POW
Power of Words:
Effective Clinical Communications
The participants of this workshop will learn how to use hypnotic healing language to promote positive expectations, allay anxiety and fears and create a more comfortable environment for their patients. Establishing rapport and using hypnotic language and carefully crafted suggestions can have a profound impact on the autonomic nervous system and the brain creating both physiological and psychological changes. The participants will also gain an understanding of how they can help themselves and their patients by utilizing self-hypnosis.

**Eligibility:** Open to all licensed or nationally certified health care professionals and medical, nursing, psychology, and dental students.

**Registration Information:** For licensed or certified healthcare professionals holding lower than a Masters’ degree and graduate students in accredited graduate health care programs, the registration rate for this event is $99.

Licensed health care professionals with a Masters’ degree or higher who are attending the Annual Meeting as an Advanced attendee may choose to attend this program as a single day advanced workshop or within the structure of your annual meeting selections.

**Continuing Education:** Participants must attend all 6 hours of this program and complete a participant evaluation to obtain credit. No partial credit will be awarded.

*This activity has been submitted to the American Holistic Nurses Association for approval to award contact hours. The American Holistic Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.*

*Approval for contact hours through the American Holistic Nurses Association (AHNA) is based on an assessment of the educational merit of this program and does not constitute endorsement of the use of any specific modality in the care of clients.*

The association accepted no commercial support to subsidize this educational event. Unless otherwise indicated, parties involved in the development, planning or execution of educational content - faculty, staff or committee members - do not have any financial relationships or conflicts of interest to disclose.

*Ms. Thomson is the author of books and audio visual products, 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.*

---

**Friday, March 15, 2018**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td><strong>Benefits of Learning Hypnotic Healing Communication (Deb Nesbitt)</strong></td>
</tr>
<tr>
<td></td>
<td><em>At the conclusion of this presentation, attendees will be able to:</em></td>
</tr>
<tr>
<td></td>
<td>1. Outline 2 benefits of hypnosis;</td>
</tr>
<tr>
<td></td>
<td>2. Identify 2 ways hypnosis improves outcomes; and</td>
</tr>
<tr>
<td></td>
<td>3. Cite 2 ways hypnosis is cost effective and evidence based.</td>
</tr>
<tr>
<td></td>
<td><strong>Differentiate Between Hypnosis Fact &amp; Fiction (Deb Nesbitt)</strong></td>
</tr>
<tr>
<td></td>
<td><em>At the conclusion of this presentation, attendees will be able to:</em></td>
</tr>
<tr>
<td></td>
<td>1. Explain at least 2 definitions of hypnosis;</td>
</tr>
<tr>
<td></td>
<td>2. Recognize the individual parts of hypnosis; and</td>
</tr>
<tr>
<td></td>
<td>3. Debunk at least 2 myths of hypnosis.</td>
</tr>
<tr>
<td></td>
<td><strong>Rapport Building (Judy Thomas)</strong></td>
</tr>
<tr>
<td></td>
<td><em>At the conclusion of this presentation, attendees will be able to:</em></td>
</tr>
<tr>
<td></td>
<td>1. Demonstrate 4 components of rapport building.</td>
</tr>
<tr>
<td>12:00 pm</td>
<td><strong>Lunch on your own</strong></td>
</tr>
</tbody>
</table>

---
Power of Words: Effective Clinical Communications Workshop

1:30    Review How Stress and Pain Affect Body Systems (Linda Thomson)
       At the conclusion of this presentation, attendees will be able to:
       1. Identify areas of the brain involved in the pain experience;
       2. Explain the stress response; and
       3. Identify the areas of the nervous system involved in the pain experience.

Identify How Hypnotic Language Affects Brain Pathways Involved in Stress and Pain (Linda Thomson)
       At the conclusion of this presentation, attendees will be able to:
       1. Discuss how hypnotic healing language affects the body to reduce stress.

Differentiate Between Effective & Ineffective Communication Strategies (Linda Thomson)
       At the conclusion of this presentation, attendees will be able to:
       1. Identify negative suggestive behavior and vocabulary during medical/dental encounters;
       2. Develop alternative appropriate hypnotic language for medical/dental procedures and tests;
       3. Discuss components of effective suggestions;
       4. Differentiate between direct suggestions and indirect suggestions; and
       5. Demonstrate 4 hypnotic techniques.

3:30 Break

4:00 Specific Applications of Hypnotic Healing Communication (Thomson, Thomas, Nesbitt)
       At the conclusion of this presentation, attendees will be able to:
       1. Explain 8 applications of hypnotic healing communication.

Self-Hypnosis (Thomson)
       At the conclusion of this presentation, attendees will be able to:
       1. List at least three benefits of using self-hypnosis

5:00 Q&A, Evaluations

5:30 Adjourn

For more information or to register online, visit the ASCH website at www.asch.net.
The Power of Words: Effective Clinical Communication

Disclosure Statement

- The association accepted no commercial support to subsidize this educational event, nor does any party involved in the development, planning, or execution of educational content – faculty, staff or committee members – have any financial relationships or conflicts of interest to disclose unless otherwise noted below.

- Debora L. Nesbitt, ARNP & Judith A. Thomas, DDS have no financial relationships or COI to disclose.

- Linda Thomson, MSN, CPNP – author of 2 books on pediatric hypnosis, creator of a CD set for surgery patients who wish to use hypnosis as an adjunct to anesthesia during their surgery, from which much of her teaching content is derived and for which she receives financial remuneration.

- Criteria for successful completion includes attendance at entire event and completion and submission of evaluation form.

Accreditation Statement

This continuing nursing education activity was approved by the American Holistic Nurses Association (AHNA), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Approval for contact hours through the American Holistic Nurses Association (AHNA) is based on an assessment of the educational merit of this program and does not constitute endorsement of any specific modality in the care of clients.
The Power of Words: Effective Clinical Communication

General Objectives

- Discuss benefits of learning hypnotic healing communication to use with patients
- Differentiate between hypnosis fact and fiction
- Review how stress and pain affect body systems
- Identify how hypnotic language affects brain pathways involved in stress and pain
- Demonstrate 4 components of rapport building
- Discuss at least 8 applications of hypnotic healing language
- List 3 benefits of self-hypnosis

Benefits of Learning Effective Clinical Communication Using Hypnotic Language

Benefits of Learning Effective Clinical Communication & Self-Hypnosis Techniques

- Allows patients to learn techniques for self-healing
- Helps to stabilize vital signs
- Effective method to soothe and comfort patients
- Increases rapport and trust
- Decreases fear and mistrust
- Helps develop creative solutions for difficult patients and problems
- Helps practitioner to relieve stress and increase energy
- Cost effective
Important to Remember

Patients and their families entering a hospital or clinic dealing with trauma, pain, procedures, or any acute or chronic medical problem are already in a hypnotic state (focused and absorbed) and anything communicated to them by medical personnel may be experienced as a suggestion.

