TCW
Teaching and Consultation Workshop
Teaching and Consultation Workshop
Orlando, Florida
March 16-17, 2018

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Ran D. Anbar, MD, FAAP

Introductions

• Name
• Where are you from?
• How you got interested in hypnosis?
• What are your favorite things to do; your passions?
• When are you your most creative?
To contact us

- HFM@WCConsultants.org

- ran.anbar@centerpointmedicine.com
ACCME standards

- Disclosures - Integrity, honesty and biases
- Practice gaps - What does this training give you that was missing, and how will you use this training
- Learning objectives
- Citing the literature: Evidence based references

Disclosure Information
Holly Forester-Miller, PhD

* I have no financial relationships to disclose and I will not discuss off label use and/or investigational use of drugs or procedures in any of my presentation
Disclosure Information
Ran D. Anbar, MD

* In the past 12 months, I have had a significant financial interest or other relationship with the manufacturers of the following products or providers of the services:

* Past-President and Executive Committee Member of ASCH

* President and Founder, CPM Franchise Group

* This presentation will not include discussion of pharmaceuticals or devices that have not been approved by the FDA or a discussion of unapproved or “off-label” uses of pharmaceuticals or devices

Tell Me .... I Forget

Show Me .... I Remember

Involve Me .... I Understand

Ancient Chinese Proverb
Purpose of Workshop

(1) How to teach adult learners

(2) How to plan a hypnosis workshop

(3) How to lead small group practice sessions and consultation groups, including understanding group dynamics

(4) How to provide consultation regarding clinical hypnosis to qualified professionals.

Learning Objectives

• Participants will be able to plan an hypnosis workshop.

• Participants will be able to plan, lead, and evaluate a small practice group.

• Participants will be able to implement teaching techniques applicable to adult learners.
Workshop Outline

I. Introductions

Building community

Creating Safety

Facilitating a learning environment for adults.

Workshop Outline:

A. Modeling as we teach:
   1. Introductions—getting to know your students.
   2. An induction for ego-strengthening elements of being a good teacher

B. Setting the stage for a good learning environment
Workshop Outline:

II. What and who are adult learners?

A. Educational Theories

B. Styles of teaching
   1. Humor
   2. Being PC
   3. Qualities of a good teacher

Workshop Outline:

C. Learning Principles & styles

D. Teaching to a diverse audience, the pros and cons
Workshop Outline:

III. Organizing small group experiences that facilitate learning, as well as safety and effective group dynamics.
   A. How to run a small group
   B. Expectations for small groups as they move forward.

Workshop Outline:

IV. Creating Safety
   A. Safety scenarios

V. Video and live practice of running small groups and providing feedback
   A. What are we evaluating?
   B. What are the criteria?
Workshop Outline

C. Providing appropriate and constructive feedback to small group participants at basic workshops

D. Modify teaching methods based on participants learning styles.

VI. What are the Standards of Training?
   A. What are we teaching and why?
   B. Basic, Intermediate, Advanced, and Approved Consultant workshops
   C. Didactic and experiential formats.

VII. Meeting ACCME standards
Workshop Outline

VIII. Planning and Organizing a workshop

A. From soup to nuts

B. Choosing and Working with other faculty

C. Modeling while teaching

---

Workshop Outline

D. Managing unusual circumstances

E. Practical matters as you plan

F. Setting expectations for both faculty and workshop participants.
Workshop Outline

IX. Being an Approved Consultant
   A. Learning contract, setting goals
   B. What the learner does
   C. Providing Case Consultation
   D. Role Play and discussion

Workshop Outline

X. The importance of evaluation
   What is the final product?

XI. Questions and answers
   Evaluation, Wrap-up
Stages of Learning

- Unconscious Incompetence
- Conscious Incompetence
- Conscious Competence
- Unconscious Competence
Being a good teacher

- Draw out the expertise of your adult learners
- Know your participants; learn names and strengths
- Set a tone, mood, and expectations

Being a good teacher

- Teach to the participants, not your slides
- Scan your participants
- Make adjustments in your teaching based on the learners' reactions
- Show your passion for what you are teaching
Being a good teacher

• Demonstrate your expertise

• Model what you want them to learn

• Honor the start and end times set for each part of the experience.

