosis Practitioners and Psychotherapists

Olafur Palsson, PsyD

3 CE Credits *Not eligible for CME for MDs/DOs.*

Some individuals have more ready access than others to the non-conscious or subconscious functions of their minds. This is a fairly stable individual trait that can be called subconscious connectedness. It has most typically been quantified by scores on hypnotizability tests, but these only provide a partial picture of subconscious connectedness. Other facets of it are reflected by measures of absorption, dissociation, fantasy-proneness, intuitiveness, creativity, and experiential cognitive orientation. This workshop will explain how measuring and understanding subconscious connectedness is both valuable for guiding therapy approach and useful for comprehending how different individuals experience and react to their lives very differently and need dissimilar things for success and comfort. Workshop participants gain an overview of multiple lines of research supporting the notion of subconscious connectedness as a fundamental human psychological dimension, and learn about the intriguing characteristics and implications associated with being high or low on that trait. Participants receive guidance in using the Thought Impact Scale, a newly validated questionnaire specifically developed for measuring this trait reliably and comprehensively, and receive permissions to utilize it in their clinical practice or research. They will also learn about, and receive copies of, several other clinically useful questionnaires that relate to subconscious connectedness.

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

*List at least five key characteristics typical of individuals high on the trait of subconscious connectedness;
Apply and interpret at least three questionnaires to measure different overlapping facets of subconscious connectedness;
Adjust their therapy approach based on different levels of subconscious connectedness of individual clients; and
Describe specific ways in which people high vs. low on subconscious connectedness experience everyday life differently.*

FA2: Defining Psychosomatic Illness Through Hypnosis

Joseph Zastrow, MD
3 CE /CMECredits

Medical care through the hypnotic lens provides a blurring of the lines between psyche and soma. This workshop will provide a didactic overview of this junction from a traditional allopathic provider viewpoint. A review of the neurobiologic, chemical messenger models, gut biome role and imaging studies will be highlighted. Clinical case examples will spotlight the hypnotic treatment of conditions once thought to be purely somatic by allopathic medicine. Time permitting there will be a demonstration of technique.

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

Identify conditions that were previously thought exclusive to allopathic physical medicine that are psychosomatic in nature;

Use hypnosis techniques to intervene in psychosomatic illness;

Change their conception of what a psychosomatic illness is; and

Shift from treating to caring for an individual through learned skills thus integrating mind-body-soul.

12:00 PM–1:30 PM

Lunch on your own

12:15 PM–1:15 PM

Everyone is invited to attend the Lunch Panel

Lunch with the Masters: Hypnosis & the Health Care Relationship

Cheryl Beighle, MD; Daniel Handel, MD; Alfred Clavel, Jr, MD, Laurence Sugarman, MD

Moderated by Ran Anbar, MD & Eric Spiegel, PhD

1.0 CE/CME

In this moderated discussion panel, we will explore how hypnosis and the treatment relationship intersect in health care settings. Our panel will discuss how the relationship influences the medical treatment process and outcome. We will consider how relational elements of hypnotic communication can positively influence treatment. Finally, panelists will discuss differential applications of relational elements of hypnosis across varying health care settings and patient characteristics.

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

Identify three different relationally-focused applications of hypnosis in health care treatment;

Integrate hypnosis with patient-centered medical care across varying settings; and

Understand how hypnotic communication in medical relationships influences treatment outcome.

1:30 PM-3:30 PM

Fundamentals of Clinical Hypnosis Workshop resumes

Refining Skills and treatment Applications Workshop resumes

Power of Words Workshop resumes

Teaching and Consultation Workshop resumes

F1: Hypnotic Strategies to Manage Relationship Factors in Psychotherapy resumes

F2: The Role of Relationship Building in Palliative Care: Utilization in Service of Healing When Cure is Not Possible resumes

F3: Hypnosis in the Treatment of Pathological Dissociation and the Dissociative Disorders resumes

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FP1: Milton Goes To Church And Other Places: Carrying The Hypnotically Informed Relationship With You

Jim Warnke

2 CE Credits *Not eligible for CME for MDs/DOs.*

This two hour advanced workshop will utilize didactic instruction as well as experiential modalities such as group hypnosis and individual hypnotic demonstrations so that participants can more extensively and with greater skill utilize specific aspects of the treatment relationship, the hypnotic relationship that exists both within and in parallel with the treatment relationship as a reservoir from which strategies of effective hypnotic communication and subsequent positive treatment outcomes will be mined.

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

Assess and attend to at least two relational elements so as to more adequately utilize them especially with regard to the hypnotic elements of the interaction;

Create at least three metaphors descriptive of the treatment relationship; and

Design and describe at least two (2) verbal or non-verbal hypnotic communications that elicit a positive clinical response.