Obstacles in a Medical Environment

- Lack of Privacy
- Time restrictions
- Focus on protocols
- Distractions and interruptions
- Beliefs and values of medical professionals
- Focus on medical procedures and interventions

Differentiate Between Hypnosis Fact & Fiction
What is Hypnosis?

Hypnosis Definition

“focused attention, heightened state of receptivity or responsiveness, influenced communication, controlled communication…controlled imagination”

(Gafner & Benson, 2000)

What is Hypnosis?

Hypnosis Definition

Roy Hunter explains it as an altered state of consciousness with four vital components:

Belief + Imagination + Conviction + Expectation

What is Hypnosis?

APA Division 30 Hypnosis Definition

Hypnosis is a state of inner absorption, concentration and focused attention.
What is Hypnosis?

**Hypnosis Definition**
- Narrowing scope of focus while engaging the imagination
- Changes the chemical and neurological way the brain processes information, bypassing the critical factor or filter
- Allowing us to be more open to suggestions, new possibilities, and positive changes

Debbie Nesbit, ARNP

What is Hypnotizability

Hypnotizability is the degree to which a hypnosis subject is responsive to suggestions.

Three Parts of Hypnosis - Simplified

1. Induction – How to focus attention
2. Intervention – What we want to “do” while in the state of hypnosis
3. Emerge or return from hypnosis – therapist or client-guided
Myths of Hypnosis

- Hypnosis is dangerous
- Hypnosis is mind control
- People can get 'stuck' in hypnosis
- Hypnosis is evil and/or occult related
- Hypnosis can make people do things they don't want to do

Exercise #1

Group Guided Imagery

Questions
RAPPORT

The Power of Words

ASCH Annual Meeting
March 15, 2018

Judith “Judy” A. Thomas, DDS
JAThomasDDS@gmail.com

DISCLOSURE INFORMATION
I have no financial relationships to disclose and I will not discuss off label use and/or investigational use of drugs or procedures in my presentation.
Definition

- A close and harmonious relationship in which the people or groups concerned understand each other's feelings or ideas and communicate well.
  - New Oxford American Dictionary
  - Unconscious bond
  - Therapeutic Alliance

Timing

- Primary care (office) appointments generally scheduled at 15 minute intervals; Hospital-employed primary care physicians often scheduled at 11

- So . . . PCP’s often have one eye on the patient, one eye on the laptop, and one eye on the clock

Timing

Study of primary care office visits (JAMA, 1999)

- Providers redirected patient’s initial statement after a mean of 23.1 seconds
- Patients allowed to complete their statement of concerns *used only six seconds more* on average than those who were redirected before completion of their initial statement.
Timing
Study of primary care office visits (*Fam Med, 2001*)

- Patients spoke uninterrupted 12 seconds after clinician entered room
- Time of patient visit averaged 11 minutes with patient speaking less than four minutes

Timing
- Once patient initial statement is redirected:
  - Description of concerns rarely completed
- Often resulting in:
  - Late-arising concerns
  - Important patient information/data missed

Time Distortion
Definition
The subjective time can seem much longer or much shorter than is actually true, depending on the *focus of attention*. 
“All therapy is based on giving your clients/patients the congruent sense of having your ‘unconditional positive regard’, that you are there for them and with them during the session, that they have your undivided attention.”

Rubin Battino, MS

Building Rapport

Being present and in the moment

Building Rapport/Empathy

• Generate a positive heart-based feeling
• HeartMath Quick Coherence Technique
  1. Heart Focus
  2. Heart Breathing
  3. Heart Feeling
Components of Rapport Building

• Pacing and Leading
  - Verbal
  - Non-verbal
• Active Listening

Pacing and Leading

A process by which rapport is established on a subconscious level

• Pacing
  – Connecting with the other person by "being like them"
  – Meeting them where they are at
• Leading
  – Changing our behavior so they will follow
Pacing

Also referred to as *Mirroring* or *Matching*, allows you to connect with the other person by “being like them”

---

Mirror Neurons

- 1980 and 1990’s Giacomo Rizzolatti of University of Parma placed electrodes in the ventral premotor cortex of the macaque monkey to study neurons specialized for control of hand and mouth actions.
- Discovered a special class of brain cells they termed *Mirror Neurons*

---

Pacing/Mirroring

- Physiology
  - Posture
  - Gestures
  - Facial Expressions
  - Breathing
Breath

Pacing a client's breathing pattern is perhaps the most effective and yet most subtle way of fitting into his/her world.


Pacing/Mirroring

• Tonality
  – Pitch
  – Speed
  – Quality
  – Rhythm

Pacing/Mirroring

• Words
  – Representational System
    • How a person creates an experience in their mind most vividly
  – Sensory Learning Strengths
    • How a person acquires and processes information
Visual
They see the big picture
They can focus on the details of a situation

Auditory
They hear what someone is telling them
They can listen easily to the ideas of others or the voice in their mind

Kinesthetic
They are more sensitive to the feelings of others
They can feel comfortable with a new experience
So once you Pace…

• Physiology
• Tonality
• Words

Then you Lead…

• The goal of pacing is to be able to lead to a more desired state, outcome or condition
• Once you have matched the behavior, subtly begin to change it.
Leading

- Use your breath to lead your patient to a calmer state
- Speak primarily on the patients’ exhale

Active Listening

- Listening without making judgments to really hear the patient.
- See the situation from the patient’s perspective

Active Listening Skills

- Matching and Mirroring
- Clarification
- Paraphrasing
- Reflection
- Focusing
Active Listening Skills

- Restatement
- Summarization
- Therapeutic Use of Silence
- Asking questions
- Minimal Cues & Leads

I use my body as this instrument I tell you how it's supposed to be. When I lean forward and I look at you, I really look at you and it's very difficult for you to not look back it's hard for you to look somewhere else. This kind of intensity with you in visual when you're going to make a significant statement is very important. If you're going to do this, you need to give it the intensity that it deserves and not just with your voice.

