



NEWSLETTER

From the President's Desk....



Welcome to the winter ASCH Newsletter. Thanks to all who participated in the recent ASCH elections. Congratulations to President-Elect Bridget Bongaard, Secretary David Alter, Dental Member at Large Dov Glazer, Medical Member at Large Lewis Kass, Psychological Member at Large Louis Damis, and Masters Level Member at Large Lorna McKenzie-Pollock, all of whom will take office at conclusion of the Annual Banquet at the Annual Scientific Meeting and Workshops in March of 2020. The Executive Committee very much looks

forward to your leadership.

This spring we will experience another superb Annual Meeting in Reno/Tahoe Nevada March 19-22, 2020. The theme will relate to creativity and hypnosis, with internationally known plenary speakers and excellent workshops. Please mark your calendars and plan ahead for this spectacular event, taking place in another truly beautiful area of the United States. If you are able, schedule a little extra time to enjoy the area around Reno and Lake Tahoe. This is an important meeting, one that you will not want to miss.

We continue to encourage you to submit marketing ideas to our Marketing Task Force headed by Eric Spiegel. What would you like to see ASCH do to continue to flourish and grow? How would you prefer that we present ASCH and hypnosis to the world? Winter is a good time to ponder these things and help us to improve. We also will be asking your opinions on who should be allowed training and membership in ASCH. Please give us your considered feedback in this regard.

It has been a real pleasure for me to help guide ASCH this year along with other fine members of the Executive Committee and with warm collaboration from Solutions for Associations, our management company. Each of you help to make ASCH the wonderful welcoming learning environment that it is and I thank you all for your continued support of and involvement in ASCH.

Warmly, Phil
Philip D. Shenefelt, MD
President

UPCOMING EVENTS

Annual Scientific Meeting & Workshops
March 19-22, 2020
Reno, NV

Regional Workshop
May 7-10, 2020
Concord, NC

ASCH Alaska Cruise
May 30-June 6, 2020
Holland America
Eurodam

Regional Workshop
June 25-28, 2020
Alexandria, VA

Regional Workshop
September 10-13, 2020
Lincolnshire, IL

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Letter from the Editor

Welcome to the winter edition of the ASCH newsletter. This is traditionally a very busy time of year and I would encourage you to take a few minutes to brew a cup of coffee, tea or hot cocoa and take a few minutes to read through this newsletter. It is the edition you have been waiting for, revealing the newly elected officers. Congratulations to all who ran and for the new and upcoming board.

There are several great opportunities and resources for professional and personal growth tucked within these pages. To begin with, Tony Madrid, PhD shares a beautiful hypnotic process aimed at repairing the broken maternal-infant bond. Discover a simple yet elegant process as Tony walks you through 3 case examples describing the transformation that took place between these mothers and their children.

Next in the Clinical Corner, hear from Stephen Lankton, LCSW and T. Smith APRN, FNP as they share a few tips and recommendations from their professional hypnosis experiences.

Please give special attention to the Component Section Corner as Deb Benschung, Component Section Chair, invites all our members into a dialog about growing ASCH and our Component Societies. Give some consideration to the questions she poses and share your ideas for making our organization the best it can be!

As this is traditionally a season of gift-giving for many cultures and families, I would like to suggest considering giving yourself the gift of an ASCH workshop or conference in 2020! Check out the themes, dates, and locations listed in the newsletter. This will be the gift that continues to give throughout your career.

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

Sincerely,
Deb Nesbitt, APRN, PMHNP
ASCH Newsletter Editor



Celebrating Clinical Hypnosis Day 2020

Clinical Hypnosis Day will be celebrated on May 23, 2020, but it's not too early to begin preparations for your celebration. Here are a couple ways to get started:

Request a Proclamation

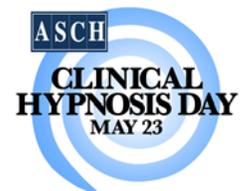
This process should begin in January. Start by locating the appropriate state or city government website.

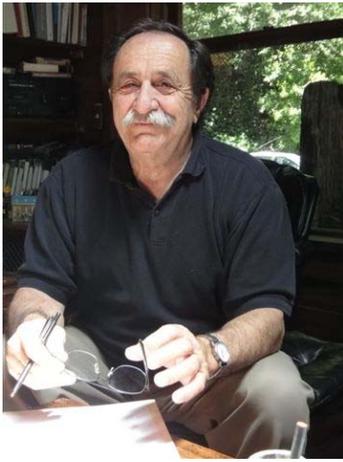
When you have confirmation that the proclamation has been signed, please let us know so that we can post it on our CHD webpage. You can also contact local media to suggest it as a news item. Guidance for how to work with local media can be found in the CHD Toolkit.

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.





“Repairing the Broken Maternal-Infant Bond”

Tony Madrid, PhD
Russian River Counselors
Monte Rio, CA

When a mother says that she and her child do not get along, or that she does not feel close to her child, or that her child has been “distant” right from the

beginning, I consider the possibility that there is a bonding issue. I have found that many mother-child problems spring from a disruption in the Maternal-Infant Bond.

Klaus and Kennell wrote about Maternal-Infant Bonding (MIB) in 1976, and they detailed how bonding disruptions occur. They say that bonding is an innate function of a mother that is biologically determined and almost always occurs, except when something interferes with it. A mother will have trouble bonding with her baby if certain impediments occur: (1) physical separation—that is, if a mother is separated from her baby after birth or (2) emotional separation—that is, if a mother had a tragedy in her life around the time of her pregnancy.

The events which are likely to cause a bonding disruption are easy to spot once one looks through the lens of the two categories listed above: (1) C-Section deliveries, separation at birth because of medical complications, or some hospital procedure that separates the mother from her baby; (2) a death in the family, a previous miscarriage, serious marital problems, or some tragedy that interferes with the mother having her full attention on her baby.

Researchers (O’Connor et al.; de Chateau and Wilburg, 1977) studied Immediate-Contact groups (i.e., no separation) comparing them with No-Contact groups. The mothers who had immediate contact nursed longer, were more affectionate, had fewer fidgety babies, had few incidences of Failure to Thrive, and had less trouble with their babies. Immediate-Contact mothers act like they are in love with their babies.

Mothers who did not bond with their baby often say: “There has been something wrong with this baby from the get-go. He wasn’t affectionate. He was colicky. He was always bothering me.” Mothers frequently say that they did not fall in love with their baby as they did with their other children. They were disappointed with how they felt. Non-bonded mothers act like they are not I love with their babies

Once a clinician recognizes that the trouble a mother has with her baby may be tied to a bonding issue, the solution

is amazingly simple. It is a four step process:

- 1) Find the Non-Bonding Event (NBE).
- 2) Heal it with hypnosis.
- 3) Imagine a new birth in hypnosis.
- 4) Follow-up.

1) Find the Non-Bonding Event (NBE)

There will always be an NBE, easily detectible, that falls into one of two categories mentioned above: physical separation or emotional separation.

Physical separation happens when a mother does not have immediate contact with her baby. This can happen because she was unconscious, or the baby was whisked off to a Neonatal Intensive Care Unit, or when some other event separates her from her baby. When separation occurs, she most likely will not bond with her baby.

Emotional separation occurs when the mother has undergone something that creates a competing emotion, such as grief over the loss of a relative, marital problems, a recent miscarriage, an unwanted pregnancy, or addiction. She cannot experience two strong emotions at the same time.

2) Heal the NBE

When the NBE is identified, it is surprisingly easy to heal it. A simple hypnotic suggestion will do, such as: “It’s time for you to heal this disturbing occurrence. Do it now, and when you’ve done it, your index finger will twitch and float.”

Most likely she has been working on this since it occurred. She may already be “over” her divorce; she may have already processed the death of her father; she may have healed her miscarriage. In those cases, you can simply say, “Now finish off whatever is left.”

Occasionally, getting over the NBEs may take some additional work. Most of the time, however, it can be done within one session. When all the NBEs are healed, it is time to imagine a new birth.

3) Imagine a New Birth

She needs to imagine how she wanted the birth to be. This is without the Non-Bonding Event. She needs to know what it’s like to find out that she’s pregnant and what it’s like to go through each of the trimesters joyfully. I usually say:

Now I want your subconscious mind to know what it feels like to be pregnant without this problem (father’s death, trouble with husband, etc.) upsetting you. When your
(continued on page 4)

unconscious mind knows what it's like to find out you are pregnant, and you are joyful about it, your index finger will rise on its own.

She is then asked to go through the first trimester (and 2nd, 3rd) in the same fashion. When her unconscious mind knows what that is like, her index finger will float (or some other signal needs to be given).

She is taken through the three trimesters, the birth, the baby being placed on her chest, nursing, and sleep. At each phase, you ask for confirmation. If there is no confirmation, it usually means that there is still some unmetabolized trauma present.

At the end of the new birth, I usually say something like this:

Now your unconscious mind knows what it is like to give birth to your baby just the way you wanted it. It has these memories in a concentrated form. These memories can expand as time goes on.

4. Follow-up

I follow up a couple of weeks later. I tell the mothers to phone me if something develops that throws them back to the original condition. Because the new bond is new and fragile, it can be broken easily. It usually means that something occurred to ruin the bond. For example, she got uncontrollably angry at her son, or her own mother criticized her for being a bad mother, or she started feeling guilty about an abortion. Find what happened, reinforce the new bond, and have the mother learn something from how it got broken.

Case Example 1

A mother of a 4 year old boy contacted me because she said, "I don't love my son as I should. I just don't!" She said that he was a great kid and everybody but she just loved him. I asked her what happened around the time of her pregnancy. She said that her husband ran off with a secretary during her pregnancy. He was gone until the baby was two months old. They are back together now, and they have a good marriage.

I told her about Maternal-Infant Bonding. I hypnotized her and told her to clear out whatever grief was still hanging around from that affair. She said that it was already cleared out. So, it should be easy to bring that feeling of "everything is ok" to her pregnancy. Nevertheless, she should go through her unconscious mind and heal whatever else needed healing. And then she imagined a new birth, right through the hot-issue second trimester, without a hitch. She smiled and cried through this new birth.

She returned for a follow-up session two weeks later. She said that it worked, and she knew it. How did you know it? On her way home, she missed her son. This was the first time that she ever missed him. And when she got home, her son ran across the front room and jumped into her arms. He had never done this before that. They were inseparable from that session.

Case Example 2

A mother came in because she and her daughter did not get along as well as they should. She knew something was wrong. What happened during her pregnancy? Her little brother died during her first trimester; and this was the brother that she practically raised. I told her about Maternal-Infant Bonding. She was relieved to know this.

In hypnosis, she was asked to clear up any remaining grief that she had about her brother's death. When that was accomplished, she was brought through a new pregnancy and birth. She wept profusely. The session from beginning to end took 40 minutes.

I saw her a few years later in town, and she reported that her life and the life of her daughter were totally changed from that moment.

Case Example 3

A mother of a 6-year old daughter first sought treatment to help her daughter's asthma. The girl was severely asthmatic, with a full bag of medications, several ER visits a month, and constant wheezing. No hypnotic intervention worked with the little girl. The mother kept coming in for her own counseling. At one point she mentioned, apologetically and with embarrassment, that she did not have any feelings of love for her daughter. What happened around the time of the baby's birth?

It was a train wreck of problems. The father of the baby separated from her during the first trimester. The hospital crew was abusive and dismissive. Her regular doctor did not attend the delivery. Her mother was at the delivery and was harsh and critical. The baby was born jaundiced, and she did not see the baby for several hours. The baby was kept in the hospital for a week; and when she brought the baby home, she thought, "This doesn't feel like my baby. Are they sure they gave me the right baby?"

I told her about Maternal-Infant Bonding. She wept with relief because she had blamed herself for six years. She was hypnotized and asked to clear up each of the Non-Bonding Events. She did this within 15 minutes. Then she was asked to imagine the birth the way it should have been. This took 10 minutes.

No more was said about this bonding session until the day

she ended therapy, two months afterwards. On the way out the door she said:

Remember that hospital session we had? Well since that day, I fell in love with my daughter. It's a complete change. And, by the way, her asthma is all better. No more medications, no more ER visits, no more wheezing.

Conclusion

Difficulties between a mother and her child can often be traced to a disruption in the Maternal-Infant Bond. Disruptions usually fall into one of two categories: separation at birth or a competing emotion. Once the cause of the bonding disruption is found, healing the cause and imagining a new birth will bring about a change in the mother. This will be felt by the child, and their relationship will improve. To find out more about this, check out: www.mibmadrid.weebly.com.

REFERENCE

de Chateau, P. and Wilberg, B. Long-term effect on mother-infant behavior of extra contact during the first hour post partum II. Follow up at three months. *Acta Paediatr. Scand.* 66: 15. 1977 a & b.

Klaus, MH & Kennell, JH. *Maternal-infant Bonding*. St. Louis, MO. The M.V. Mosby Company.

O'Connor, S., Vietze, P.M., Sherrod, K.B., Sandler, H.M., and Altemeier, W.A. A reduced incidence of parenting inadequacy following rooming-in. *Pediatrics* 66: 176-182, 1980.



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CLINICAL

CORNER

Welcome to the Clinicians Corner. During the 2019-20 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 (include professional initials):
Stephen Lankton, LCSW, DAHB, FASCH

Professional discipline:
SL: Psychotherapy/Trainer/Author /Editor

How long have you been using hypnosis in your professional practice?:
SL: 1975-present (45yr).

On what specific topic would you like to share your best tips, techniques and advise? (E.g. anxiety, dental fear, pain, medical conditions, performance, addictions, etc.)
SL: anxiety, fear, trauma, depression, pain, and grief.

When you first started using hypnosis to address this topic, what were your favorite scripts, hypnotic techniques, strategies or processes?
SL: I began while I was studying with Dr. Milton Erickson and attempted to understand and translate his approach into mine. I was a Gestalt therapist finding that an impasse in that work was a perfect time to switch to the inner orientation of hypnosis. I did not work from a position of using scripts, but rather used whatever was emergent for the client to help further his or her absorption and experience retrieval. Little by little I began to understand more and more about his indirect approach and how to use the heuristics he taught with various individuals. Early on, I did develop an intervention protocol I call 'Self-Image Thinking' which seemed to be useful to everyone's growth – and that stands out due to its compatibility and universality.

How does this differ with your treatment process today?
SL: In today's work I use the same heuristics (utilization approach, speak the client's language, conscious/unconscious dissociation, retrieve experiential resources, etc.) but I can do them all with more ease and confluence.

Name (include professional initials):
T. Smith MS APRN, FNP-BC, NP-C, CEN; CAPT, NC, USN, Retired

Professional discipline:
TS: Family Practice Nurse Practitioner

How long have you been using hypnosis in your professional practice?:
TS: Since 2016.

That is, I can use fewer words and less effort and can often combine several of these principles simultaneously and more efficiently.

What advice would you give a new professional as they begin to use

hypnosis in their practice for this topic?

SL: Approach clients and patients with confidence and optimism. Observe both your own behavior and theirs with compassionate objectivity. As Bob Dylan wrote, "Know your song well before you start singing." then work to develop client's experiential resources with every word and gesture. Learn from yourself and the clients and continue interacting until you succeed. Interventions can fail, but interaction can continue until you reach a new and therapeutic reality.

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

SL: The Collected Papers of Milton H. Erickson, Vol. 1-4.; Experimental and Clinical Hypnosis in Medicine, Dentistry, and Psychology (W. Kroger); Advanced Techniques in Hypnosis and Therapy (J. Haley); Uncommon Therapy (J. Haley); Gestalt Therapy (by Perls, Hefferline, & Goodman); Intuition and Ego States (by Eric Berne), Politics of Experience (by R. D. Laing); and Politics of the Family (by R .D. Laing).



On what specific topic would you like to share your best tips, techniques and advise? (E.g. anxiety, dental fear, pain, medical conditions, performance, addictions, etc.)

TS: General Medical Conditions;

When developing patient specific wording for hypnosis suggestions I focus on the physiologic response to be achieved. For example, if the focus is on blood pressure I might say: Your blood pressure will respond in a natural way; for your body knows exactly what it needs right now to help your blood vessels be supple and respond in their natural way. Or I might say, your blood vessels are soft and supple and respond with the body's natural wisdom. I focus on what is happening at the tissue level or sometimes cellular level.

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

TS: I initially took a seven-day course for hypnosis and was using the script(s) provided by that course that focused on counting for induction and reorientation.

Then, when I took the ASCH courses it became clearer that maybe this was not the only way so I began to experiment with progressive relaxation, which I love as an induction, but this can be a very long induction.

Through more ASCH courses I discovered more rapid induction techniques like eye-roll or focusing on the floor as new shorter inductions. It was also very difficult to "find my voice" for hypnotic suggestions and I relied heavily on taking pieces of other scripts and stringing them together to form a new script.

How does this differ with your treatment process today?

TS: Writing or making up scripts was the most challenging thing at first, but then I remembered my area of expertise is physiology and pathophysiology so by combining this with hypnotic suggestions it began to flow naturally. I also have a list of go-to words that I use over and over, like "natural resiliene".

For example I was working with a cancer patient who was to undergo extensive surgery so I made up suggestions like:

"You will have very little bleeding during surgery, your tissues will be soft and supple and respond easily to the Surgeons touch and instruments."

Or "You will notice the IV's and other things attached to

your body will have very little bearing your what you can accomplish."

Or "You will have very little discomfort after surgery, minimal, after surgery and all the days that follow as your recover and become better and better."

Or "Your cells respond as only they know how, with resilience and natural knowing, for your cells have a natural way of healing."

So, by taking what I know naturally and combining it with hypnosis it was easy to make up suggestions.

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

TS: Go slow and be patient with yourself. Patients/Clients will respond naturally, think of scripts as poetry. Combine what your natural gifts are with hypnosis and let your creativity flow naturally. You came into your profession by lots of hard work so keep working at developing your skill in hypnosis and it will eventually flow. If you need to use scripts at first, then do so but practice with them so you can get a rhythm when you read them and eventually you will find your deviating from the script, then making up your own and eventually you will not even need one. It is a process that takes time to develop.

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

TS: Jensen, Mark P. (2011). Hypnosis for Chronic Pain Management: Therapist Guide. New York, NY: Oxford University Press.

This is my favorite go to book within my library of books on hypnosis.

COMPONENT SECTION

ORNER



Greetings,

The holiday season is upon us; it is the time of year where I think about time distortion techniques. I'm not sure a day passes where a friend, a client or myself states some version of "Is it really that close", referring to either Christmas, or the new year. As 2019 comes to a close and I am reviewing the year I have been wondering where we are headed as an organization and as component societies.

As I mentioned in my last newsletter ASCH leadership has been working on how to address shrinking membership numbers, how this relates to financial resources and the need to make adjustments or we will cease to exist. For me the question is relevant for those of us in leadership positions in our component society. It got me wondering about how many component sections are facing the same challenges and discussing this question.

Sustaining and expanding membership and filling spots in our annual Level I and Level II hypnosis courses is part of routine discussion in my component society. Another part of our challenge is finding members who have the time, interest and willingness to volunteer for the society. I suspect the challenges are shared, at least in part, by other components.

The component section committee would like to engage component sections in dialogue around solutions to our common challenges. This dialogue between components and between ASCH and components seems important to further our shared mission with a common vision. I would summarize our shared mission as encouraging cooperation among members of professional and scientific disciplines with regard to ethical use of hypnosis and to provide educational experiences for qualified health professionals with legitimate need for the use of ethical clinical hypnosis in their professional practices. Without dialogue how do we attune to a shared vision?

Engaging in this dialogue seems especially important when the world of mental health and health care is changing rapidly and there seems to be a renewed interest in clinical hypnosis yet there is a struggle to sustain members. This contrast suggests some reflection and dialogue about the best path forward is important. ASCH has started this process on a leadership level. The component section committee is inviting component leaders, each ASCH and component member to give some thought to the question of "What are we doing on the component society level to fulfill our mission, stay current and be an attractive option as a professional organization?"

Please share with us your thoughts, ideas and challenges as well as ideas for creative solutions so we can jointly consider solutions and adjustments to sustain our vitality. You can send your responses to me at debbensching@comcast.net. We hope to use these, in part, as the frame for our conversation at the component sections meeting at the Reno/Tahoe March 2020 Annual meeting.

Warm Regards,

Debbie Benschling, LCSW, ACSW, MSWAC
ASCH Component Section Chair
Component Society member of the Oregon Society, OSCH

2020

Notice of Meetings

ASCH Membership Meeting– Friday, March 20, 2020 @ 6:00 AM
Board of Governors– Friday, March 20, 2020 @ 6:45 PM

These meetings will take place at the 62nd ASCH-ERF Annual Scientific Meeting and Workshops at the Nugget Casino Resort in Reno, NV

Election Update

2019 ASCH Executive Committee

President

Philip D. Shenefelt, MD, ABMH

President-Elect

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

Treasurer

Ran Anbar, MD

Secretary

Wendy K. Lemke, MS, LP

Member at Large, Dentistry

Dov Glazer, DDS, ABHD

Member at Large, Medicine

Bridget S. Bongaard, MD

Member at Large, Psychology

David Reid, PsyD

Masters Level Representative

Lorna McKenzie-Pollock, LICW

Immediate Past President

Eric B. Spiegel, PhD

ASCH-ERF Chair

Eric K. Willmarth, 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 2020-2021 Executive Committee!

President-Elect

Bridget S. Bongaard, MD, FACP,
HCMD

Secretary

David Alter, PhD, ABPP, ABPH

Member at Large, Dentistry

Dov Glazer, DDS, ABHD

Member at Large, Medicine

Lewis Kass, MD

Member at Large, Psychology

Louis Damis, PhD, ABPP

Member at Large, Masters Level

Lorna McKenzie-Pollock, LICSW

Bylaws Amendments

The proposed amendment to the ASCH Bylaws passed in the 2019 Election. As a result of this amendment, Article III of the ASCH Bylaws will now read as follows:

ARTICLE III PURPOSES AND OBJECTIVES

Section A.

The purpose of the Society is to serve as an organization of professional health care practitioners and researchers who share scientific and clinical interests in hypnosis.

Section B.

The Society shall:

1. promote knowledge and understanding of clinical hypnosis and related modalities in health care;
2. offer clinical hypnosis training for health and mental health care professionals;
3. provide an ethical and professional community for clinicians and researchers who incorporate hypnosis in their work; and
4. encourage research and scientific publication in the field of hypnosis.

Upcoming ASCH-ERF Education

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.

Join ASCH-ERF at the 62 Annual Scientific Meeting and Workshops for programming including a Pre-Conference Session by Bill O'Hanlon, MS, LMFT titled "Metaphors Be With You: Using Stories in Hypnosis to Transform Pain" and exciting plenaries by Gabor Filo, DDS, ABHD ("Ecstatic Trance: From the Campfire to the Clinic"), Bill O'Hanlon, MS, LMFT ("Evocation: Finding the Creativity Within the Client to Have Them Solve Their Own Problems"), Bernhard Trenkle, Dipl. Psychologe ("Time Distortion Techniques in Mental Training, Medical Treatments and Stuttering Therapy"), and Stephen R. Lankton, LCSW, DAHB ("Language – Ericksonian Inductions – In his final decade: Formulating Conscious/Unconscious Dissociation, Indirect Suggestion and Therapeutic Binds").

If you can't join us in Reno in March, ASCH-ERF will be hosting a phenomenal advanced program ("Clinical Hypnosis and Chronic Illness, Palliative Care and End of Life Process") with Dan Handel, MD and Sylvain Neron, PhD May 7-10, 2020 in North Carolina.

Feeling adventurous? ASCH-ERF will also be hosting a 7 day cruise to Alaska with a spectacular advanced program ("Helping Others to Make Lifestyle Changes: Weight Management and Smoking Cessation") by Cheryl Beighle, MD and Linda Thomson, APRN, ABMH, ABHN May 30– June 6, 2020.

Looking to complete hours towards Certification? An Individualized Consultation Workshop will be held at the Alexandrina Regional Workshop in June 2020.

For more information on ASCH-ERF programming visit www.asch.net or contact the ASCH Office.

The American Society of Clinical Hypnosis (ASCH)

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