YF1: The Hypnotic Induction Profile in Clinical Practice: A Measure of Hypnotizability and a Means for Exploring Personality Types and Relational Styles to Enhance the Therapeutic Alliance and Improve Clinical Outcomes

John Alexander, PhD

2 CE/CME Credits

With the advent of evidenced-based practices in medicine and psychology, hypnosis is gaining increasing acceptance as a valuable therapeutic modality. Before deciding to include hypnosis in a treatment plan, however, it behooves the clinician to first determine whether the individual has the requisite hypnotic responsivity to benefit from hypnotherapy. It is also important for the clinician to develop a basic understanding of the patient or client with the problem, in order to engage the individual most effectively in the treatment process.

The Hypnotic Induction Profile (HIP) is a brief and effective procedure for rapidly assessing hypnotic responsivity in clinical practice. What is less known is that an individual's performance on the HIP also provides insights into their personality type and relational style--how they relate to themselves and to the world around them--as well as their relative mental health and capacity to change. The purpose of this presentation is to demonstrate: (1) how the HIP is administered, scored, and interpreted to determine a patient or client's level of hypnotizability; (2) how findings from the HIP can help foster a therapeutic alliance with a patient or client by providing the clinician with insights into their personality type and relational style; (3) how a treatment strategy can be developed from these findings which is both aesthetically pleasing to the individual and compatible with their unique personal characteristics; (4) how findings from HIP can provide an estimate of an individual's overall mental health and capacity to change.

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

Explain the structure, organization, administration, scoring and interpretation of the Hypnotic Induction Profile as: a measure of hypnotizability; a means for inferring personality and relational styles; a source of information which may be used to more effectively engage with patients or clients and develop individualized treatment strategies; and an index of overall mental health and the capacity to change;

Describe the method of inducing hypnosis and scoring the HIP;

List the five sensorimotor tests that comprise the Induction Score 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 Score and the Profile Grade differ, and the relative advantages of each in clinical practice;

Describe how personality and interpersonal relational styles can be inferred from the capacity to experience trance as determined by the Eye-Roll Sign;

Define the three personality clusters associated with various parameters of trance capacity and how this information can be used to engage effectively with a patient or client and develop a treatment strategy that is aesthetically pleasing to their unique personality and relational style; and

Explain how hypnotizability is assessed, administered and scored with the HIP and how an individual's personality and relational style, mental health status and capacity to change can be inferred from their test results.

3:30 PM - 4:00 PM

Break

4:00 PM-6:00 PM

FP3: Relational Healing for Relational Injury in the Treatment of Trauma

Christine Courtois, PhD, ABPP

2 CE/CME Credits

Dr. Courtois is the author of several texts from which some of her teaching content may be derived and for which she receives financial remuneration. These products will not be promoted or sold during this program.

Traumatized individuals, especially those with histories of early childhood abuse and neglect and those who suffer extreme and cumulative forms of interpersonal trauma, often experience a wide range of posttraumatic difficulties. Many have their origins in disturbed and disrupted primary attachment relationships and the additive effects of other experiences of trauma. These layered trauma (often referred to as complex trauma), in turn, cause a complex response involving considerable psychological damage, both personally and interpersonally.

A therapeutic relationship is a primary intervention and context for distress of this sort, offering a secure base from which to examine and rework attachment difficulties, process the trauma, learn essential life and relational skills, and increase the capacity necessary for constructive relationships; however, developing a therapeutic relationship with traumatized patients offers numerous challenges. This presentation will identify relational issues that arise in this treatment and relational strategies for their identification and management. Ethics within the therapy relationship, vicarious trauma and countertransference responses and posttraumatic growth in the therapist will be discussed.

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

Identify three primary relational issues/themes in working with traumatized clients, especially those who were interpersonally traumatized;

Identify several ethical challenges that commonly occur in the treatment of trauma; and

Discuss three main countertransference themes that arise in the treatment of trauma.

FP4: Expanding the Possibilities of Self-Hypnosis: From the Medical to the Psychotherapeutic

Delle Jacobs, MSW, LICSW, LMFT and Cheryl Beighle, MD

2 CE/CME Credits

Self-hypnosis seldom gets the attention that hetero-hypnosis does whether we are talking about research or clinical practice. This workshop intends to explore and expand the possibilities of using self-hypnosis, both for oneself and in work with patients. We will review both the history of self-hypnosis and the literature.

Several brief applications like somatic anchors and use of the breath will be introduced. In line with brief interventions is the self-hypnosis application of creating "Mindsets," interventions aimed at shifting "states," moving from negative trance states to positive ones.