Kay Thompson, DDS

Gentle Reminders

Bring your whole self as a resonating unit
Gentle Reminders

Erickson stressed that words alone are poor and inadequate messengers. Tonal value and body/facial expression add to or subtract from the reliability of the message.
<table>
<thead>
<tr>
<th>Aesthetic</th>
<th>Kinesthetic</th>
<th>Auditory</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>notice</td>
<td>tap into</td>
<td>rings a bell</td>
<td>birds' eye view</td>
</tr>
<tr>
<td>experience</td>
<td>throw out</td>
<td>heret voices</td>
<td>catch a glimpse of</td>
</tr>
<tr>
<td>understand</td>
<td>still upper lip</td>
<td>June-inJune-out</td>
<td>clear cut</td>
</tr>
<tr>
<td>motivate</td>
<td>heated argument</td>
<td>state your purpose</td>
<td>make a scene</td>
</tr>
<tr>
<td>de cognizant</td>
<td>thing in there</td>
<td>make music</td>
<td>in person</td>
</tr>
<tr>
<td>change</td>
<td>get a hold of</td>
<td>table-rate</td>
<td>in view of</td>
</tr>
<tr>
<td>consider</td>
<td>get in touch with</td>
<td>load and clear</td>
<td>happy idea</td>
</tr>
<tr>
<td>inception</td>
<td>connect with</td>
<td>click-tick</td>
<td>plumbly seen</td>
</tr>
<tr>
<td>question</td>
<td>blow down to</td>
<td>an earthly</td>
<td>mild's eye</td>
</tr>
<tr>
<td>process</td>
<td>all washed up</td>
<td>in an egg</td>
<td>all else</td>
</tr>
<tr>
<td>know</td>
<td>scramble</td>
<td>translate</td>
<td>watch</td>
</tr>
<tr>
<td>conscious</td>
<td>regrade</td>
<td>imagine</td>
<td>keep your eye on it</td>
</tr>
<tr>
<td>use</td>
<td>take apart</td>
<td>sound the alarm</td>
<td>keep your eye on it</td>
</tr>
<tr>
<td>realize</td>
<td>measure</td>
<td>forget</td>
<td>forget</td>
</tr>
<tr>
<td>guess</td>
<td>hold</td>
<td>blurred</td>
<td>blurred</td>
</tr>
<tr>
<td>believe</td>
<td>feel</td>
<td>strike a note</td>
<td>deliriously</td>
</tr>
<tr>
<td>establish</td>
<td>sounds like</td>
<td>movie</td>
<td>movie</td>
</tr>
<tr>
<td>develop</td>
<td>show</td>
<td>yell</td>
<td>yell</td>
</tr>
<tr>
<td>apply</td>
<td>null</td>
<td>rings a bell</td>
<td>perceive</td>
</tr>
<tr>
<td>agree</td>
<td>narrow</td>
<td>musical</td>
<td>appear</td>
</tr>
<tr>
<td>decide</td>
<td>solid</td>
<td>rhythm</td>
<td>draw</td>
</tr>
<tr>
<td>aware</td>
<td>reach</td>
<td>scream</td>
<td>view</td>
</tr>
<tr>
<td>discover</td>
<td>head</td>
<td>shout</td>
<td>look</td>
</tr>
<tr>
<td>increase</td>
<td>tempo</td>
<td>eye</td>
<td>eye</td>
</tr>
<tr>
<td>learn</td>
<td>hear</td>
<td>focus</td>
<td>focus</td>
</tr>
<tr>
<td>allows</td>
<td>handy</td>
<td>sound</td>
<td>sound</td>
</tr>
<tr>
<td>assume</td>
<td>build</td>
<td>June</td>
<td>June</td>
</tr>
<tr>
<td>judge</td>
<td>force</td>
<td>feedback</td>
<td>clear</td>
</tr>
<tr>
<td>sense</td>
<td>firm</td>
<td>tone</td>
<td>tone</td>
</tr>
<tr>
<td>think</td>
<td>handle</td>
<td>say</td>
<td>say</td>
</tr>
<tr>
<td>see</td>
<td>Visual</td>
<td>Auditory</td>
<td>Auditory</td>
</tr>
</tbody>
</table>
The Power of Words
How Stress & Pain Affect the Body

Linda Thomson,
APRN, ABMH, ABHN, FASCH

Disclosures

- I am the author of books and audio visual products, from which some of my teaching content is derived and for which I receive financial remuneration. These products will not be promoted or sold during this program.

Objectives

- Review how stress affects body systems

- Identify how hypnotic language affects brain pathways involved in stress
How Stress Affects Body Systems

“Stress can be defined as the “wear and tear” on the mind and body in response to everyday tensions and hassles.”

Tim Culbert

Stress: the inability to cope with perceived (real or imagined) threat to one’s mental, physical, emotional, and spiritual well-being, which results in a series of physiological responses and adaptations.
Fight or Flight Response
Walter Cannon

Fright and Freeze
Bruce Perry

Hans Selye
(1907-1982)

• 1st to demonstrate existence of biological stress
• 2 components of physiological stress
  • general adaptation syndrome
  • development of pathological state from ongoing, unrelieved stress

Life-saving responses to deal with threat by saber-toothed tiger

• Heart rate and BP soar to increase blood flow to the brain to improve decision making

• Blood sugar rises to furnish more fuel for energy as the result of the breakdown of glycogen, fat and protein stores
Life-saving responses to deal with threat by saber-toothed tiger

- Blood is shunted away from the gut, where it is not immediately needed for purposes of digestion, to the large muscles of the arms and legs to provide more strength in combat, or greater speed in getting away from a scene of potential peril

- Clotting occurs more quickly to prevent blood loss from lacerations or internal hemorrhage

Difference in the Sexes

- Women “tend and befriend”
  - tend to loved ones
  - huddle with a group
- Interaction of oxytocin & estrogen

  Taylor, UCLA study, 2000

Tend & Befriend

- Women are wired to protect their children, to connect, seek help and to utilize resources around them
- Women more likely to seek professional help, have close friends to talk over problems
- Oxytocin facilitates bonding and inhibits activation of stress response
Difference in the Sexes

- Women experience greater arousal of SNS
  - greater heart rate response, more of an adrenalin rush
- Women experience stress on a more emotional level
  - anxious, overwhelmed, irritable, and short-tempered

Yale Interdisciplinary Stress Center

Females have increased susceptibility to stress-related illnesses (after puberty)

- Depression
- Mood disorders
- Eating disorders
- Chronic fatigue
- Anxiety disorders

Short term stress

- Designed to counter a threat
- Second phase - PNS kicks in diffusing stress chemicals
- Helps person feel as though they controlled or conquered a situation
Mind - Body Connection

- Every change in the physiologic state is accompanied by an appropriate change in the mental-emotional state, conscious or unconscious, and conversely, every change in the mental-emotional state is accompanied by an appropriate change in the physiologic state.