Experiential exercise
Andragogy: The Art & Science of Adult Learning

Objectives

- Describe the theoretical steps by which adult professionals may learn a new skill
- Illustrate the steps when teaching how to do an hypnotic induction
- Practice leading a learner through the steps
Knowles’ 5 Assumptions of Adult Learners

1. **Self-concept**: They are self-directed

2. **Adult learner experience**: Their accumulated experiences become an increasing resource for learning

Knowles’ 5 Assumptions

3. The adult’s **readiness to learn** is increasingly oriented to the tasks of his or her social roles.

4. The adult learners **motivation to learn** is internal.
Knowles’ 5 Assumptions

5. The adult learners orientation to learning shifts to one of problem centeredness instead of subject-centeredness.

- time perspective changes to one of immediacy of application rather than postponed application.

Knowles’ 4 Principles

3. Adults are most interested in learning that has immediate relevance and impact to them.

4. Adult learning is problem-centered rather than content based.
Knowles’ 4 Principles of Andragogy

1. Adults need to be involved in the planning and evaluation of their instruction.

2. Experience is the basis for the learning activities (including mistakes).

Knowles’ 4 Principles

What might these principles look like applied to hypnosis training?
Orientation to Learning

What is learning?

How would you personally define it?

5 Orientations to Learning

**Behaviorist** - Learning is a change in behavior

**Cognitivist** - Learning is a mental process

**Humanist** - Learning is about the development of the person

Merriam & Bierema (2014)
5 Orientations to Learning

**Social Learning** - Learning occurs in a social context

**Constructivist** - Learning is the construction of meaning from experience

Merriam & Bierema (2014)

Understanding your approach to teaching/learning
If you view your role as a teacher is to:

Arrange environment to elicit desired response  
Behaviorist

Structure content of learning activity  
Cognitivist


View your role as:

Facilitate Development of the whole person  
Humanist

Model & guide new roles and behavior  
Social Learning

Facilitate learners' negotiation of meaning  
Constructivist


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<td>• Toward meeting behavioral objectives</td>
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<tr>
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<td>• Framed by mentoring</td>
<td>Social Learning</td>
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<td>• Orientation to the locus of control</td>
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Exercise

Demonstration with a volunteer talking about a learning experience related to hypnosis
Exercise in Pairs

- Select a partner
- Choose teacher and student
- Teacher asks student to describe a learning experience in small group training---perhaps dealing with hypnosis
- Teacher assists the student in understanding the learning process that was implemented.
- Process student learning and swap roles
## Stages of Group Development

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<th>Forming</th>
<th>Storming</th>
<th>Norming</th>
<th>Performing</th>
<th>Adjourning</th>
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<tr>
<td>Core, Corey &amp; Corey (2014)</td>
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<td>Transition</td>
<td>Working</td>
<td>Final</td>
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### Group Characteristics
- Initial resistance
- Assessing ones place
- Checking each other out
- Self focus
- Watching leader as role model for acceptable behavior
- Defensiveness
- Conflict
- Struggle for control
- Challenges to the group leadership
- Group solidifies unspoken norms
- Cohesiveness
- Other focus
- Contrast between working & non-working members
- Review of group experience

## Roles Small Group Members Might Assume

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<td>Sensitive</td>
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<tr>
<td>Instructor</td>
<td>Uninterested</td>
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Preventing and putting out Fires

Participants’ Safety

- Creating a safe environment
- Who may be vulnerable of having an abreaction
- How to handle untoward circumstances
Increasing Safety

- Know your participants

- Use language and create an atmosphere of rapport, calm, comfort, privacy

- Be explicit that this is a learning environment and not a therapy or clinical setting

Increasing Safety

- Encourage students to share only what they are comfortable sharing (what to do when boundaries are loose?)

- Watch/observe carefully- behavior is more descriptive than words

- Be positive and encouraging in the framing of how to learn and use hypnosis
Increasing Safety

• Invite mistakes - all here to learn.

• Give ego-strengthening and constructive feedback.

• Point out any range of ability (previous training and experience) in the group so that expectations are individualized for each learner.

Increasing Safety

• Provide cases that are “typical” in the basic training.

• Avoid alarmist and rarely occurring clinical cases that may frighten the new students.
Increasing Safety

**Prepare faculty by:**

- Heightening awareness of participant safety during workshop training
- Teaching faculty to identify practices that increase risk of adverse reactions
- Describing common scenarios in which a participant is at risk for having an abreaction

Safety- Prepare faculty

- Training faculty to use specific language and practices during lectures, group hypnotic experiences, discussions and small groups to minimize risk
- Communicating with faculty when they are teaching in a way that may increase risk.
Safety- Prepare faculty

Describing how if an abreaction were to occur the faculty should handle it regarding:

- the safety of the participant
- confidentiality
- information to other participants
- communication between faculty.

Who may be Vulnerable?