Becoming adept at your use of suggestive language allows you as a practitioner to mobilize this capacity that we think of as "being hypnotic," for yourself and your patients. Your patients can develop this ability for themselves as they experience suggestions that evoke change. We will engage in a discussion of how to become "hypnotic" in one's use of hypnosis.

Self-hypnosis is usually taught within the context of hetero-hypnosis. Frequent applications of self-hypnosis include pain management, anxiety, and symptom management. As a practitioner, developing a self-hypnosis protocol provides a framework within which to address individual patient issues. This workshop provides an opportunity to review and individualize a protocol. Applications to treatment issues will include use with anxiety, symptom management, surgical preparation and pain. These applications work in the spectrum of pediatrics to geriatrics. We will discuss developmental considerations when devising an individual protocol.

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Whether we are talking about a medical office or a psychotherapy office, the possibilities are abundant for building skills, yours and your patients, which empower them to improve their lives.

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

Explain and formulate a brief self-hypnosis intervention as well as a formal self-hypnosis protocol;

Demonstrate two skills in both brief self-hypnosis interventions as well as a formal protocol to be used with patients; and

Use a step by step guide for a self-hypnosis protocol and brief interventions from which they can assess patient appropriateness, protocol design, and personalizing it for their patient population.

FP5: Generation and Utilization of Spontaneous Trance During Motivational Interviewing

Barbara McCann, PhD

2 CE/CME Credits

Spontaneous trance during many intra- and interpersonal activities is widely acknowledged. This is particularly true of psychotherapy. Motivational Interviewing and its companion intervention, Motivational Enhancement Therapy, are patient-centered, empirically supported interventions that lend themselves to the generation of spontaneous trance. This workshop examines and highlights elements of the motivational interviewing spirit and style that optimize trance generation. Characteristics of spontaneous trance will be identified. Use of the MI session as an explicit hypnotic induction will be demonstrated, as will the more informal use of spontaneously trance during MI. Emphasis will be placed on using these strategies in primary care and medical specialty clinics, and in inpatient and outpatient settings, with examples drawn from each.

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

Recognize and articulate three key principles and attributes of Motivational Interviewing; and

Design hypnotic inductions and suggestions that utilize the core OARS skills of MI-open-ended questions, affirming, reflecting, and summarizing -- to enhance patient motivation to change;

7:30 PM

Board of Governors' Meeting (Open to the the ASCH membership)

Saturday, March 17, 2018

7:00 AM Continental Breakfast

7:30 AM Plenary #3: The Intersection of Hypnosis and Relational Psychoanalysis

Jeremy Safran, PhD

See page 12 for Details

8:30 AM Break

9:00 AM-12:00 PM

Fundamentals Of Clinical Hypnosis Workshop resumes
Refining Skills and Treatment Applications Workshop resumes
Teaching and Consultation Workshop resumes

S1: Zen, Hypnosis and Suffering

David Patterson, PhD, ABPH

3 CE/CME Credits

Dr. Patterson is the author of several texts from which some of his teaching content may be derived and for which he receives financial remuneration. These products will not be promoted or sold during this program.

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 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 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 the 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 light-hearted, with the instructor intending to provide growth experiences for the participants, while releasing his inner comedian.

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

Understand suffering both from human neurophysiology as well as from an Eastern Philosophy perspective; and Perform at least two 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;

SA2: Hypnosis Treatment for Irritable Bowel Syndrome (IBS) with the North Carolina Protocol: Update and Refresher

Olafur Palsson, PsyD

3 CE/CME Credits

Numerous ASCH members have used the North Carolina Protocol to treat individuals with IBS over the past 20 years. This workshop assumes familiarity with the protocol, and provides an update and refresher for therapists who are currently using the North Carolina Protocol or have used it in the past and would like to start doing so again. The workshop will cover: Overview of recent research on this treatment specifically and on hypnosis treatment for gastrointestinal (GI) disorders more broadly; the basics of what you must know about IBS to work with the disorder; evaluation of patients for IBS hypnosis treatment; key steps to maximize success with a scripted protocol; when and how to customize or augment the scripted treatment; applying modified versions of the protocol to treatment of inflammatory bowel disease, esophageal disorders,

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functional dyspepsia and functional chest pain; the latest best-practice guidelines for behavioral health professionals treating GI disorders; and how to measure outcomes easily and reliably.

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

Summarize the nature and characteristics of IBS;

Apply concrete practical methods to facilitate therapeutic impact of scripted hypnosis treatment in work with individual clients;

Adapt treatment with the North Carolina protocol when necessary to different GI disorders or symptoms; and

Describe the role of the brain-gut axis in IBS symptoms and IBS psychological treatment.