- Green, Green, & Walters

Social Readjustment Scale
Holmes & Rahe
1967

Certain amounts of stress can predict the propensity to develop illness, but not the specific illness.
## Social Readjustment Scale

<table>
<thead>
<tr>
<th>Life event</th>
<th>Life change units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of a spouse</td>
<td>100</td>
</tr>
<tr>
<td>Divorce</td>
<td>73</td>
</tr>
<tr>
<td>Marital separation</td>
<td>65</td>
</tr>
<tr>
<td>Imprisonment</td>
<td>63</td>
</tr>
<tr>
<td>Death of a close family member</td>
<td>63</td>
</tr>
<tr>
<td>Personal injury or illness</td>
<td>53</td>
</tr>
<tr>
<td>Marriage</td>
<td>50</td>
</tr>
<tr>
<td>Dismissal from work</td>
<td>47</td>
</tr>
<tr>
<td>Marital reconciliation</td>
<td>45</td>
</tr>
<tr>
<td>Retirement</td>
<td>45</td>
</tr>
<tr>
<td>Change in health of family member</td>
<td>44</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>40</td>
</tr>
<tr>
<td>Sexual difficulties</td>
<td>39</td>
</tr>
<tr>
<td>Gain a new family member</td>
<td>39</td>
</tr>
<tr>
<td>Business readjustment</td>
<td>39</td>
</tr>
<tr>
<td>Change in financial state</td>
<td>38</td>
</tr>
<tr>
<td>Death of a close friend</td>
<td>37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Life event</th>
<th>Life change units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement</td>
<td>45</td>
</tr>
<tr>
<td>Change in working hours or conditions</td>
<td>20</td>
</tr>
<tr>
<td>Change in residence</td>
<td>20</td>
</tr>
<tr>
<td>Change in school</td>
<td>20</td>
</tr>
<tr>
<td>Change in recreation</td>
<td>19</td>
</tr>
<tr>
<td>Change in church activities</td>
<td>19</td>
</tr>
<tr>
<td>Change in social activities</td>
<td>19</td>
</tr>
<tr>
<td>Minor mortgage or loan</td>
<td>17</td>
</tr>
<tr>
<td>Change in sleeping habits</td>
<td>16</td>
</tr>
<tr>
<td>Change in number of family reunions</td>
<td>15</td>
</tr>
<tr>
<td>Change in eating habits</td>
<td>15</td>
</tr>
<tr>
<td>Vacation</td>
<td>13</td>
</tr>
<tr>
<td>Christmas</td>
<td>12</td>
</tr>
<tr>
<td>Minor violation of law</td>
<td>11</td>
</tr>
<tr>
<td>Change in working hours or conditions</td>
<td>20</td>
</tr>
<tr>
<td>Change in residence</td>
<td>20</td>
</tr>
<tr>
<td>Change in school</td>
<td>20</td>
</tr>
<tr>
<td>Change in recreation</td>
<td>19</td>
</tr>
<tr>
<td>Change in church activities</td>
<td>19</td>
</tr>
<tr>
<td>Change in social activities</td>
<td>19</td>
</tr>
<tr>
<td>Minor mortgage or loan</td>
<td>17</td>
</tr>
<tr>
<td>Change in sleeping habits</td>
<td>16</td>
</tr>
<tr>
<td>Change in number of family reunions</td>
<td>15</td>
</tr>
<tr>
<td>Change in eating habits</td>
<td>15</td>
</tr>
<tr>
<td>Vacation</td>
<td>13</td>
</tr>
<tr>
<td>Christmas</td>
<td>12</td>
</tr>
<tr>
<td>Minor violation of law</td>
<td>11</td>
</tr>
</tbody>
</table>

## Holmes & Rahe Stress Scale Results

- **>300** - At risk for illness
- **150 - 299** - Risk is moderate (reduced by 30%)
- **< 150** - slight risk of illness
3 Levels of Stress Response

- The “stressor” - external events to which you react
- Reaction to the “stressor
- Change in physiology over time as body reacts to stressor - habituating initial stress response

Stress & Illness

- 50 - 70% of all disease is stress related
  Pelletier, 1978
- 60 - 90% of health-care visits are for stress-related symptoms
  Benson, 1983
- 90% of all health problems related to stress
  American Institute of Stress, 2007

Stress can promote an unhealthy lifestyle

- Drink too much
- Smoke too much
- Eat too much
- Poor food choices
- Not enough exercise
- Not enough sleep
Brain is the first target for stress - regulates biological response to stress

**The Brain**

**Limbic System**

- **Thalamus**
  - Gathers information from internal and external environment
  - Sends information to the amygdala (fast) and somatosensory cortex (slow)
  - If the thalamus is activated the amygdala is also activated
- **Hippocampus**
  - Makes and stores declarative and explicit memories

**The Brain**

**Amygdala**

- Center of the fear process
  - "encodes" dangerous events
  - Labels experiences as significant
  - Stores in lateral nucleus periaqueductal gray region
- Mediates conversion of emotion into physiology
- Plays a pivotal role in onset of anxiety
- Co-ordinates survival responses
Amygdala

- Increased activation with fear, anxiety, and anger
- Initiates fight or flight response
- Doesn’t distinguish between what is real and what is imagined - just sounds the alarm
  - links perception to emotion
- Linked to different structures in the brain
  - Fast pathways to cortex, slow return from cortex to amygdala

When threat occurs, amygdala signals

- Prefrontal cortex       Fear
- Parabrachial Nucleus - respiratory rate, shortness of breath, tightness or sense of smothering
- Locus Ceruleus - tremors, sweating, BP, heart rate
- Hypothalmus - pituitary - adrenals - cortisol

Stress Pathways
(The Emotional Brain; Le Doux)

Emotional stimulus

Thalamus

Amygdala

Hypothalamus (corticotropin hormone)

Pituitary (adrenocorticotropin hormone)

Adrenal Cortex (cortisol)

Amygdala and Autonomic Nervous System (epinephrine and norepinephrine)
Limbic System

- Amygdala can not distinguish between what is real and what is imagined
- Amygdala cannot tell time
- Limbic brain cannot reason in words

Limbic System and Hypnosis

- Limbic system is imprinted with early life experiences of trauma
- Hypnosis allows us to intervene in those stress imprints
- If in hypnosis you can turn off central nucleus of amygdala, you can turn off fear

Effects of Chronic Stress

Stress
- Increases cortisol
- Changes biochemical processes
- Increases levels of pro-inflammatory cells
Effects of Chronic Stress