- Had previous hypnotic experiences which were negative or set different expectations.
- Misunderstanding of the trance experience which may set up negative expectations
- Inadequate or misleading verbalizations for starting and ending trance
Vulnerable?

- Facilitator forgets to re-alert
- Fractionation- from repeated trance experiences during training
- Highly hypnotizable participants
- People with DID
- Anybody ??

Scenario

During a basic workshop, after a group trance induction a participant says they feel dizzy and “out of it.”

What do you do?
Scenario

During an intermediate workshop a student has trouble re-alerting during a small group experience and says that always happens, and she can take care of herself. What do you do?

Scenario

During a small group experience a student begins to cry and expresses a lot of emotion in front of the group. What do you do?
Guidelines
For Conducting
Small Group Practice
Sessions

Small Group Practice

Before conducting small group practices

• Review guidelines (in faculty folder)
• Understand objectives
• Be clear about intended outcomes
• Watch the demonstration
Small Group Practice

Following the guidelines

- Allows for consistency
- Enhances participants’ experiences

Contact workshop chair with questions/problems

Small Group Practice

A. Pick Up Folder- one per group

Small group folders contain:
- list of participants in group
- evaluation forms/student feedback sheets
- Time and location of each group practice session
Small Group Practice

B. How it works

Students
• Same group of students work together during their entire training
• Meet in the same place.

Group leaders
• Change groups

C. Check Attendance

• Record attendance/absence on individual practice session record sheet
• Credit hours are dependent on attendance
Small Group Practice

D. Set the Overall Goal

• Discuss format for practice

• First SGP allow time for students to get to know each other.

• Time limits per induction and feedback for each group member (varies by practice session – see small group materials)

• Each student is subject and operator during each small group session

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Small Group Practice

Overcoming student shyness

• Encourage practice for everyone

• Review session goal

• Small groups are for students

• Resist temptation/student solicitation to show off own expertise
Small Group Practice

E. Faculty Level of Involvement During Practice

• Keep to minimum

• Gently intervene to:
  - Keep each subject-operator dyad on time
  - Help “stuck” operator get “unstuck”

- Help operator manage unforeseen subject reactions if necessary

• Keep practice safe

• Ensure complete and successful re-alerting of both subject and operator
Small Group Practice

F. Guidelines for Re-alerting:

- Ensure complete re-alerting after first trance

- Subject / Participants experience many trance states during workshop without guaranteed full re-alerting

Small Group Practice

F. Guidelines for Re-alerting

- Avoid unintended fractionation by fully alerting subject and participants after each direct or indirect induction.

- Ensure full re-alerting of each subject in all small group practices
Small Group Practice

G. Process for Practice Session
   Group seating in a circle (if possible)

   • One operator works with one subject at a
time in front of the group, with a
designated observer.

   • Feedback after completion of each
practice
     -subjective experiences of subject

Small Group Practice

Feedback continued:

   -subjective experiences of operator
   -observer offers feedback

   -faculty feedback on induction,
   verbalization, suggestions, techniques
   that may not have been mentioned.
Small Group Practice
Feedback continued:

- Keep it constructive – How they can improve or “enhance” what they did

- Don’t overwhelm the Facilitator/Operator with too much feedback.

- Pick a couple key learning issues connected with the objectives for the level SPG they are in.

Small Group Practice

- Group discussion- keep it brief

- Questions and answers. Brief - don’t get sidetracked away from the group practicing.
Small Group Practice

H. Each participant practices as Subject and Facilitator/Operator and Observer.

Observer

Facilitator (Operator)  Subject

Small Group Practice

H. Continued

• Go in succession around the group

• Continue until all group members have been F/O, S and observer.

• Give equal time to each triad

• Each member needs to be the F/O in each practice group
Small Group Practice

I. Record information on record sheets and end each practice session on time

- Return group folder and evaluations to registration desk immediately after each practice

Small Group Practice

J. Feedback to Workshop Chair

Faculty:
- Meets at end of each small group practice at registration desk with Chair

- Informs Chair of any problems or concerns regarding students in any of their roles during small group practice.
Small Group Session Tasks & Evaluation

Experiential Learning with small group videos
Running a Workshop

ACCME standards

• Disclosures

• Practice gaps for advanced

• Learning objectives

• Citing the literature: Evidenced based references
Choosing, Coordinating and Supporting Faculty

What is your pool of candidates?
Approved consultants

Experienced teachers

ASCH policy to keep training new faculty

Faculty

• Observe or work with faculty, if at all possible

• Read evaluations of faculty

• Ask other colleagues
Faculty

- Faculty like to teach what they know best. Ask for their interests, then invite them to “stretch”

- Teaching together- how to facilitate coordination

- Providing feedback to faculty.