SA3: Resolving Therapeutic Impasses

Jeremy Safran, PhD

3 CE Credits Not eligible for CME for MDs/DOs.

This workshop will focus on the topics identifying and resolving both subtle and more dramatic therapeutic impasses. The emphasis will be on learning to engage patients in the process of collaboratively exploring complex interactions in the therapeutic relationship, and harnessing difficult countertransference feelings as a therapeutic tool. We will use a combination of lecture, discussion, video illustrations and role playing exercises for purposes of learning key principles, and acquiring and refining relevant therapeutic skills.

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

Identify and recognize common types of therapeutic impasses;

Attend to and reflect on their own internal experience as a source of clinical information;

Work constructively with both hostile and withdrawn patients;

Tolerate and work therapeutically difficult patient feeling such as anger, despair and bitterness; and

Explore, reflect on, and regulate their own distressing, painful and threatening countertransference feelings

SA4: Therapeutic Age Progression as a Corrective Emotional Experience

Moshe Torem, MD, ABMH

3 CE Credits Not eligible for CME for MDs/DOs.

Freudian psychoanalytic therapy has overemphasized the value of insight and exploration of the past as necessary elements needed for creating therapeutic change. This workshop will review the use of therapeutic age progression strategies as a powerful approach to bring about a corrective emotional experience and also transformational change in people's behaviors and symptoms. Hypnosis allows the patient to experience a desirable therapeutic outcome in the future, which is internalized on both a conscious and sub-conscious level. This experience also improves patient's confidence in themselves and their resilience in day to day living. Participants in this workshop will learn the use of future focused communication, suggestions, imagery, and a variety of age progression techniques with and without formal hypnosis.

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

Explain two ways integrating interventions involving a corrective emotional experience will set the foundation for a safe and stable therapeutic relationship; and

Formulate at least one future focused question and at least one therapeutic future focused imagery intervention as part of assessing a new patient.

SA5: Navigating The Treatment of Frustrating Illnesses Such As Fibromyalgia with the Use of Clinical Hypnosis and Healing Relationship

Harvey Zarren, MD

3 CE/CME Credits

The session will provide a framework for the use of Clinical Hypnosis in the treatment of conditions with poorly defined etiologies. Fibromyalgia will be used as a clinical example. Seven factors contributing to fibromyalgia will be presented as a framework for evaluation and treatment of patients/clients with fibromyalgia utilizing

Clinical Hypnosis and Healing Relationship. The session will include a biological context, behavioral context, information from the experience of the presenter, and information in how the framework can be utilized for other poorly defined conditions of chronic suffering that challenge healthcare practitioners of all kinds.

At the conclusion of this presentation, participants will be able to:
Construct a coherent evaluation of patients with poorly understood conditions such as fibromyalgia;
Apply the information provided to progressively create positive outcomes for patients/clients with unexplained conditions such as fibromyalgia; and
Utilize the information and framework presented to define, articulate and describe to patients/clients and colleagues new ways or the deepening of old ways of utilizing clinical hypnosis to create positive evolution in patient/client outcomes and to persistently point out to patients/clients that evolution, thus enhancing wellbeing and fostering hope.

12:00 PM - 1:30 PM

Lunch on your own

12:15 PM - 1:15 PM

Everyone is invited to attend the Lunch Panel

Lunch with the Masters: Hypnosis & the Psychotherapy Relationship

Elgan Baker, PhD, ABPH; Carolyn Daitch, PhD; Michael Diamond, PhD; Maggie Phillips, PhD;

Moderated by Eric Spiegel, PhD

1.0 CE Not eligible for CME for MDs/DOs.

In this moderated discussion panel, we will explore how hypnosis and treatment relationship intersect in behavior health care settings. Our panel will discuss how the relationship influences the treatment process and outcome. We will consider how relational elements of hypnotic communication can positively influence treatment. Finally, panelists will discuss differential applications of relational elements of hypnosis across varying health care settings and patient characteristics.

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

Identify three different relationally-focused applications of hypnosis in behavioral health care treatment;

Integrate hypnosis with patient-centered mental health care across varying settings; and

Understand how hypnotic communication influences treatment outcome.

1:30 PM-4:30 PM

Fundamentals of Clinical Hypnosis Workshop resumes

Refining Skills and Treatment Applications Workshop resumes

S1: Zen, Hypnosis and Suffering resumes

SP1: The Body's Mind: The Role of Relationship in Integrating Body and Mind in People with Psychophysiological Disorders

David Alter, PhD, ABPH

3 CE/CME Credits

Dr. Alter is the author of a text from which some of his teaching content may be derived and for which he receives financial remuneration. These products will not be promoted or sold during this program.

Long before there was a conscious mind and its partner "a self-aware brain" our bodies were incessantly engaged in conversations between and within the trillions of biological parts of which it is comprised. Self-regulation ruled the day. Unceasingly adjusting and adapting to the dynamics of the external world, the body was constantly activating, inhibiting, shifting, and sustaining its internal systems and elements in harmony with the surrounding and evolving outer environment. There is perhaps no more intimate relationship than the one involving our body's biological multi-dimensional dance of life. The emergence of our self-aware self, inextricably embedded in social relationships and actively shaped by various levels of custom and culture, brought with it new adaptive challenges. Some of these challenges manifest in the various forms of psychophysiological and somatization conditions that don't fit neatly into medical or psychological bins, but which are often the bane of both.

This half-day workshop is designed to provide the participant with a clearer appreciation of the relational interplay between our psychobiology and our social psychology as it plays out in various forms of psychophysiological and somatic distress and disorder. Using a combination of didactic presentation, group discussion, and experiential practices, participants will leave the workshop more able to utilize

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the interpersonal therapeutic relationship to influence the client's intrapersonal neurobiological relationships.

The interface of the embodied mind and the physical body are where psychophysiologic conditions (e.g., IBS or HA/migraine) and somatization conditions congregate. These conditions are a challenge to the health care system on many levels, including patient despair, provider exasperation, insurance benefit coverage and cost challenges, and vast sums of dollars reflecting the toll of disrupted or derailed personal functioning and workforce productivity losses. The nature of hypnosis and its use in the interpersonal context of the therapeutic encounter has much to offer in terms of restoring health to the client's body-mind relationship, facilitating healthier access to the self-system's inter- and intrapersonal resources.

The workshop has three primary aims. To: 1) Frame psychophysiologic and somatic symptom pattern expression as both literal and metaphorically expressed body-mind messaging that charts a path to healthier functioning. 2) Highlight the unique characteristics of the hypnotic relationship that support the harmonizing of dis-associated or dis-integrated aspects of the healthy self-system. 3) Demonstrate methods of working with individuals exhibiting psychophysiologic and somatization patterns using body-mind-oriented and hypnotically informed therapeutic interventions.

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

Exhibit a basic understanding of the pathways by which the body coordinates its activities that fall outside the awareness of the conscious mind;

Identify the processes by which non-conscious sensory perceptions make their way into conscious awareness, particularly through activation of symptom patterns in psychophysiologic and somatization conditions where the symptom patterns also function as somatic metaphors; and

Describe two ways the conscious mind gains access to somatic experience and constructs a self-narrative that can serve to sustain symptom patterns that are expressed as psychophysiologic or somatization patterns, and how to co-create collaborative methods for modifying those narratives.

SP2: Unconscious Communication and Clinical Hypnosis: A Psychoanalytically-oriented Case Consultation Group with Michael Diamond

Michael Diamond, PhD

3 CE Credits Not eligible for CME for MDs/DOs.

This consultation-based workshop will focus on case material presented by the group's participants. The instructor, in line with his plenary presentation centering on the interactive nature of clinically effective psychotherapeutic hypnosis, will facilitate learning to make use of "unbidden" occurrences in one's own mind during the hypnotically-augmented psychotherapeutic process. Participants should be prepared to present short clinical vignettes that indicate some stalemate or difficulty in the treatment. Several case examples will be considered during the workshop. The group will be limited in size and is suitable for practicing therapists.

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

Differentiate between countertransference and the therapeutic utilization of the therapist's subjective reactions that can facilitate understanding the patient and thereby help in formulating effective hypnotically-oriented interventions; Develop their skills in utilizing unbidden occurrences within their own mental experience during therapeutic sessions, including within the hypnotic dyad itself;

Identify steps to making use of unconscious, often non-verbal communications within their therapeutic dyad;

Plan more successful suggestions and interventions that arise from experiences of the patient, the therapist with the patient, and the uniquely co-created "third" within the patient-therapist dyadic field; and

Distinguish the impact of hypnotically-based suggestion, evocation, and containment as well as the maternal and paternal factors underlying these interventions.