Stress:
- Suppresses immune system
- Increasing susceptibility to stress-related diseases (depression, diabetes, hypertension, memory loss)
- Primes body to react to even minor sources of stress more strongly

Years of Chronic Activation of Stress Response may result in:
- Impaired Memory
- Weakened Immune system
- Increased BP
- Stomach ulcers
- Digestive Difficulties
- Skin Problems
- Stroke
- Sleep Disorders
- Depression
- Heart Disease

Psychological Stress at the Cellular Level:
- Increases cellular aging and decreases longevity
- Higher oxidative needs
- Decreases telomerase activity
- Shorter telomere length
- Aged cells can no longer divide
Chronic Stress

- Increases levels of stress hormones and pro-inflammatory cells
- Cytokines adversely affect mood and behavior
- Suppresses immune system
- Primes body to react to even minor sources of stress more strongly

CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study

- 1995 - 1997
- 17,421
- Mostly white, well-educated, middle and upper income patients with good private health insurance
- Looked at mortality, morbidity, ER visits, outpatient visits and pharmacy utilization
Pre-op Instructions for decreased bleeding during spine surgery (Bennett, Benson, Kuicken. Anesthesiology, 1986)

90 Seconds of Suggestion to relax or shunt blood away from operative area, p<.005

<table>
<thead>
<tr>
<th>Control</th>
<th>Relax</th>
<th>Blood shunting grp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood loss</td>
<td>Blood loss</td>
<td>Blood loss</td>
</tr>
<tr>
<td>1006cc</td>
<td>1171cc</td>
<td>654cc</td>
</tr>
</tbody>
</table>

Prevalence of ACEs

<table>
<thead>
<tr>
<th>Number of Adverse Childhood Experiences (ACE Score)</th>
<th>Women Percent (N = 9,367)</th>
<th>Men Percent (N = 7,970)</th>
<th>Total Percent (N = 17,337)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>34.5%</td>
<td>38.0%</td>
<td>36.1%</td>
</tr>
<tr>
<td>1</td>
<td>24.9%</td>
<td>27.9%</td>
<td>26.0%</td>
</tr>
<tr>
<td>2</td>
<td>15.5%</td>
<td>16.4%</td>
<td>15.9%</td>
</tr>
<tr>
<td>3</td>
<td>10.3%</td>
<td>8.5%</td>
<td>9.3%</td>
</tr>
<tr>
<td>≥ 4 or more</td>
<td>15.2%</td>
<td>9.2%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

Prevalence of ACEs

<table>
<thead>
<tr>
<th>ACE Category</th>
<th>Women Percent (N = 9,367)</th>
<th>Men Percent (N = 7,970)</th>
<th>Total Percent (N = 17,337)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABUSE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>13.1%</td>
<td>7.6%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>27%</td>
<td>29.5%</td>
<td>28.3%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>24.7%</td>
<td>16%</td>
<td>20.7%</td>
</tr>
<tr>
<td>HOUSEHOLD CHALLENGES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother Treated Violently</td>
<td>13.7%</td>
<td>11.5%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Household Substance Abuse</td>
<td>29.5%</td>
<td>23.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Household Mental Illness</td>
<td>23.3%</td>
<td>24.8%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Parental Separation or Divorce</td>
<td>24.5%</td>
<td>21.8%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>5.2%</td>
<td>4.1%</td>
<td>4.7%</td>
</tr>
<tr>
<td>NEGLECT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>16.7%</td>
<td>12.4%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>9.2%</td>
<td>10.7%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>
ACEs can have lasting effects on....

Complex Childhood Trauma

Behaviors

Aggression
Disproportionate Reactiveness
Impulsivity
Distractibility
Withdrawal and Avoidance

Three or More Traumatic Events

Two-and-half times more likely to repeat a grade than are children who have experienced none

Five times more likely to have severe attendance issues

Six times more likely to experience behavioral problems

More than twice as likely to be suspended from school
Differences between the sexes

• The stress related brain circuitry of boys matures slower than girls’ prenatally, perinatally and postnatally
• Boys more negatively affected by early environmental stress

Differences between the sexes

• Boys have greater vulnerability to maternal stress, depression and neglect than girls
• Impacting the development of the right hemisphere of the brain which has to do with the establishment of self-control and sociality

ACEs
Influences
Gene Expression
Epigenetics

- a stressful childhood can affect the way genes function
- responding to stress with a much stronger response in adulthood
- increasing vulnerability to stress-related diseases

Lightman, "The lifetime effects of stress"

---

Epigenetics

- GENES ARE THE BLUEPRINT OF LIFE
- GENES are regulated by environmental signals that affect cell membrane proteins
- Early experience affects gene expression that influence the stress response that affects emotional resilience (Dan Siegel - Mindsight - 2010)

---

Rossi's Psychobiology of Gene Expression
ENCODEx Project

- 21,000 genes - 2% of human DNA molecule
- nearly 78% DNA molecule on/off switches & rheostats for 21,000 genes
- Switches up-regulate or down-regulate genes making inflammatory molecules and genes that turn stem cells into new brain cells
Ways to affect the DNA switches

• Novelty
• Exercise
• Numinous experiences
  • music, art, nature, prayer
• HYPNOSIS

The greatest discovery of my generation is that human beings by changing the inner attitudes of their minds, can change the outer aspects of their lives.

William James

• Fear of Pain may be bigger than the pain itself.
Fear is normal

Early warning for whether to flee or fight
Independent of whether the stimuli is real or imagined

Components of Anxiety, Fear & Pain

- Cognitive
- Emotional/Affective
- Physical
- Behavioral

Cognitive Response

- Overestimating the risk
- Underestimating resources and ability to cope
- Hypervigilance / preoccupation / obsessive and intrusive thoughts
- Catastrophic thinking
- Distractibility
Emotional Response
- Irritable / grumpy
- Crying / Tearful
- Anger
- Aggression
- Sense of dread
- Withdrawal
- Repeatedly seeking reassurance
- Giddy

Physical Response
- SNS activation
  - Breath holding, gasping, hyperventilating
  - Heart rate increase
  - Dizziness
  - Numbness or tingling
  - Stomach aches, headache, chest pain
  - Increased muscle tension

Behavioral Response
- Flight / fight or freeze response
- Rigid behavior
- Tantrum
- Regressive behavior / withdraw, shy
- Sleep problems
- AVOIDANCE
Therapeutic Communication

• What we say
• What we do not say
• How we say it
• When we say it
• Why we say it
• Who we say it to

We strive to achieve iatrogenic health with words that heal

Milton Erickson

Can Words Hurt?
Patient-Provider Interactions during invasive procedures
Lang, et al, Pain, 2004

• Warning before painful manipulation using negative words - “it’s gonna hurt”
  • Pain increased
  • Anxiety increased

• Empathic comments after painful manipulation using negative words - “was it very awful?”
  • Pain unchanged
  • Anxiety increased
Pre-op Instructions for decreased bleeding during spine surgery
(Bennett, Benson, Kuicken. Anesthesiology, 1986)

90 Seconds of Suggestion to relax or shunt blood away from operative area  p<.005

<table>
<thead>
<tr>
<th>Control</th>
<th>Relax</th>
<th>Blood Shunting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Loss</td>
<td>Blood Loss</td>
<td>Blood Loss</td>
</tr>
<tr>
<td>1006cc</td>
<td>1171cc</td>
<td>654cc</td>
</tr>
</tbody>
</table>

Nocebo-Induced Hyperalgesia During Local Anesthetic Injection
Anesth Analg 2010
Dirk Vanhuysse, MD, DEA, Carlo Pancaro, MD, Eric C. Cappelli, MD, William R. Cassara, MD

A „We are going to give a local anesthetic that will numb the area where we are going to do the epidural/spinal anesthesia so you will be comfortable during the procedure."

B „You are going to feel a big sting and burn in your back now, like a big bee sting; this is the worst part of the procedure."

![Graph showing VAS (0-10) comparison between Placebo (+) and Nocebo (-) with p<0.001]

p<0.001
Words have a magical effect in the way they affect the minds of men

Aldous Huxley

The Effect of Hypnotic Healing Language on the ANS

- Optimizes balance between SNS and PNS
- Stabilizes nervous, GI and CV systems
- Enhances blood flow
- Decreases patient’s perception of pain and the suffering caused by pain

The Effect of Hypnotic Healing Language on the ANS

- Allows a pathway to change the significance of internal and external events
- Increases patient/practitioner control over their perception and response to symptoms (pain, anxiety, nausea)
- Increases ability to find creative solutions to physical and emotional problems
- “Calm the brain” (Mark Jensen)
Benefits of hypnotic communication beyond somatic effects

- Restore/ maintain/ enhance competence, self-mastery, independence, dignity & autonomy
- Reduce helplessness – Increase coping skills and sense of control
- Provide skills to re-interpret experiences positively
- Active partnership of patients with their medical team
- Decrease suffering

Good communication gives patients a perception of control

- The most effective form of advocacy is when patients are empowered to be their own advocate

Faymondville

It is not simply mind over matter, but it is clear that mind matters.

David Spiegel
JAMA, 1999
The Power of Words
How Hypnotic Language Affects
Brain Pathways involved in Stress
and Pain

Linda Thomson,
APRN, ABMH, ABHN, FASCH

Objectives

- Identify the areas of the brain involved in the pain experience
- Explain why people in crisis are already in a trance state
- Demonstrate how to teach a patient diaphragmatic breathing

How Pain Affects Body Systems
Neurophysiology of Pain

- From the Middle Ages - Historic model of pain - hard wired - “bottom up approach”
  - brain is passive recipient of information

- To 2016 - Future progress in pain management is “top down approach”
  - highly complex integrated neural network

Specificity theory of pain
Proposed by René Descartes, in 1664

- “Fast moving particles of fire ..the disturbance passes along the nerve filament until it reaches the brain...”

- Primary (western) model of pain until the mid-1900s

Gate Control Theory of Pain
Melzack & Wall 1962

- Activation of nerves that do NOT transmit pain can interfere with the transmission of signals that signify damage
Gate Control to Neuromatrix
Melzack, 1999

- Pain occurs in widely distributed areas of the brain that are highly interconnected

- Neuromatrix is a highly integrated neural network comprised of many sources of neural inputs and outputs that produce pain perception, action and stress regulation

How pain works

- When pain message reaches higher brain centers it combines with beliefs, thoughts, emotions, memories and sensory input of smell, sight and sound

- The brain then filters, selects, modulates and interprets all of these dimensions in the final pain experience

How pain works

- Brain decides if it is pain and how to deal with it
  - if alarmed - system speeds up transmission and intensity of pain
  - if not alarmed and tolerable - descending inhibitory control system is activated
    - endorphins, serotonin and norepinephrine are released to ease the pain
Thalamus

- 95% of information about pain goes right to the thalamus
- Selectively relays information from the sensory system to the cerebral cortex

Somatosensory Cortex

- Primary Somatosensory Cortex
  - intensity and location of pain
- Secondary Somatosensory Cortex
  - pain quality
Pre-Frontal Cortex

- Pre-frontal cortex
  - meaning of pain and its implications
- Cognitive domain
- Executive decisions - what to do about the pain

ACC

- Anterior Cingulate Cortex
  - suffering component of pain
  - bothersomeness

Insula

- Insula
  - thermostat for physical well-being
  - Evaluates physical condition and assesses risk
Neuroplasticity

- Brain Plasticity - the brain’s ability to change structure and function as it perceives the world, as it performs tasks, thinks and imagines
- The discovery that the brain can change itself thru thinking is the most important discovery in our understanding of how the brain works in over 400 years.

Trance

A naturally occurring phenomenon, an altered state of consciousness in which an individual has narrowed their focus of attention and becomes more suggestible to verbal and non-verbal communication.
BASIC CONSIDERATIONS

- Patients in extreme situations of fear, pain or stress are in a natural trance state, an altered state of consciousness
- Trance states are characterized by focused attention and highly elevated suggestibility
- The medical environment is full of suggestions
- Most of them are negative

Unintended suggestions made by authority figures to persons in critical life situations in spontaneous trance states may have enormous positive or negative effects.