Practical matters

- Organizing the schedule, topics, and faculty

- Handouts- quality, on-line or printed, hiding background graphics

- Your PPT slides- style, size, name & number, content
Practical matters

• Checking your AV

• Timing—practicing the presentation, time for inductions

• Being respectful of other faculty’s time

• Intro and Q & A time

Practical matters

• Set clear expectations with faculty for small group practice time

• Set clear expectations for participants for the workshop

• To offer scripts or not for participants practice groups?
Practical matters

- Placement of participants in appropriate tracks
- Managing unusual circumstances
- Keeping the workshop on time
- Sign-in system for CEU’s

PowerPoint landmines

- Don’t just read your presentation from your slides
- Add images to break up monotony
- Do not put too much information on one slide
- Do not have more slides than you can cover in the presentation time
PowerPoint landmines

- Simpler is better
- Spell cheek
- Cite your references - people ask
- Cartoons

Videos
Standards of Training

Basic Track Guidelines

Standards of Training

Intermediate Track Guidelines
What is consultation?

- Consultation is a student and teacher relationship.
- Elicits the student’s knowledge and skills.
- Enhances the student’s knowledge and skills.
Consultation

- Provides constructive and critical feedback
- Challenges “conventional wisdom”
- A deliberation or conferring between two treating professionals on a case
- It is not supervision.

Becoming an Approved Consultant in Clinical Hypnosis
Approved Consultant

• Have a graduate degree in an appropriate health care profession.

• Belong to the professional society for that profession

• Have a license to practice in that profession

• Minimum of 100 hours, post-degree, ASCH approved training.

Approved Consultant

• Have completed 20 hours of training with an ASCH Approved Consultant

• 5 years of independent clinical practice using hypnosis in their practice

• Advanced Membership - Minimum 5 years membership in ASCH or SCEH (or other options)
Approved Consultant

• Documentation - Application, transcript, professional license or certification, attendance records for hypnosis training, consultation contract and verification forms

• Training for becoming an Approved Consultant

• Letters of recommendation

Standards of Training

Requirements for Certification
ASCH Certification

ASCH Consultation Certification Forms

• Learning Contract

• A Consultation Contract (Submitted to ASCH by consultee)

• A Case Consultation and Learning Contract Verification Form (Submitted to ASCH)

ASCH Certification

Learning Contracts

“Evidence is accumulating that what adults learn on their own initiative they learn more deeply and permanently than what they learn by being taught”

Knowles (2005)
ASCH Certification

Learning Contract:

• Specifies the learning needs
• States the learning objectives
• Identifies the learning resources and strategies
• Describes the methods for evaluating achievement of learning goals

ASCH Certification

Consultation Contract:

• Training is for __ hours and does not constitute clinical supervision.
• I have completed a learning contract specifying learning needs, objectives, resources and strategies, outcomes and review.
• I verify that I maintain professional liability coverage
ASCH Certification

Learning experiences may include:

• Didactic presentation
• Case discussions
• Videotape demonstrations
• Live demonstrations
• Audio recordings
• Reading assignments
• Review and practice
ASCH Certification

- Script development
- Role play
- Face-to-face preferred (but not required)

ASCH Certification

ASCH Consultation and Learning Contract Verification Form

Upon completion of the IC experience, the Learner and Approved Consultant both sign and date the verification form.
Evaluation

Reflection on the learning experience is essential to the process of learning for transformation.
Evaluation

How you construct evaluations will depend on what you plan to use them for.

Evaluation

Construction of the evaluations depends on how you plan to use it.

- For students to gain awareness of what they have learned (and still need to learn)?
- For improving faculty presentations?
- For seeing if the objectives are met?
Evaluation

• To assess the applicability of the training to practice?

• For improving the content, objectives, flow, program, etc.

• To meet accreditation requirements?

Questions ???
References


General Instructions for Basic Small Group Sessions

1. Pick up the folder for your group from Emma at the Registration desk.

2. Meet your group in their assigned room. The room assignment and map of the rooms will be on the folder.

3. Determine and inform the participants of the approximate amount of time each participant has for practice. This is based on the length of the session.

   Sessions 1, 2, 3 are 90 minutes
   Session 4 is 135 minutes

For example with 6 participants:

**Session 1 – 90 minutes**

   Rapport, Induction (only) & Re-Alert

   *Introductions and rapport information – 24 min*
   Have them use the **Rapport Doc** for Small Group –
   The purpose is to simulate their first session with a patient and to expedite rapport for the subsequent sessions.

