



**American Society of Clinical Hypnosis – Education and
Research Foundation**

2021 Annual Scientific Meeting and Workshops

March 4-7, 2021 – Omni Hotel Jacksonville

Jacksonville, FL

Submission site opens: Wednesday, May 13, 2020

Submission Deadline: Monday, June 22, 2020

CALL FOR SUBMISSIONS

“Bypassing the Conscious Mind”

This meeting’s theme includes plenary sessions scheduled around neuroscience/consciousness interface, how we process and store information, psychoimmunology, the use of “awake” hypnosis, creating neuroplasticity using hypnotic techniques (especially in terms of pruning traumatic/negative memory pathways to create a new sense of wholeness, hardiness and resilience).

SUBMISSIONS FOR ADVANCED WORKSHOPS

The 2021 Annual Scientific Meeting and Workshops Program Committee invites proposals for presentations, panels, and workshops of 90-minute or 3 hour lengths. **Content categories related to the theme are given first priority during the review process.**

Additionally, submissions on a wide range of topics pertinent to hypnosis will also be considered.

Examples include:

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| ❖ Alert hypnosis | ❖ Ego-state therapy | ❖ Music in Hypnosis |
| ❖ Alternative treatment approaches | ❖ EMDR | ❖ Pain management |
| ❖ Behavior modification | ❖ Energy psychology | ❖ Performance enhancement |
| ❖ Biofeedback | ❖ Gender issues | ❖ Pediatric Trauma |
| ❖ Cancer | ❖ Geriatric care | ❖ Poetry in Hypnosis |
| ❖ Cardiac care | ❖ Habit change | ❖ PTSD |
| ❖ Child/adolescent health and development | ❖ Hypnoanalysis | ❖ Sexual dysfunction |
| ❖ Creative Movement in Hypnosis | ❖ Hypnosis and CBT | ❖ Sleep disorders |
| ❖ Dental applications | ❖ Hypnosis and family therapy | ❖ Spirituality |
| ❖ Developmental disabilities | ❖ Integrative treatments | ❖ Surgeries |
| ❖ Eating disorders and weight control | ❖ Medical applications | ❖ Trauma |
| | ❖ Mindfulness | ❖ Traumatic Brain Injury |
| | ❖ Mood disorders/anxiety | ❖ Use of technology with clinical hypnosis |
| | ❖ Multicultural issues | |

Advanced Workshop proposals must contain language that clearly informs participants if an experiential learning component will be a part of the presentation, and describe the form that it will take (e.g., group hypnosis, individual demonstration, etc.) and/or clinical practice as well as previous evaluations of the presenter’s work. In addition, a clear statement of educational objectives and a concise abstract will add to the presentation’s acceptability. Important items include:

1. Relevance to program theme.
2. Relevance to clinical practice.
3. Clarity of educational objectives.
4. Specificity of description of target audience.
5. Research verifying approach through at least 3 different studies.

Advanced Workshop Co-Chairs:

Philip R. Appel, PhD

Linda R. Thomson, MSN, APR, ABMH, ABHN

Joseph F. Zastrow, MD

IMPORTANT INFORMATION FOR ALL SUBMISSIONS:

(A) Continuing Medical Education (CME) Credits

It is the desire of the Program Committee that all submissions strive to meet the requirements for CME approval, though they understand that not all presentations are applicable to a medical setting.

For submissions that you wish to be considered for Continuing Medical Education (CME) approval there must be clearly identified content that addresses the needs of professionals in the medical fields in both the abstract and learning objectives of your submission. Individuals submitting workshop proposals should be prepared to outline their strategy for presenting this medical content in the submission.

If CMEs will be offered for your workshop/presentation you must list specific objectives addressing knowledge, skills, and practice gaps/needs for medical professionals. These should include information and skills gained, and practice changes expected to occur and which are appropriate for this group. These can also include ways that the information and skills will help medical professionals diagnose and refer patients with the specific problems presented. The presentations and workshops must then include information and/or skills to meet these objectives. Examples of quality learning objectives may be found in section B.

Not all presentations accepted will be approved for CME credit.

(B) Learning Objectives

In order to adhere to ASCH Standards of Training, all submissions must be accompanied by at least 4 quantifiable learning objectives.

How to write quality learning objectives:

Objectives describe the behavior of the learner, and:

- are stated clearly;
- define or describe an action; and
- are measurable, in terms of time, space, amount, and/or frequency.

Quality learning objectives should:

- Describe the information, skills, behaviors, or perspectives participants in the session will acquire through attendance and participation;
- Clearly identify the outcomes or actions participants can expect to demonstrate as a result of the educational experiences; and
- Identify how they relate to changes in a clinician's practice and how they hope to accomplish that.

Learning objectives should address not only what the learner will learn but also how what they learned will affect change in their performance in practice thus changing patient care. Write learning objectives that relate to these outcomes and that reflect the content of the session.

Please make certain the learning objectives are quantifiable and measurable:

DO NOT USE *understand, to learn, know, appreciate, become aware of, and become familiar with* in your objectives, as they are not measurable.