Eva Banyai

People in crisis

- are frightened and tense, and sometimes are in pain
- have lost their feeling of being in control,
- are vulnerable, powerless, helpless and dependent,
- feel weary, dull or blunt,

H.A.A. de Berk
People in Crisis

- spontaneously and unconsciously change their usual frame of reference,
- often misunderstand the information, that is offered
- the conscious part of the mind becomes overwhelmed and ceases to function logically

H.A.A. de Berk

People in Crisis

- become more susceptible to positive and negative suggestions.
- develop an altered state of consciousness - a spontaneous negative trance which can be counterproductive and impair healing and recovery
- OR by using carefully crafted suggestions, health care professionals can have a positive effect on their patients’ well-being

Words are the most powerful tool health care professionals possess

- Like a double edged sword, they can either maim or heal

Bernhard Lown
“The Lost Art of Healing”
BASIC CONSIDERATIONS

• When a statement could be interpreted either positively or negatively, the patient who is anxious or in pain will almost always accept the negative

1976 study in Kansas with EMTs
M. Eric Wright, MD

• The patient is shielded from the crowd and also from sun, rain and wind, and from everything that might upset him.
• No further communication reached the patient such as “He is not going to make it.” “I hope we’ll reach the hospital with the patient alive.”
• The patient is told the following statement repeatedly close to the patient’s ear (whether he is conscious or unconscious):

“The worst is over. We are taking you to the hospital. Everything is being made ready. Let your body concentrate on repairing itself and feeling secure. Let your heart, your blood vessels, everything, bring themselves into a state of preserving your life. Bleed just enough so as to cleanse your wound, and let the blood vessels close down so that your life is preserved. Your body weight, your body heat, everything, is being maintained. Things are being made ready at the hospital for you. We’re getting there as quickly and safely as possible. You are now in a safe position. The worst is over.”
Autonomic Nervous System
Sympathetic Nervous System

- Fight or flight response
- Increases epinephrine, norepinephrine, cortisol levels
- De-stabilizes peristalsis of the GI system
- Increases heart rate and blood pressure
- Increases muscle strength and blood flow
- Constricts peripheral blood vessels
- Increases metabolism and blood glucose
- Increases mental activity

Autonomic Nervous System
Parasympathetic Nervous System

- Stabilizes peristalsis of GI tract
- Decreases heart rate and blood pressure
- Stabilizes internal and peripheral blood flow
- Stabilizes blood glucose levels
- Enhances immune system

Autonomic Nervous System

- Sympathetic Nervous System
  - fight or flight
- Parasympathetic Nervous System
  - rest & digest
- Enteric Nervous System
  - Brain onto itself - innervates the GI tract, pancreas and gall bladder
Breathing is the first physiologic function to change with emotion.

Inspiration blocks parasympathetic tone and allows sympathetic excess.

Expiration increases parasympathetic

- Optimal Health -

slight
Parasympathetic excess
Diaphragmatic Breathing

- relaxes muscles
- calms nerves
- releases endorphins

Resources for Diaphragmatic Breathing Training


- Peper, Erik (1990) *Breathing for Health with Biofeedback*. Montreal: Thought Technology

The Power of Words
Differentiate Between Effective and Ineffective Communication Strategies

Linda Thomson,
APRN, ABMH, ABHN, FASCH
Objectives

- Learn how to phrase communication to do good rather than unintended harm
- Recognizing the patients’ suggestibility, demonstrate how to use effective positive suggestions for their own benefit
- Describe how to use hypnotic language and behavior in specific medical situations

Childhood Pain
Ross & Ross, Pain, 1984

- Interviewed 994 elementary children
- 384 had a painful procedure with MD or DDS
- Only 21% used any sort of coping strategy
- Only 13 children reported having been taught pain coping techniques

Unhelpful reaction to Child’s Fears

- “Don’t worry!”
- “Just relax.”
- “Calm down.”
- That’s no big deal.”
- “Don’t think about it.”
- “Don’t get so upset.”
The Nocebo Effect
from the Latin - “I will harm”

An ill effect caused by the suggestion or belief that something will be harmful or painful.

Basic Considerations

When a statement could be interpreted either positively or negatively, the patient who is anxious or in pain will almost always accept the negative
Ingredients for Anxiety in the OR

- Masked strangers
- Loss of control
- Uncertainty of outcome
- Fear of pain, life, health, complications
- Immobilization
- Darkness or bright spot lights
- Hospital “Johnny”
- Scary equipment

Surgery is a traumatic injury that stimulates the stress response.

- Stress delays wound healing and surgical recovery
- Hypnotic language can mitigate the stress response.

Ways Hypnosis can be effective in surgery

- Potentiates the effects of analgesics and anesthesia
- Facilitates post-op healing
- Helps maintain stability of vital signs

Peebles-Kleiger
Emer. Med Clin of NA, 2000
Adjunctive Hypnosis with surgical patients

- Patients in the hypnosis groups had better outcomes than 89% of patients in control groups


Surgical & Radiologic Procedures
Language: Direct and Indirect

- Stabilize vitals
- Feelings
- Sounds
  - Images of calm, safe location or personal space where the patient has been or imagined
- Moving far away from uncomfortable environment and sensations

The difference between the right word and the almost right word, is like the difference between lightening and the lightening bug.

  - Mark Twain
Reframe

• PAIN
  • disCOMFORT
  • unPLEASANT sensation
  • unCOMFORTABLE feeling

Avoid                      Use

• Shot
• Needle

• Put some medicine in your arm
• Poke
• Prick
• Pinch

Avoid                      Use

• Tongue Depressor
• Culture your throat

• Ahhhh Stick
• Tickle your tonsils
<table>
<thead>
<tr>
<th>Avoid</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Burning</td>
<td>• Warm</td>
</tr>
<tr>
<td>• Stinging</td>
<td>• Tingly</td>
</tr>
<tr>
<td>• Painful</td>
<td>• Sore</td>
</tr>
<tr>
<td>• Hurts</td>
<td>• Scratchy</td>
</tr>
<tr>
<td>• Bad</td>
<td>• Cranky</td>
</tr>
<tr>
<td>• Awful</td>
<td>• Soft</td>
</tr>
<tr>
<td></td>
<td>• Gently</td>
</tr>
<tr>
<td></td>
<td>• Easily</td>
</tr>
<tr>
<td></td>
<td>• Quickly</td>
</tr>
<tr>
<td></td>
<td>• Nicely</td>
</tr>
<tr>
<td></td>
<td>• Bothers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not so Therapeutic</th>
<th>Therapeutic</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How long has your ear been hurting you?</td>
<td>• When did that ear start to bother you?</td>
</tr>
<tr>
<td>• What have you tried for the pain in your sore throat?</td>
<td>• What have you already done to make yourself feel better?</td>
</tr>
<tr>
<td>• Take this pill for your pain.</td>
<td>• This will help you feel more comfortable.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not so Therapeutic</th>
<th>Therapeutic</th>
</tr>
</thead>
<tbody>
<tr>
<td>• That's really bleeding a lot.</td>
<td>• That healthy bright red blood is washing away all the germs.</td>
</tr>
<tr>
<td></td>
<td>• I wonder which cut will stop bleeding first.</td>
</tr>
</tbody>
</table>
Not so Therapeutic                  Therapeutic

• How much pain are you in?       • What part of your body needs our special attention?

Not so Therapeutic                  Therapeutic

• You’ll just have to learn to live with the pain       • No pain lasts for ever.