SP3: Staying the Course in Treatment: the Evolution of the Provider-Patient Relationship

Carol Ginandes, PhD

3 CE Credits Not eligible for CME for MDs/DOs.

Increasingly, the provider-patient relationship has been recognized as a potent factor in determining treatment outcome no matter which therapeutic modality is utilized. Whether psychodynamic, behavioral or medical. In psychodynamic therapy, the treatment relationship field is paramount

whereas in cognitive behavioral treatment, relational aspects of therapy are often overlooked in the service of strategic skill acquisition. The literature pertaining to provider-patient relationships will be overviewed. Within the area of clinical hypnosis, the practitioner, working across a wide range of psychological and medical applications, is often called upon to wear different relational hats such as when working in short or long-term treatment, doing psychodynamic uncovering and processing, behavioral change work, or bedside medical hypnosis. The presenter will offer a conceptualization of the different aspects of the hypnotherapeutic relationship as it manifests in different treatment contexts and in different stages of a phase-oriented intervention. Then, per the specialty expertise of the presenter, we will take a closer look at the construct of the therapist-as-healer in mind/body hypnosis so as to participate more effectively in the therapeutic dyad. Participants will become aware of toxic versus helpful verbalizations and will learn how to recognize communications that foster self-esteem, mastery, optimism and self-healing. Learning modalities includes didactic presentations, casework examples, and experiential exercises. Participants are encouraged to bring a case from their own clinical practice to examine through the lens of the hypnotherapy relationship.

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

*Recognize the normative manifestations of the hypnotic state as it appears in patients undergoing medical diagnosis, workups, procedures and treatments both medical and psychological;
Differentiate toxic versus health-supporting that foster self-esteem, mastery, optimism and self-healing; and
Articulate the role of the patient-provider relationship in mediating self-care, treatment regimen adherence, and healing progress;*

SP4: Enhancing Hypnotic Elegance: The Interplay of Rhythms, Spaces and Suggestions

George Glaser, MSW

3 CE Credits Not eligible for CME for MDs/DOs.

This is a workshop designed for professionals who wish to learn more about the relational aspects of hypnosis through attention to language and rhythms. The presenter will help you learn to listen in ways that capture the poetic imagery of a client's difficulties, and how to use language to utilize and create transformational therapeutic openings to the unconscious aspects of mind.

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

*Describe two rhythmic elements present in a practice participant's description of a problem experience or state;
Develop a poetic response to a practice participant's description of a problem experience or state; and
Use at least two methods taught in the workshop to create a poetic response to a client's problem presentation*

SP5: Ethical Decision Making Pt2

Joel Marcus, PsyD; Lane Wagaman, EdD; Marc Oster, PsyD, ABPH

3 CE/CME Credits

See Page 24 for details

SP6: Joining a Threesome? The Joys and Pitfalls of Adjunctive Therapy with Hypnosis

Sharon Spiegel, PhD; Sheryl Daniel, PhD; Carolyn Daitch, PhD; Stephen Kahn, PhD

3 CE Credits Not eligible for CME for MDs/DOs.

Dr. Daitch is the author of several texts from which some of her teaching content may be derived and for which she receives financial remuneration. These products will not be promoted or sold during this program.

Clinicians who utilize hypnosis in their practices are frequently approached with requests to participate in the care of patients who are currently in treatment with a primary psychotherapist. There is little research to guide the clinician on when and how to enter in such a relationship. In view of the fact that each patient-clinician pairing is unique, the relational issues are far more complex when there are three participants. This is particularly true in view of the special hypnotic relationship that develops. This panel of four seasoned therapists (Drs. Spiegel, Daitch, Daniel & Kahn) will discuss these issues, share their experiences, and highlight both the advantages and the potential problems inherent in this triad. We will address the special challenges in such arrangements including appropriate assessment, how to minimize conflict, and how best to structure adjunctive work to maintain ethical practices.

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Participants will have a clearer sense of the important variables to focus on in deciding whether to enter into this arrangement. They will be able to identify which requests for therapy with hypnosis are more likely to lead to conflictual situations or problematic outcomes. Participants will articulate ways to develop relational and communication strategies with primary therapists that support both the adjunctive work and the primary therapeutic relationship. Attendees will recognize how to assess the effectiveness of the ongoing triangular relationship.

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

Articulate ethical practices as they apply to alliances with both a patient and a primary psychotherapist;

Assess requests for adjunctive clinical hypnosis from therapists and patients;

Recognize referrals that are best avoided Develop strategies for managing unrealistic expectations;

Define roles of each of the therapists in the initial therapeutic contract;

Evaluate when it is best to decline referrals for adjunctive hypnosis;

Construct treatment plans that respect both the patient's needs and the integrity of the primary therapy;

Develop a framework for responding to requests for adjunctive therapy with hypnosis; and

Define roles of each of the therapists in the initial therapeutic contract.

5:00 PM - 6:00 PM

Plenary #4: Dreamers, Schemers, Moonbeamers and Redeemers: Psychoanalytic Musings on the Benevolent Allure and Therapeutic Action in Hypnotically-augmented Psychotherapy

Michael Diamond, PhD

See page 13 for details.

6:00 PM

Cocktail reception

7:00 PM

Awards Banquet followed by entertainment

*Grab your love beads, your old forty-fives
Dust of your bell bottoms, for a party that jives
Let's recall the good times, the memories that last
Join on Saturday, March 17th
for a blast from the past!*



Sunday, March 18, 2018

7:00 AM Continental Breakfast
7:30 AM Plenary #5: The Healing Impact Of Relationship In Palliative Care: In Trance, Out Of Trance, Upon Trance
Daniel Handel, MD (1.0 CE/CME)
 See page 14 for Details

8:30 AM Break

9:00AM -10:30 AM
 Fundamentals Of Clinical Hypnosis Workshop resumes
 Refining Skills and Treatment Applications Workshop resumes

D1: Hypnosis, Connection, and Empowerment for Trauma Recovery

Louis Damis, PhD, ABPP
 3 CE/CME Credits

Participants completing this workshop will be able to readily initiate stabilization work with individuals presenting with PTSD, Complex Trauma, Ego-State Disorders, and Dissociative Disorders. They will be able to apply a comprehensive stabilization approach that repairs primary trauma damages and empowers trauma processing/integration. Overall, attendees will be able to select hypnotic interventions for management of common trauma presentations and sequence these strategies in a comprehensive phase-oriented manner.

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

*Describe five dimensions of the impact of trauma and neglect;
 Describe a phase-oriented approach to the treatment of trauma, identify the fundamental psychological damages of trauma, and apply three hypnotic techniques for repair of these primary damages;
 Identify and apply three hypnotic techniques that foster therapeutic attunement and connection in promotion of individualized change in the context of a mastery-oriented permissive approach; and
 Explain the Polyvagal Theory and describe a method for activation of the ventral vagal complex for emotional regulation.*

D2: Building Relationships, Enhancing Quality of Life, and Empowering Cancer Patients with Self-Hypnosis Groups

Holly Forester-Miller, PhD
 3 CE/CME Credits

After this workshop participants will have a basic knowledge of structuring psychoeducational groups to develop supportive relationships while teaching self-hypnosis skills. Participants will leave with many specific techniques and suggestions that they can take back to their office and immediately utilize with cancer patients to help enhance the patients quality of life. Additionally, participants will be able to teach patients a variety of approaches to self-hypnosis. This tool is empowering for cancer patients who often find themselves in overwhelming situations and may at times feel helpless. Participants will also have an outline for offering self-hypnosis training to cancer patients in a group format.

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

*Describe the foundations of setting up a self-hypnosis group that builds effective relationships;
 Teach at least two quick and easy self-hypnosis techniques to cancer patients;
 Describe two hypnotic phenomena can assist cancer patients and be able to utilize them with three of the issues and challenges patients face; and
 Facilitate a patient developing his/her own healing images hypnotically.*

D3: Uses of Altered States of Consciousness Experiences Related to Spiritual and Religious Aspects of Skin and Skin Disorders

Philip Shenefelt, MD, ABMH
 3 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

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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. Uses of spiritual and religious interactions with various skin disorders such as psoriasis, leprosy, and vitiligo are discussed.

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

Explain the connection between altered states of consciousness and spiritual and religious experiences;

Describe the research on how induction of altered states of consciousness may lead to spiritual or religious experiences;

Recognize the culturally specific contexts in which the spiritual and religious experiences occur;

Discuss the molding influences of culture and language on spiritual and religious experiences;

Describe the interaction between skin and psyche and their spiritual and religious dimensions;

Present the interaction between skin and psyche and how that influences spiritual and religious perceptions;

Assess the influence of spiritual and religious dimensions on personal and cultural ramifications of skin disorders; and

Describe how spiritual and religious beliefs influence perceptions about skin disorders and how that affects individual patients.

D4: Clinical Hypnosis is Changing Our Minds

Laurence Sugarman, MD, ABMH; David Alter, PhD, ABPH; David Reid, PsyD

3 CE Credits Not eligible for CME for MDs/DOs.

Dr. Sugarman is the author of several texts from which some of his teaching content may be derived and for which he receives financial remuneration. These products will not be promoted or sold during this program.

Dr. Alter is the author of several texts from which some of his teaching content may be derived and for which he receives financial remuneration. These products will not be promoted or sold during this program.