Examples of Acceptable Measurable Action Words:

Analyze, Apply, Articulate, Assess, Create, Critique, Compare, Compile, Construct, Compute, Define, Describe, Design, Develop, Discuss, Differentiate, Demonstrate, Evaluate, Explain, Formulate, Identify, List, Name, Plan, Prepare, Predict, Prioritize, Rate, Recite, Recognize, Revise, Select, Use, Utilize, Write

Examples of quality learning objectives

At the conclusion of this workshop participants will be able to:

- Construct 3 metaphors appropriate for pain management
Quantifiable outcomes
- Deliver hypnotic interventions to patients in an original manner
Addresses how is this presentation is changing the participants practice
- Articulate and practice ego-state therapy as a new method of treatment
New skills attainment

Other examples of quality learning objectives:

1. Generate realistic treatment plan based on patient's physical and mental health status.
2. Identify the difference between system and symptom treatment goals.
3. Formulate a strategy or schema for hypnotic management of acute and/or chronic illnesses.
4. Identify at least 3 distinct physical symptoms that may be amenable to hypnotic interventions for palliation of symptoms.
5. Described and/or articulate 3 distinct hypnotic strategies for pain management.
6. Articulate at least 1 specific area where hypnosis for medical issues is inappropriate/unethical under current scope of practice.

(C) References

All scientific research referred to, reported or used in continuing education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

All the recommendations involving clinical medicine in a continuing education activity must be based on evidence that is accepted within the profession of health care as adequate justification for their indications and contraindications in the care of patients.

All proposals must include at least four relevant references from published literature in peer-reviewed journals. Each reference should be designated by its primary level of evidence according to the following criteria:

Examples:

Level 1 - Based on randomized control trials

Marc, I. (2008). "Hypnotic analgesia intervention during first-trimester pregnancy termination: an open randomized trial." American Journal of Obstetrics and Gynecology 199(5): 469.e461-469.

Mackey, E. F. (2010). "Effects of hypnosis as an adjunct to intravenous sedation for third molar extraction: a randomized, blind, controlled study." The International Journal of Clinical and Experimental Hypnosis 58(1): 21-38.

Level 2 - Based on non-randomized case series and studies

Berger, M. M. (2009). "Impact of a pain protocol including hypnosis in major burns." Burns: Journal of the International Society for Burn Injuries.

Level 3 - Based on expert opinion

Watkins, J. G. (2009). "Hypnosis: seventy years of amazement, and still don't know what it is!" The American Journal of Clinical Hypnosis 52(2): 133-145.

Presenters are expected to cite Level 1 evidence directly relating to the proposal if it is available. They should also indicate that every effort has been made to provide workshop participants with the highest quality evidence-based practices.

Commercial Content

The content or format of a continuing education activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest. From time to time, presentations may be built around a specific strategy, modality, or application. In order to comply with accreditation requirements, education content must give fair weight and time to similar strategies, modalities or applications.

Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

For example, if a presentation is developed to discuss one modality for ego strengthening then the content must also reference similar modalities and research.

(D) Promotional Activities

There can be NO promotional references/activities on the educational floor or within educational content.

Faculty members are not to refer by name to books, CD, DVD or any other commercial products that may be available for purchase during a presentation or on the educational floor as this is considered promotional activity.

Faculty members may also not encourage attendees to make purchases of any specific products or services.

They may only refer to the content within those items as it applies to the topic of the discussion.

(E) Financial Disclosure & Conflict of Interest

Faculty must disclose all financial relationships with any commercial interest during a 12-month period to the continuing education provider. It is the responsibility of the provider to evaluate relevance of the relationships for any conflicts of interest.

FINANCIAL RELATIONSHIPS

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

ASCH-ERF focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ASCH-ERF has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. ASCH-ERF defines “‘relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

With respect to personal financial relationships, “contracted research” includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

This includes financial relationships of a spouse, partner or significant other to any individual involved in the development, planning, approval or execution of an ASCH educational program. For this purpose, we consider the relevant financial relationships of your spouse, partner or significant other that you are aware of to be yours.

Definition of a Commercial Interest

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not considered to be commercial interests - unless the provider of clinical service is owned, or controlled by, a commercial interest as defined below.

Within the context of this definition and limitation, ASCH-ERF considers the following types of organizations to not be commercial interests.

- 501-C Non-profit organizations
- Non-healthcare related companies
- Health insurance providers
- For-profit hospitals
- For-profit nursing homes
- Diagnostic laboratories
- Government organizations
- Liability insurance providers
- Group medical practices
- For profit rehabilitation centers
- Blood banks

Circumstances create a conflict of interest when an individual has an opportunity to affect CME/CE content about products or services of a commercial interest with which he/she has a financial relationship.

CONFLICT OF INTEREST

A conflict of interest exists in any situation where a person having official responsibilities for the society has been empowered to make decisions on behalf of the organization and who, as a result of that power, can potentially benefit personally, directly or indirectly, from an entity or person conducting business with the society. Examples of possible conflicts of interest include, but are not limited to:

1. The society representative’s personal business provides goods or services to the society for consideration (that is, for some kind of payment).

2. A friend or relative of the society representative provides goods or services to the society for consideration.
3. A vendor or business acquaintance with whom the society representative has an outside business relationship provides goods or services to the society for consideration.
4. The society representative receives a referral fee or preferential discount, gift, or other valuable consideration from a vendor, a promoter, fundraising event sponsor, or any other outside party, for referring society business to such party.

All potential conflicts of interest or financial relationships, no matter how small or seemingly insignificant, and whether only in appearance are to be reported to the ASCH Education Committee prior to engaging any educational planning, execution or follow up.

If you have any questions regarding financial relationships or conflicts of interest, contact Kathy Matousek, ASCH Education Manager at +1-630-980-4740 or education@asch.net.

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