Not so Therapeutic                  Therapeutic

• I am going to put this emesis basin here for when you throw-up

I am going to be here with you and have everything you need to make you feel more comfortable
• You are going to be in a lot of pain after your surgery.
• Are you having any pain yet?

• The sensations you feel will be those of healing and mending and need not bother you.
• It will be interesting for you to discover how comfortable you will be after surgery

• Tell me when your pain gets bad and we will try some pain medication

• Tell us whenever you want some support. You know, we always can do something good for you to make you comfortable.
• You will have all the comfort you need.

• I want to know, if you have noticed any improvement.

 Tell me about which improvement you have already noticed.
Not so Therapeutic

- Do not pay attention to the pain
- You need to....
- You must.....

Therapeutic

- Focus your attention on ..... It is possible that you......

Not so Therapeutic

- We will put you to sleep

Therapeutic

- We will temporarily anesthetize your body

Not so Therapeutic

- It’s all over. You’re finished.

Therapeutic

- When you are aware of the pressure under your bandages, you will know that you are already in the recovery room and your healing and recovery is already beginning
<table>
<thead>
<tr>
<th>Not so Therapeutic</th>
<th>Therapeutic</th>
</tr>
</thead>
<tbody>
<tr>
<td>• This is really going to hurt</td>
<td>• You may be surprised how little this bothers you</td>
</tr>
<tr>
<td>• You have great lungs and big beautiful tears</td>
<td>• Know that you can do anything you need to to make yourself even more comfortable.</td>
</tr>
<tr>
<td>• I have to give you a shot and it is going to hurt</td>
<td>• Would it be alright for this poke not to bother you?</td>
</tr>
</tbody>
</table>

### Implicative Language

- When
- Until
- As
- As soon as
- While
- If…then…
- Soon
- Yet
- Remain
- Maintain
- Continue
**Language**

- Always suggest the outcome you desire, not what you don’t want
- “Try…” implies failure
- My/your - use “the”, more dissociative
- Use correct conjunction…..__________
  “but” negates what goes before
  “and” connects both

**BUT or AND**

- Gargling with warm salt water makes your throat feel better AND it takes yucky
- Gargling with warm salt water takes yucky AND it makes your throat feel better
- Gargling with warm salt water makes your throat feel better BUT it takes yucky
- Gargling with warm salt water takes yucky BUT it makes your throat feel better

**Medical Emergencies**

- Rapport - creating a therapeutic alliance, may involve physical touch
- Pacing
- Leading to positive expectancy
- Offer a feeling of control - self-efficacy
- Keep the “balance of power” - collective efficacy
  - Authoritarian suggestions may be more effective
  - Credibility and believability
  - Offer suggestions that will definitely happen.
• Use feedback strategies (give and ask for feedback).
• Transfer your rapport to subsequent medical care
• Pay attention to the effect of intraverbal and nonverbal signals
• Avoid conversations which do not concern the patient.

• Avoid ambiguous statements
• “Try....” implies a possible failure. It is better to say “I want you to ...”. Yet the word “try” can be used as a paradox intervention.

• Stabilize vitals
• Decrease patient anxiety
• Dissociate from pain and emergency procedures
• Increase effectiveness of pain control measures
• Decrease physiologic inflammatory response (burns)
Take Away Points for Medical Emergencies

- Be credible
- Give confidence
- Connect to the patient
- Be positive, create positive expectation
- Use eidetic language, use the patient’s language

Take Away Points for Medical Emergencies

- Give clear directives
- Clarify hierarchy
- Be respectful and explain what you are going to do
- Everyone has their own inner resources
  - recognize the patient’s resources and use them

Linda Thomson
APRN, ABMH, ABHN, FASCH
131 Thomson Drive
Ludlow, Vermont 05149
www.Hypnovations.com
www.HypnosisforHealthandHealing.net
Specific Applications of Hypnotic Healing Communication
Panel Discussion

- Emergency Room
- Labor & Delivery
- Surgery & Procedures
- Pain Management
- Dental
- Pediatrics
- Psychiatric
- Cancer Support

Self-Hypnosis
Physician / Dentist / Nurse / Psychologist Heal Thyself

Benefits of Using Self-Hypnosis
- Relaxing
- Promote Health and Well-being
- Understand the Patient’s Experience
- Personal Success
- Walk the Talk
Steps of Self-Hypnosis

1. Identify what you want to focus on
2. Create 1-3 specific suggestions
   - Make suggestions positive, focusing on the desired outcome, worded in present tense
3. Begin hypnosis with an induction to focus your attention
4. Using all of your senses, imagine the outcome as if it has already happened
5. Repeat the suggestions several times
6. Re-alert

Exercise #5
Write your Suggestions!

Group Self-Hypnosis Exercise

Questions
References


The Power of Words: Effective Clinical Communication 2019

Time for Evaluations!
Self-Hypnosis Induction – Eye Roll Technique

The eye roll technique is one of the easiest ways to induce a rapid state of hypnosis. Here are the steps:

1. Start with a cleansing breath, in and out through your nose.

2. As you take a deep breath in, roll your eyes up as if looking up to your eye brows while keeping your head level and still.

3. Hold your breath for a few seconds, and then close your eye lids while still looking up.

4. As you exhale through your nose, your eye lids remain closed, let your eyeballs roll down, returning to their normal relaxed position.

5. Feel the relaxation begin to flow down through your body as you imagine yourself “floating downward”; gently, safely, comfortably like a leaf, snowflake or feather.

6. Deepen this level of self-hypnosis by imagining “floating down” ten levels of relaxation; count 10…9…8….etc…with each level more relaxing than the one before.

7. Now, in this relaxed state, repeat the positive suggestions you have prepared ahead of time. Use all your senses (seeing, hearing, touching, tasting, and smelling) to image yourself as if already having your successful outcome now.

8. When finished repeating your suggestions and visualizing your successful outcome, it is now time to emerge from the self-hypnosis state. To do so, just simply suggest to yourself that on the count of 3 you will open your eyes, fully aware, alert, and awake, feeling totally refreshed and able to safely resume your normal activities. Now begin the count:
   - 1 - take a deep breath in and out and begin to stretch your arms and legs
   - 2 - become more aware of your surroundings, feeling refreshed and alert
   - 3 - open your eyes now, clear headed, aware, alert, awake, feeling re-energized and ready for a wonderful day!

In Summary:
Cleansing breath.
Breathe in and roll eyes up
Hold a few seconds
Close lids while looking up, exhale and roll eyes down.
Imagine floating downward 10 relaxing levels
Give suggestions with positive visualization of outcome
Emerge