Our rapidly evolving science of mind challenges traditional models of hypnosis. The great news is that evidence from psychobiology's growing edge adds relevance to clinical hypnosis in healthcare. The bad news is that our professional hypnosis training models are increasingly outmoded. Linear teaching and practice of induction-deepening-suggestion-alerting grows restrictive in light of the innovative and complex dynamics of change that each individual brings to the encounter. The foundational roles of novelty and embodiment in driving psychobiological plasticity favors person-centered evocation over prescriptive practice. When trance starts on the way to the office, aren't formal inductions distractions? Do we attempt to fit people into diagnosis-driven interventions or do we creatively co-explore symptoms as emergent phenomena of obscure and evolving biopsychosocial systems? When all of us are endowed with novel capacities for changing our own minds, doesn't hypnotizability reduce to rapport? In recent works, Hope & Sugarman (2015), Reid (2016), Alter & Sugarman (2017), and Hill & Rossi (in press) proposed psychobiologically valid models of hypnosis, training and practice. Central to these is a relational shift in the role of clinician: from prescriptive therapy director to collaborative evocateur. In this workshop, we will: (1) discuss and practice relational clinical skills on the evolving edge of hypnosis; (2) develop the language of plasticity; (3) respond to clients' spontaneous trance cues with new possibilities. We will be evocateurs of wonder, novelty and joyful uncertainty. Interested in changing your mind about how to help others change theirs? Join us.

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

Discern client-initiated cues that indicate trance processes;

Respond to those processes in ways that cultivate curiosity, appreciation, and pursuit of novelty;

Recognize that hypnosis skills are far more accessible and practical without inductions; and

Balance diagnosis-driven therapeutic strategies with person-centered heuristics for change.

DA1: Hypnosis and Psychoanalysis: Twelve Steps Toward Mutual Enrichment -- Toward Recapturing Squandered Opportunities

Richard P. Kluft, MD, PhD

1.5 CE Credits *Not eligible for CME credits*

Sigmund Freud's psychoanalysis emerged from his study of the work of Bernheim, Liebault, and Charcot with the "Grand Hysterics" in fin de siècle France, and his work with Josef Breuer in Vienna. In short order Freud repudiated hypnosis, the importance of dissociation, and the role of trauma in the etiology of the "Grand Hysterics," or what modern psychiatry has termed the dissociative disorders. Most proponents of psychoanalysis have considered Freud's transition away from a psychology of dissociation and constitutional differences in the strength of individual's "mental cohesion." They see his movement toward a psychology of active conflict and defense, resistance analysis, unconscious motivations and fantasies, and the therapeutic use of transference analysis as well-grounded and progressive scientific advances. However, neither the attacks by psychoanalysis on hypnosis nor the attacks from hypnosis against psychoanalysis hold up well when subjected to serious scrutiny. Freud's rationales for abandoning hypnosis and the classic psychoanalytic rationales offered in support of his stances reveal startling failures of both accuracy and logic. For a century and a quarter, psychoanalysis and hypnosis have developed in a manner that has precluded either a circumspect reconsideration of the schisms that once divided them or the rationales used to justify this ongoing separation. For example, both psychoanalysis and hypnosis appear to have forgotten that Freud's instructions for free association are replete with both suggestions and visual imagery. They bear the clear markings of the world of hypnosis he claimed to have left behind. This workshop will begin with a brief review of the curious decisions and logical failings often presented as wise and scientific rationales for these curious circumstances. Thereafter it will explore twelve specific ways in which knowledge from the field of hypnosis can be used to enhance the power of psychoanalysis, and twelve specific ways in which knowledge from the field of psychoanalysis can be used to enhance the power of hypnosis.

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

List twelve ways hypnosis can enrich psychoanalysis, and vice-versa;

List three arguments in favor of abandoning hypnosis that are without scientific or clinical foundation; and

Describe the intellectual climate among scientists in fin de siècle Europe that promoted Freud's many radical changes in his paradigms of choice between 1890 and 1900.

10:30 AM - 11:00 AM

Break

11:00 AM-12:30 PM

DA2: Incorporating Humor and Laughter into the Treatment Relationship

Linda Thomson, MSN, APRN, ABMH, ABNH

1.5 CE Credits *Not eligible for CME for MDs/DOs.*

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. These products will not be promoted or sold during this program.

Rapport is the single most important variable in the success of hypnosis. Incorporating humor and laughter into the relationship can have a beneficial effect on the therapeutic alliance between clinician and patient. Humor therapy promotes spontaneous therapeutic patient laughter. Laughter has positive, quantifiable effects on certain aspects of health. Scientific research has shown that laughter may have both preventive and therapeutic value both physiologically and psychologically. This workshop will include a discussion of the theories of the function of humor and the benefits of laughter. The beneficence of mirth in our own self-care will also be addressed. Participatory laughter will be encouraged.

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

Describe three theories for the function of humor;

Name four positive effects of laughter;

Describe how to incorporate humor and laughter into clinical work; and

Articulate a plan to include humor and laughter in self-care practices.

12:30 PM - Workshop Concludes