   **Then…**
   5 min for each participant to accomplish an Induction and Re-Alerting
   Allowing:
   2 min for subject reaction
   2 min for observer
   2 min for group/faculty observation

**Session 2 – 90 minutes**

   Rapport, Induction, **Deepening** & Re-Alert

   9 min for each participant to an Induction, Deepening and Re-Alerting

   Allowing:
   2 min for subject reaction
   2 min for observer
   2 min for group/faculty observation

**Session 3 – 90 minutes**

   Rapport, Induction, Intensification/Deepening
   **Ego Strengthening, Suggestion** & Re-Alert

   Time similar to Session #2
Session 4 – 135 minutes

Rapport, Induction, Intensification, Phenomena, Ego Strengthening, Suggestion & Re-Alert

Time example as follows:
15 minutes for participant to cover the above

Allowing:
2 min for subject reaction
2 min for observer
2 min for group/faculty observation

4. Give the participants a signal at approximately halfway through (if they request), then another signal when the operator needs to realert the subject (important). Let them know what those signals are.

IT IS IMPERATIVE THAT EACH PARTICIPANT GETS THE OPPORTUNITY TO BE THE FACILITATOR.

5. Determine the facilitator, the subject and the observer. It is preferred that the facilitator and subject be two different people each time. The easiest way to proceed with a triad is to have 3 chairs set up and have the participants rotate counterclockwise. See Diagram below for example. We want to encourage as much diversity of experience as possible. All inductions must be performed in the small group under the direction of the faculty. Participants should not be divided to practice on their own.

Diagram for Triad:
6. Feedback sheets are for faculty use to take notes with each induction but should also be used to document any problems or concerns that arise during practice.

7. Monitor closely for total realerting and abreactions. Process this with the subject, facilitator, and entire group when necessary.

8. Remind the participants that engaging in psychotherapy is not appropriate in the context of small group, especially when formulating suggestions.

9. Return your folder to the registration desk as soon as your session is over.

10. It is very important that you inform one of the Basic Workshop Co-chairs immediately after the small group session if there are concerns with a group or participant, or if an abreaction occurs.

Thank you so very much for your help 😊
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<th>Name</th>
<th>Profession</th>
<th>Hobbies/Interests</th>
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Instructions for Small Group Observer

This is the opportunity to reinforce what you have learned by looking for some of the specific criteria important in a hypnotic session. The sections in **BOLD** are the new techniques/procedures you just learned and now have the opportunity to practice.

As the observer, we ask that you simply check if you observed the behavior and if you’d like, there is a space for a specific note.

*This is not a sheet of paper that is shared.* It is for your educational purposes only.

The last session is a wrap up, so there are a few more things to see if you notice during the suggestions…

Any questions, please don’t hesitate to ask.

Have fun!

**Session 1 –Induction And Re-Alert**

**INDUCTION**

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**SPEAKING**

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**RE-ALERT**

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Session 2 – Induction, *Intensification/Deepening*, Re-Alert

**INDUCTION**

**MIRRORING**

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<td>Acknowledging Physical Changes Observed/Anticipated</td>
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<td>“That’s Right” “Good” etc.</td>
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**DEEPENING/INTENSIFICATION**

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**SUGGESTIONS**

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<tr>
<td>Repeated 3 – 4 times</td>
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EGO STRENGTHENING

Appropriate suggestions
Given multiple times
Repeated during Re-Alert

RE-ALERT

Subject given definite Cue
Change in Tone
Change in Tempo
Change in Body Posture
Alertness Verified

Session 4 – Induction, Intensification, **Phenomena**
Ego-Strengthening, Suggestion, Re-Alert

**INDUCTION**

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**HYPNOTIC PHENOMENA**

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<th>Timed after deepening</th>
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<tbody>
<tr>
<td>Observed patient’s response</td>
<td></td>
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<td>Reinforced positive response</td>
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<td>Was flexible with outcome</td>
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**EGO STRENGTHENING**

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**Just for fun, see if you notice (suggestions)**

<p>| Indirect |   |
| Direct |   |
| Authoritative |   |
| Permissive |   |
| Content |   |
| Process |   |
| Contingent |   |
| Carrot Principal (motivation) |   |
| “Yes Set” created |   |</p>
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Consultation Intake Information
Holly Forester-Miller, Ph.D, LPC

Name _______________________________________________
Home Address __________________________________________
________________________________________
Home Phone _____________ Work _________________
Work Address __________________________________________
________________________________________
Email ____________________ Cell _______________________
Profession _______________ Employer ____________________
License Number ____________

Reason for seeking consultation:

Prior Hypnosis Training:

Learning Objectives: