



NEWSLETTER

From the Desk of the President....

Greetings ASCH Colleagues,

The year of 2020 can definitely be marked as a year of learning, having stepped out of the former familiarity to not just glimpse a new horizon but to soar high against a future sky. All of the virtual platforms have lost their mystery and have provided a sense of freedom to navigate turbulent times in elegant ways.

ASCH has trained 2454 individuals this year and provided an enriching and top-notch learning experience. I definitely think that we have surpassed our own expectations for this challenging year.



We offered the following training opportunities virtually:

- 1 Annual Meeting and Scientific Workshops (4 plenary speakers, 1 pre-conference workshop, 1 Teaching and Consultation Workshop, Intermediate Track, 23 Advanced Workshops)
- 4 Basic Workshops
- 3 Intermediate Workshops
- 10 Advanced Workshops

I am very grateful and proud of our ambitious Learning Task Forces. Moreover, I am spellbound by the passionate energy of our society, the various committees and dedicated members and their desire to make our Society the best it can be especially during a pandemic. Thanks for your commitment to ASCH!

Consequently, our next 2021 virtual 4-day, multi-faceted annual meeting, led by President-Elect Dr. Bridget Bongaard and her committee are moving full speed ahead. You will notice a brand-new conference format emerging that you can sign up for very soon. Their passionate energy advancing the field of hypnosis is definitely contagious. Amongst many esteemed faculty, Dr. Kathryn Rossi and Richard Hill will deliver an exciting plenary talk. As you immerse yourself in the gathering of masters and scholars you are bound to advance your knowledge of hypnotic applications and research.

Coming back to the present, 2020 also marks the year where we said farewell and pay tribute to the amazing lives of two legends in the field of hypnosis, medicine, and psychotherapy: Dabney Ewin, MD and Ernest Rossi, Ph.D. Both of them, decorated with prestigious and numerous awards through the decades, had quite a few things in common: Lifelong explorations into the world of the unconscious mind, the psyche, emotions, physiology, and mind-body healing.

Dr. Ewin was a Board Certified surgeon and Occupational Medical specialist interested

Inside this Issue

Celebrating Clinical Hypnosis Day 2021.....	2
Editor’s Letter.....	3
Touching the Unconscious in the Unconscious.....	3
ASCH-ERF Virtual Hypnosis Training	4
Online Virtual Hypnosis Training.....	4
Clinical Corner.....	10
Survey of Hypnosis Clinicians and Researchers.....	11
Component Section Corner....	12
Notice of Meetings.....	12
Election Update.....	13
Save the Date for HIEs.....	14

in exploring psychosomatic medicine and a rapid unconscious exploration technique called Ideomotor Signaling, pioneered by Dr. David Cheek. He worked as a Clinical Professor of Surgery and Psychiatry at Tulane University and as a Clinical Professor of Psychiatry at Louisiana State University. Furthermore, he frequently served on the faculty of SCEH, ASCH, and ISH and I literally ran into him all over the world. He was a jewel and a joker. He once told me: "I do past live regressions now and I don't even believe in past lives". He served as president of ASCH and NOACH and authored books and numerous articles. You can find his tribute in the ASCH Newsletter Vol. 63, Issue 2 written by Dr. Corydon Hammond.

Furthermore, the ASCH Newsletter Vol. 63, Issue 3, to be published in January 2021, will feature a tribute written by Dr. Kathryn Rossi highlighting Dr. Rossi's life and professional accomplishments. Dr. Ernest Rossi explored areas and aspects of psychotherapy into the nature of the unconscious – all the way to the quantum levels. He invested himself in the "internal pharmacology" of consciousness and was the editor of the periodical, Psychological Perspectives: A Journal of Global Consciousness integrating Psyche, Soul and Nature. Furthermore, Dr. Rossi's contribution to the Human Genome Project positions explanations for DNA microarrays. His psychosocial genomic work, whom he explored together with his wife, Kathryn Rossi, encourages an understanding of how thoughts and behaviors interface with gene expression as a top-down approach, creating brain plasticity.

Accordingly, we expand our invitation to attend our webinars taught by top-notch experts during the coming months and hope that you can give yourself the gift of attending. Our presenters are superb and excited to share their knowledge and expertise. We hope that you will make invitations to others to join our webinars and enhance the experience with your presence.

Whatever your learnings brought to light this year, whatever lies ahead, and whatever you contribute to the lives of the individuals that you treat or teach on a daily basis, ASCH thanks and appreciates you!

Happy Hannukah. Happy Kwanzaa. Merry Christmas. Happy Holidays.

As my motto continues: Live and Learn!

Anita

Celebrating Clinical Hypnosis Day 2021

Clinical Hypnosis Day will be celebrated on May 23, 2021, but it's not too early to begin preparations for your celebration. Here are a couple ways to get started:

Request a Proclamation

This process should begin in January. Start by locating the appropriate state or city government website. When you have confirmation that the proclamation has been signed, please let us know so that we can post it on our CHD webpage. You can also contact local media to suggest it as a news item. Guidance for how to work with local media can be found in the CHD Toolkit.

Schedule an Event

Host a free talk for the public, a seminar at the local university, a seminar at the local hospital, a lunchtime presentation at your place of employment, contact a local radio station or television program, or work with a local professional association to create new excitement for hypnosis in your local area.

The possibilities are endless, but whatever you choose, please let ASCH know! We would love to be able to include your event on our CHD website to let other people in your area know that a celebration is happening.

Letter from the Editor

Welcome to the winter edition of the ASCH newsletter. Winter often is a time of reflection and no other year has this been more relevant! What a year of change! ASCH held our first online annual conference and converted Regional trainings to online platforms as well. Many of our members discovered how to engage in telehealth services thus ensuring patients were able to connect with the help and support they needed. We were also able to offer several online webinars to support the professional growth of our members and carry on the day-to-day business of ASCH. And all of this was done while working from home, dealing with the COVID crisis. We really do have an amazing office staff, executive committee, and task force members who made this happen. Thank you to all of you!



Despite the many disruptions throughout the year, we were still able to run the annual elections for positions on the Executive Committee. Read on further for the results! Congratulations to all who ran and for the new and upcoming board.

The winter issue contains a very timely article written by Linda Thomson and Lane Wagaman entitled Online Virtual Hypnosis Education. Here they share the process they went through to convert our Regional Training session to an online format. This is very timely information as many component societies may be faced with doing something similar.

Next in the Clinical Corner, we are excited to feature Tenley Fukui, MA, LPC as she shares about the people and resources that have shaped her chronic pain hypnosis research and work. She also has published on the use of hypnosis combined with biofeedback for chronic pain management. You are sure enjoy her contribution this month.

In the Component Section Corner, Deb Bensching, Component Section Chair, reminds us to consider how our component societies might work together as we transition to more online options. This could be a great opportunity to combine resources to host speakers or workshops. Additionally, she shares some thoughts from Milton Erickson about supporting marginalized people.

Wishing you and your families a safe, relaxing, and joyful holiday season.

Sincerely,
Deb Nesbitt, APRN, PMHNP
ASCH Newsletter Editor

Touching the Unconscious in the Unconscious

Interview with Ernil Hansen, Prof. Dr. med. Dr. rer. nat.

By Anita Jung, MS, LPC-S, LPA

Dr. Hansen is a Professor of Anesthesiology at the University Hospital in Regensburg, Germany with doctoral degrees in Biochemistry (PhD) and Medicine (MD). He is an active member on the Scientific Board of the German Milton-Erickson-Society of Clinical Hypnosis (MEG).



Anita Jung (AJ): You are the senior author of a paper that was published in the Christmas Edition of the British Medical Journal. The study uses hypnotic suggestions and has received a lot of attention from the medical society and the press. What was and is your intention?

Ernil Hansen (EH): My major goal is to get hypnosis back to medicine. How can this be achieved? Not by the nice books that hypnotherapists like to write but rather by evidence-based publications in peer-reviewed journals. That is exactly what the professionals in medicine, the opinion leaders, the medical congress organizers, the ones that define what students and doctors in medicine should learn and read are impressed by. The recent publication of the study was accompanied and highlighted by an editorial and is called: “Effect of therapeutic suggestions during general anesthesia on postoperative pain and opioid use: Multicentre randomised controlled trial. (1).” It is particularly important because

the publication appears in the fourth highest rated medical journal with an impact factor of 31. For comparison, the impact factor of the American Journal of Clinical Hypnosis in 2018 was 1.1. Our hope in publishing in the medical journal was that hypnotherapeutic communication would catch the attention of many in the medical field for hypnosis again. Influential media such as The New York Times and the BBC have already responded favorably.

AJ: What was the study about and what results did you encounter?

EH: The study of 385 patients showed a significant reduction in postoperative pain by 25% and in the use of opioids by 34% after an audio recording laced with therapeutic communication based on hypnotherapeutic principles and background music was played during general anesthesia. By the way, the text and the article are available online. We are calculating that with every six patients treated a publication of further results including reduction in postoperative nausea and vomiting, and the use of antiemetics, will follow.

AJ: What are the major implications of this study and article?

EH: First, the demonstration of perception during general anesthesia in a considerable portion of patients is unexpected and calls for a change in the behavior in the operation theatre with reduction of noises and thoughtless or even negative conversations. Anesthetists know the phenomenon of “intraoperative awareness” that was first pointed out by David Cheek (2). This severe complication of anesthesia is well-studied meanwhile and known to affect 0.2% (explicit memory) or 2% (implicit memory). Additionally, Christel Bejenke has suggested that hypnotherapeutic communication could avoid onerous consequences (3). However, nowadays, we have to deal with most patients receiving negative or positive suggestions during general anesthesia due to various factors.

Second, a simple, feasible, non-drug method is available without risks and costs to support surgery and reduce postoperative side effects. Further studies and applications were stimulated and are underway. For instance, studying unconscious patients such as the ones in a coma, during intensive or palliative care, during resuscitation, or in more extensive surgical interventions such as cardiac surgery. Hypnotherapist are needed to help physicians generate appropriate texts. The starting point of the mentioned study was a meta-analysis of older studies using audio recordings during general anesthesia (4) that had demonstrated no significant effect on pain and a low effect on medication. Obviously, such a text needs careful and experienced designers, avoiding negations and finding effective suggestions. Interestingly, the text of the respective study

did not contain words like “pain” or “analgesics”.

AJ: Are there also implications for hypnosis and hypnosis research?

EH: Sure. We can compare the effect size of our intervention with perioperative hypnotherapy (5). How come, intraoperative suggestions showed equal or even higher effect sizes than hypnosis, where visits and training with a hypnotherapist are necessary. Could it be that the common denominator of the efficacy of hypnosis and intraoperative suggestions point to the fact that the unconscious mind is reached best when the critical conscious mind is effectively circumvented? What makes the press and readers in general react more to titles that include “music” (New York Times, Dec 15 2020) and what makes them overlook the hypnotherapeutic compound? A lot to discuss and to work on in the future.

AJ: I am grateful for all of your endeavors and success in hypnotic and medical research and in advancing the field of medicine and the care to all the patients.

Reference:

Nowak H, Zech N, Asmussen S, et al. Effect of therapeutic suggestions during general anaesthesia on postoperative pain and opioid use – multicentre randomised controlled trial. *Brit Med J* 2020; 371:m4284. DOI: 10.1136/bmj.m4284

Cheek DB. The anesthetized patient can hear and can remember. *Am J Proctol.* 1962;13:287–290.

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Häuser W, Hagl M, Schmierer A, Hansen E: The efficacy, safety and applications of medical hypnosis – A systematic review of meta-analyses. *Dtsch Arztebl Int* 2016; 113(17): 289-96, DOI: 10.3238/arztebl.2016.0289

Online Virtual Hypnosis Training



Article Submitted by: Linda Thomson, ABMH, MSN, CPNP and Lane Wagaman. EdD

In 2020 during the evolution of a global pandemic, the American Society of Clinical Hypnosis (ASCH) was faced with continuing its principal mission of providing and encouraging education programs to further, in every ethical way, the knowledge, understanding, and application of clinical hypnosis in health care and maintaining ASCH fiscal solvency. ASCH's Regional Workshop Committee (RWC) was tasked with the daunting job of safely and ethically developing an online training and educational product for Level 1 / Basic and Level 2 / Intermediate clinical hypnosis training. The assignment was to re-design longstanding, highly successful in-person workshop training programs into a virtual format based on the the revised Standards of Training approved by the ASCH Executive Committee in 2019 for Level 1 that could be implemented safely and expeditiously. Additionally, the assignment included transitioning the high quality Level 2 programs that ASCH had been conducting in-person to the virtual training.

Simultaneously an online task force was appointed, which together with the Ethics Committee of ASCH, was tasked with the exploration of the ethical ramifications and recommendations for practicing and teaching clinical hypnosis remotely. The ASCH Ethics Committee developed ethical guidelines for not only online education, but also how to assist clinicians in safely taking their practices online. (https://www.asch.net/Portals/0/PDF-content/Ethics_Guideline_Telehealth_report_5-16-20_rev_6.7.20-r.pdf?ver=2020-06-09-163454-283) Working collaboratively with these two groups the RWC set about the task of identifying, developing and implementing safeguards necessary in an online format in order to continue the educational mission of ASCH and help to keep it fiscally viable during this unprecedented and unanticipated time with an unknown timeline and end point. ASCH's educational offerings are a significant revenue stream for the organization and serve as the lifeblood for new memberships.

The RWC recognized several challenges in developing online Level 1 and Level 2 workshops including:.

1. Identify and explore what would be the best and most economically feasible virtual platform to meet our needs and technology user friendly enough that the faculty, staff and participants could most efficiently and confidently master.
2. How long could participants be expected to be actively engaged and learning while sitting in front of their screens for extended periods of time, albeit from their homes and/or offices?
3. How to safely conduct small group experiential practice sessions remotely and provide the necessary safeguards in the unlikely event of an abreaction or other untoward event during a faculty demonstration or small group practice experiential session?
4. How to ensure proper participant re-alerting and reorientation at the end of each day?
5. How to measure the quality of the virtual offerings and stimulate participants to return for more future trainings with ASCH?
6. How to incorporate interaction and social engagement among fellow participants and faculty?

Challenges and Solutions

1. What was the best and economically feasible virtual platform to meet our needs and could the faculty, staff and participants master the technology?

Prior to the pandemic, ASCH was already using Zoom to hold online meetings. Most workshop participants have been familiar with this platform, and those who have not learned the necessary basics quickly. Only those clinicians who have registered for the workshop will be admitted to Zoom by the staff. Zoom's screen sharing feature allows participants to view the faculty's presentation along with a small live video of the presenter. During all presentations and demonstrations an additional faculty is monitoring the participants and the Chat feature. The Chat feature allows participants to post written questions or dialogue with the currently presenting and/or monitoring faculty. Using Chat, the monitoring faculty can comment in real-time their observations during demonstrations on physiologic characteristics of trance, hypnotic phenomenon, use of language, etc. Faculty also use group text on their cell phones to enhance communication among faculty. Zoom also has the capability of break-out rooms which can be used in the same way as sending each small group participant to a small conference room onsite during in-person training. By hiding non-video participants, only the participant facilitating trance and the recipient would be seen on screen.

For the most part, early career professionals are digital natives, comfortable with technology and learning online. During COVID time many health care professionals have expanded their technological expertise. For the faculty and ASCH staff, it was a learning curve, but not insurmountable.

2. How long could participants be expected to be actively engaged and learning while sitting in front of their screens for extended periods of time?

The newly approved 2019 Standards of Training require 21.5 hours of Level 1 training. The digital attention span of participants and faculty was an unknown factor as the RWC crafted the virtual workshops. Also to be considered were the different locations of the faculty and participants resulting in various time zones: Daily workshop times had to take into account a reasonable beginning time appropriate for persons on the west coast while ending the workshop day at an hour acceptable for those on the east coast. A typical in-person workshop begins Thursday evening, with full days Friday and Saturday, and ends Sunday at noon. The RWC wondered if participants would be able to stay engaged in front of a screen for that length of concentrated time. The decision was made to spread the training over two week-ends. The New England Society of Clinical Hypnosis (NESCH) has conducted its Level 1 training this way for decades. Drawing its participants from a local geographic area where air transportation was not necessary, NESCH was able to successfully conduct its workshops in this manner. This schedule gave the participants the opportunity to practice the skills they just learned in the first week-end of training before returning on a subsequent week-end for the remainder of the workshop.

It was decided to pilot the first ASCH Level 1 over two week-ends, with a two week interval between workshop weekends. Enrollment for the pilot was limited to 12 with nearly as many faculty and support faculty. The outcome was well-received, worked well, and the evaluations were uniformly positive. The participants were engaged, enthusiastic, and demonstrated notable learning and increased confidence. (The faculty was exhausted, but excited that it could be done both safely and cost-effectively.)

3. How to safely conduct small group experiential practice sessions remotely and provide the necessary safeguards in the unlikely event of an abreaction or other untoward event during a faculty demonstration or small group practice experiential session?

Participant safety is a highly important feature of any clinical hypnosis training. Multiple safeguards were put into place for on-line workshops. The informed consent and disclosure document used for in-person workshops was expanded which included:

- Specific resources for emergency support and immediate contact information for ASCH staff and workshop faculty
- Participant-provided telephone numbers by which workshop participants and others who will be in the immediate physical environment as the workshop participant during the workshop can be contacted
- Release and consent for ASCH to contact individuals designated by workshop participants should such necessity arise

In the pilot of Level 1 each SGP had 4 participants and at least 2 faculty. In subsequent workshops the number of participants in each SGP was limited to 5 with one faculty. A second faculty member was available by phone to step in to facilitate the SGP should an event occur that required the faculty assigned to facilitate that small group to individually assist a participant with any adverse event.

Hypnosis is a powerful modality and there are bound to be registrants at the workshop with a trauma history which may be inadvertently exposed during the course of the workshop. On an infrequent occasion during in-person training, an individual participant might experience an adverse event during a SGP experience or as a subject during a demonstration. It was decided for the pilot Level 1 workshop to have at least 2 faculty in each SGP and to limit the number of participants in each small group to 4. Each participant would be required to have provided ASCH with the name and contact information of a person who would be available during the course of the workshop who could be contacted and provide support in the event of an emergency. The participant must also disclose to workshop staff and/or faculty their physical location and contact information during each day of the workshop.

Communication is vital so each day begins and ends with a faculty meeting to discuss any issues that have arisen from previous days or that might be anticipated during the upcoming day. The faculty logs that are kept during SGP that during in-person workshops would be put in a folder and passed to the next faculty for that group, are scanned and uploaded via Google drive to a digital folder that can be accessed by other faculty. At the end of each SGP session the faculty facilitator will communicate to the SFA staff hosting Zoom to indicate if there were or were not any issues in their SGP.

4. How to ensure appropriate and sufficient re-alerting and reorientation at the end of each day?

Pre-trance and post-trance assessment of participant's alertness to determine adequate termination of trance experience is taught in the Level 1 workshops and reinforced in Level 2. With an abundance of caution, it was decided that at the end of each day a faculty member would call each participant to ensure his/her level of alertness and orientation and inquire about any unusual experiences or difficulties during the course of the day. Each faculty member completing end of day calls to workshop participants would call the same participants each day to enhance and optimize interpersonal familiarity, openness and trust, as well as providing an early baseline of participant response and status for comparison throughout each subsequent telephone contact throughout the workshop. It was also decided that whenever possible there would be no group hypnotic experiences in close proximity to dismissal for the day. During all group experiences, participants' videos must be on and an additional faculty member would be continuously monitoring the participant group.

5. How to measure the quality of the virtual offerings and stimulate participants to return for more future trainings with ASCH?

Historically ASCH members have all received and valued their in-person clinical hypnosis training. We are an aging society and in need of more enthusiastic, young, early career professionals to add vitality and numbers to our diminishing membership. It has been exciting to note that the age demographic in the virtual workshops thus far has been younger than our typical in-person trainings. Young clinicians often do not have the financial resources for airfare, lodging and food to attend our in-person trainings. They are comfortable with technology and the virtual format appears to be well suited for them.

Traditionally there has been a decline of participation rates from Level 1 to Level 2 training. Opinions about how long to wait between Level 1 and Level 2 training are variable. We have experienced enthusiastic Level 1 participants registering for Level 2 training as soon as possible following completion of Level 1 online training. There are concerns that it is too limited a time during which to become more familiar, comfortable, confident and capable with the clinical hypnosis skills learned during Level 1 to make one ready for Level 2 training so soon after the completion of Level 1. The RWC was initially uncertain about the quality and depth of online training as compared to in-person. That has not proved to be an issue. In addition, it should be noted that using Zoom has allowed ASCH to record all the demonstrations and didactic content of virtual workshops. This provides a repository of information re: virtual workshops as well as documentation as needed for future concerns or planning. It should be noted, however, that small group practice sessions are not recorded and available for subsequent review.

6. How to incorporate interaction and social engagement among fellow participants and faculty?

As an interdisciplinary society of health care professionals, the members of ASCH genuinely enjoy getting together in person at workshops, annual trainings and meetings. Many members consider ASCH their primary professional family. For participants in virtual workshops, some have decided to continue to meet via Zoom between and after their week-ends of training. This is an area that still needs some additional creativity and planning.

Lessons Learned and Plasticity Going Forward

In a very short time, with only few virtual workshops completed, the RWC has learned or refined not only significant amounts of technological skill but many other lessons having to do with the process, procedures and differences of virtual workshops compared with traditional ASCH in-person workshops. This new frontier is plastic and we are learning and making adjustments as we go to maintain ASCH's gold standard in clinical hypnosis education.

First, foremost, and very quickly, it became apparent that preparing for and presenting a virtual workshop in clinical hypnosis requires significantly more time, more organizational structure and detail, along with more specific processes and procedures. Online workshops also needed more staff and faculty time and energy, and more workshop participant follow-up than historically typical in in-person ASCH workshops. The number of capable, experienced, and available faculty is limited by several factors: significant commitment of time, competence with the technology, familiarity with the revised (2019) Level 1 Standards of Training, and personal comfort with teaching online.

Historically ASCH in-person workshops have a free-flowing nature with opportunity for spontaneity: impromptu demonstrations or taking full advantage of teachable moments. The need to remain on a time schedule within virtual training workshops is noticeably greater and less flexible than during in-person training.

There is a significant scheduling difference between in person and virtual workshops. Participants and faculty may come from a variety of time zones nationally and even internationally. Careful sequencing and scheduling of actual training time each day is an important and time-consuming task while considering all time-zones.

Another time-related concern is that of scheduling breaks: how many, how frequent, how long. We have found that virtual workshop schedules need to consider more frequent, shorter breaks. However, this can quickly negatively impact schedule adherence if all participants and faculty do not observe and work within such break schedule. **Flexibility** is necessary as we continue to learn how to adjust sequencing, schedules, and breaks based on feedback from participants and faculty.

The first Level 1 and 2 online workshops were set over 2 week-ends. A positive effect was that the participants had the ability to begin to practice what they had learned and met on their own with their small group practice groups. The negative aspect of this schedule was the two week-end time commitment for both faculty and participants. In February, 2021, ASCH will be offering Level 1 & 2 workshops over four consecutive days, much like a typical four-day ASCH in person workshop.

The RWC, in developing, presenting and modifying virtual workshops, has been consistently aware of workshop participant safety, particularly with respect to inadequate re-alerting and reorientation and/or abreaction. The check-in on by telephone following adjournment of each day's workshop received positive responses from the participants, along with expressions of gratitude. However, it could add an additional hour or more to each faculty member's workshop responsibilities. At times the contact numbers to reach the participants were incorrect.

At the December 2020 online workshop, we will be piloting a different model instead of the follow-up phone calls. Participants will go to break-out rooms at the end of the day along with a faculty member and be asked:

1. How are you doing? How was today's workshop?
2. Anything happen that was unexpected for you today?
3. Sometimes when people are in and out of trance, they notice some mild changes, anything like that happen for you?
4. Any significant experiences with re-orienting from a demo or during a SGP experience that you noticed?
5. Are you at or above your usual state of alertness as when you began the day?

To prepare participants for the workshop, the RWC is in the process of developing and refining a series of videos to be viewed by participants before the workshop. These videos will include a general overview of the ASCH virtual training program, Zoom operational procedures, and the importance of accurate contact information. Another video will include a review of small group practice procedures and forms.

Participants will also receive a link to a follow-up video after the workshop to encourage ASCH membership and ongoing training.

And finally, one of the best, albeit unexpected lessons learned: the majority of ASCH Level 1 virtual workshop participants thus far have been relatively young, early career professionals who are quite familiar, comfortable, and competent with technology and virtual learning. This is an exciting and positive outcome, particularly in view of the ASCH membership longevity profile, recent membership trends, and our goal of attracting young, early career professionals to ASCH membership and eventually leadership.

Summary

In Chinese calligraphy the term crisis is actually made up of two characters: danger and opportunity. This global pandemic of COVID 19 created danger for the fiscal survival of ASCH and its principal educational mission. At the same time it created opportunity to move forward in a different way. We do not yet know what the new normal post pandemic will look like. What we do know is that it is possible to safely provide virtual clinical hypnosis training to a new generation of digital natives who will help our Society thrive in the years to come.



CLINICAL

ORNER

Welcome to the Clinicians Corner. During the 2020-21 year we will feature interviews from experienced clinicians who have used hypnosis for a variety of topics in many different health care settings. Many thanks to these professionals for being willing to share some of their best tips, techniques, and advise. We hope you enjoy and benefit from these interviews.

Name:

Tenley Fukui, MA, LPC

Professional Discipline:

Private Practice, Part-time Research for Michael E. DeBakey VAMC

How long have you been using hypnosis in your professional practice?

14 years in private practice

18 years in chronic pain research for the VA. I used clinical hypnosis for the VA Pain Clinic and Trauma Recovery for one year. I used hypnosis with research subjects for 8 years.

On what specific topic would you like to share your best tips, techniques and advice?

Chronic pain

When you first started using hypnosis to address this topic, what were your favorite scripts, hypnotic techniques, strategies or processes?

18 years ago I developed a pilot study using hypnosis for chronic low back pain in veterans. It's published as "Hypnosis Treatment of Chronic Low Back Pain." I looked at the chronic pain literature and referenced Toomey & Sanders, Dr. Paul Sacerdote, Dr. Harold Crasilneck, Spinhoven & Linssen and many others.

How does this differ with your treatment process today?

I was blessed to work with Dr. Mark Jensen for our study for treating chronic low back pain with hypnosis or biofeedback. Dr. Jensen wrote the inductions; they are similar to what is in his book, Hypnosis for Chronic Pain Management. Our study "A Randomized Controlled Trial of Hypnosis Compared with Biofeedback for Adults with Chronic Low Back Pain" is published. In private practice, I also used Dr. Bruce Eimer's suggestions for chronic pain from his book, Hypnotize Yourself Out of Pain Now! I continue to find chronic pain research published articles and ASCH Listserv suggestions helpful. I often use different pain metaphors and suggestions such as imagined anesthesia, transformation of pain, symptom substitution, improved ability to sleep, exercise, etc. Drs. Mark Jensen, David Patterson, Cory Hammond, Mark Weisberg, Alfred

Clavel Jr. have great suggestions for chronic pain in their ASCH workshops.

In private practice, I combine clinical hypnosis and biofeedback together. I find them to be synergistic. A great article detailing this process for chronic low back pain is by Melzack and Perry. I just published an article on "Combining Hypnosis and Biofeedback to Enhance Chronic Pain Management" which further describes how I treat chronic pain with psychotherapy, hypnosis and biofeedback.

What advice would you give a new professional as they begin to use hypnosis in their practice for this topic?

Utilize what your clients say. (i.e. If their pain is burning let them put it in a cool bath or icy mountain stream or their favorite vacation waterfall in Hawaii). Continue to read hypnosis literature, take hypnosis workshops and webinars. Keep learning.

What book or article influenced your hypnotic work in this area that you would recommend?

See above and below.

Articles:

Fukui, T., Williams, W., Tan, G., Jensen, M.P. (2020). Combining Hypnosis and Biofeedback to Enhance Chronic Pain Management, The Australian Journal of Clinical Hypnotherapy and Hypnosis, 41 (1), 3-15. Epub 2020, Spring.

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Tan, G., Fukui, T., Jensen, M. P., Thornby, J., & Waldman, K. (2010). Hypnosis Treatment for Chronic Low Back Pain. *International Journal of Clinical & Experimental Hypnosis*, 58(1), 53-62.

Toomey, T., & Sanders, S. (1983). Group hypnotherapy as an active control strategy in chronic pain. *American Journal of Clinical Hypnosis*, 26, 20–25.

Survey of Hypnosis Clinicians and Researchers

Dear Members of ASCH:

Our organization has co-sponsored the Hypnosis Efficacy Task Force, a multi-national team of hypnosis clinicians and researchers that has been crafting guidelines for best practices and standards for hypnosis research, as well as recommendations for research priorities for the next decade. As an extension of that project, we are carrying out a **survey of clinicians, researchers and students in the field of hypnosis**, which aims to provide the most comprehensive picture to date of current practices and views in clinical and experimental hypnosis.

This survey is co-sponsored by the American Society of Clinical Hypnosis, the Society of Clinical and Experimental Hypnosis, Division 30 (Hypnosis) of the American Psychological Association, the European Society of Hypnosis, and the International Society of Hypnosis.

I would like to personally ask you to participate and help us out by taking part in this important survey. All survey completers will receive by email pre-print copies of any publications about the survey findings as soon as these become available. The survey takes about 20-25 minutes to complete, and the data are collected in an anonymous manner. To participate, simply go to the following web page and provide your name and email, and you will then receive a secure personal link to the survey:

<http://hypnosis-survey.com/participate.html>

Thank you for your support of this survey.

Sincerely,

Anita

Anita Jung, MS
President, American Society of Clinical Hypnosis

COMPONENT SECTION

ORNER



Greetings,

As 2020 comes to a close I find myself thinking about how many of us have had the opportunity to increase our comfort with electronic communication and the virtual world. As we move into 2021 the ASCH Component Sections Committee hopes to improve collaboration among component societies as we all have learned to pivot during this time. Currently there is informal communication developing with some of the Component Societies leadership looking at ways we can collaborate and support each other. Remember there is an ASCH Component Sections directory under the Professionals tab on the ASCH

website to identify whom you might reach out to at a component society. It is always helpful to check it and make sure the contact information is up to date. If you would like to be involved in the Component Sections Committee or have an idea you'd like us to explore, please send me an email. The committee is in need of more members.

My last newsletter article discussed the challenge of finding healthcare providers trained in clinical hypnosis with diverse ethnic backgrounds. It ended with a request to each of you to send me information on what has been done, is being done, or ideas on what can be done to bridge this gap. To date I have not received any replies. I can report that I know at least one component society that is organizing around the challenge. The Oregon Society of Clinical Hypnosis (OSCH) has created a Justice, Equity, Diversity, and Inclusion (JEDI) statement that will be posted on their website and they are in the process of developing a scholarship and outreach program for their annual training courses. It's not too late to send me your ideas.

While the OSCH was developing their JEDI statement a board member shared an interesting piece of history about Dr. Milton Erickson detailed in Jay Haley's 1973 book *Uncommon Therapy*. It seems important to share, Dr. Erickson went to considerable lengths to support clients whose identities we not only stigmatized, but criminalized and medicalized.

I would like to invite any component society interested in writing an article about their component society for the newsletter to please contact me.

Be well,
Debbie Benschung, LCSW, ACSW, MSWAC
ASCH Approved Consultant
Chair, Component Sections Committee
debbenschung@comcast.net

2021

Notice of Meetings

The Annual ASCH Membership Meeting will be held via Zoom at 7:00pm EST; 6:00 pm CST; 5:00 pm MST and 4:00 pm PST on Sunday, January 17, 2021. If you are interested in attending, please contact Catherine Kasper (assoc-dir@asch.net) by 5:00 pm CST on Friday, January 15, 2021 for information on how to participate.

Election Update

2020 ASCH Executive Committee

President

Anita Jung, MS, LPC-S, LPA,
FAPA

President-Elect

Bridget S. Bongaard, MD, FACP,
HCMD

Treasurer

Ran Anbar, MD

Secretary

David Alter, PhD, ABPP, ABPH

Member at Large, Dentistry

Vacant

Member at Large, Medicine

Lewis Kass, MD

Member at Large, Psychology

Louis Damis, PhD, ABPP

Masters Level Representative

Lorna McKenzie-Pollock, LICSW

Immediate Past President

Philip D. Shenefelt, MD, ABMH

ASCH-ERF Chair

Eric B. Spiegel, PhD

Board of Governors, Moderator

Linda Thomson, ABMH, MSN,
CPNP

Executive Vice President

John E. Kasper, PhD, CAE

The results from November's election are in, thank you to all that participated in the election as both candidates and voters.

Congratulations to our 2021-2022 Executive Committee!

President-Elect

Joseph Tramontana, PhD

Member at Large, Medicine

Cheryl Beighle, MD

Treasurer

John Hall, PhD

Member at Large, Psychology

Mary Wells, PhD

Member at Large, Dentistry

Atousa Safavi, DDS

Member at Large, Masters Level

Maggie Dickens, MS

The terms of office for these individuals will begin following the conclusion of the 2021 ASMW.

Bylaws Amendments

The proposed amendment to the ASCH Bylaws passed in the 2020 Election.

Proposed Bylaws Changes

Note: Deletions are ~~struck through~~ and additions are underlined and bolded.

ARTICLE VI OFFICERS AND MEMBERS AT LARGE

Section A. Officers of the Society and Members at Large:

- The Members at Large shall be ~~one representative member from each of the following disciplines: medicine, dentistry, and psychology. The Members representing each discipline shall have a doctorate degree in that field, or, with respect to psychology, in a discipline where psychology has been a major study. Furthermore, there shall be one Member at Large representative from among the master degree level members of the Society.~~ **four (4) representatives from the membership at large.**

Section B. Term of Office:

1. The term of office for President, **and** President Elect, ~~and Members at Large~~ shall be for a single (1) year beginning at the conclusion of the Annual Meeting following his/her election and shall terminate at the conclusion of the next Annual Meeting.

The term of office for Secretary, ~~and for Treasurer~~ **and Members at Large** shall be for two (2) years, beginning at the conclusion of the Annual Meeting following his/her election and shall terminate at the conclusion of two subsequent Annual Meetings. **The terms of office for the Members at Large shall be staggered with two up for election each year.**

Section F. Duties of Members at Large:

The Members at Large ~~representing the disciplines of medicine, dentistry and psychology~~ shall serve as liaisons between the Society and the professional societies and boards of hypnosis of the disciplines they represent **Executive Committee**. ~~All four~~ **The** Members at Large shall be assigned other appropriate duties by the President.

Save the Dates for HIEs in 2021!

About the Newsletter

The ASCH Newsletter is published quarterly.

Newsletter Deadlines:

Articles should be received in the central office by the following dates for inclusion:

Fall - September 1st;
Winter - December 1st;
Spring - May 1st;
Summer- July 1st.

Submissions:

Submissions are welcome. All submissions will be edited for content, style and length. Newsletter material should be submitted via email to: herald@asch.net.

Please join us for a monthly series of free Hypnotic Idea Exchanges (HIEs) featuring talks by master clinicians who use hypnosis such as Dr. Michael Yapko, Dr. Carolyn Daitch, Dr. David Wark, Dr. Jeffrey Zeig & more. Our next HIE is on Monday, January 11, 7:30-9:30 PM EST. To register for future HIE's if you haven't done so already please contact: DrDanaLebo@aol.com or visit <http://nchypnosis.org/>.

Future HIE Presenters-all at 7:30 PM EST- 2nd Monday of the Month:

Eric Spiegel & Rick Miller in January (1/11/21)

Richard Hill in February (2/8/21)

Olafur Pallson and Bette Freedson in March (3/8/21)

Why Sign up for a virtual HIE?

The HIE brings together leading experts and practitioners of hypnosis to discuss how to help people navigate the challenges of today's evolving crises. It offers participants: 1) A set of practical ideas from a panel of experts – ideas that can be readily applied in their hypnotic work as well as their own lives, 2) A forum to share creative hypnotic ideas, metaphors and stories of their own with each other and the panel, and 3) A source of professional community and camaraderie during these uncertain times.

We hope to see you in 2021!



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AMERICAN SOCIETY OF CLINICAL HYPNOSIS