ASCH ACUSOT

Quarterly News and Information for Members of the American Society of Clinical Hypnosis May 2024

From the Desk of the President

Dear Fellow ASCH Members,

Welcome to the May 2024 ASCH Advisor!

At least here in North Carolina, summer is upon us. Bright blue skies followed by dark thunderclouds. Hot, sunny days followed by cool, muggy nights. Waiting and watching while gardens grow followed by picking, preparing, and preserving the harvest. A slower pace of the day-to-day details of life followed by the excitement and energy of a summer vacation. A time to every purpose under heaven, if you will.

As those of you who've been around ASCH for a long time may have noticed, we too are changing during this season. At the heart of these changes is the fact that ASCH is a smaller organization than it was in previous decades. This is a change that most professional organizations have been facing—even before COVID—for many different reasons. Theories offered as to why this is happening include that as Baby Boomers retire or become less active, and as the generations that follow are less likely to join organizations, we're feeling new pressures. Another theory offered is that fewer employers now offer reimbursement for professional expenses.

Whatever the reason, a smaller organization leaves us facing two questions. How do we manage while we're still smaller, and how do we grow in the future, even beyond our previous levels of membership?

Fortunately, one of the changes we've made, even though it isn't uniformly popular, can help answer both of these questions. Our shift to more virtual services is helping us in several ways.

Regarding managing at our current size, one of the biggest expenses associated with in-person offerings is space. When we do a training at a hotel, we both pay for the space and guarantee a number of attendees who will stay at the hotel to help offset the hotel's costs. In order to be profitable, trainings need to have a large number of attendees. Unfortunately, even before COVID, it had been years since we had an extremely profitable face-to-face training, whether at the ASMW conference or Level 1 & 2 or Advanced weekends. As you can imagine, COVID only worsened these trends.

In order to lessen our expenses to better fit our income from training, ASCH, like many organizations, has shifted many offerings online. If balancing the books were the only outcome of online training, it would be compelling, but we're actually hearing that there are even deeper benefits.

It turns out that one of the changes that professional organizations are responding to is the younger professionals' comfort with technology and skepticism about the incremental value of travel to in-person offerings. Colleagues with responsibilities at home may find that they are only able to attend virtual offerings, and fewer and fewer employers are paying staff training expenses.

CONTINUED NEXT PAGE 🔿

Inside This Issue

- 1 From the Desk of the President
- 3 Clinician's Corner
- 5 How Pets Can Be Used in Hypnotherapy

6 Book Reviews:

A Pain Psychologist's Handbook for Living and Thriving with Chronic Pain Handbook of Hypnotic Techniques, Vol. 3:

Favorite Methods of Master Clinicians

- 7 Your Generosity Ensures a Next Generation of Clinical Hypnosis Practitioners
- 7 A Note Regarding the ASCH Ethics Committee
- 8 Upcoming ASCH Workshops
- 8 Upcoming Events
- 9 Call for ASCH Board Nominations

Access AJCH Online

Beginning with Volume 66, the American Journal of Clinical Hypnosis, the official journal of ASCH, is now available online only. Hard copy issues will only be available through the publisher at a nominal fee.

ASCH members receive an online subscription to the AJCH as well as online access to all issues of the AJCH from 1958 forward.



Another benefit that we're realizing is that we're now able to embrace different approaches to training in the virtual world. In-person offerings require travel to the training venue, completing all of the training at the venue while losing income and paying for lodging, and then traveling home. This is both expensive and pedagogically questionable. Very few educators would recommend teaching 20+ hours of material without time to incorporate it into existing practices, but this was our only alternative.

As we realize the potential available to us in virtual offerings, look for new models of training that stretch over multiple sessions. I know that I look back on my individualized consultation, which stretched over several months as I implemented clinical hypnosis in my work with veterans, as some of my deepest learning, and I hope that technology will allow more of our training to allow this luxurious time for processing and incorporating new knowledge.

Although I am obviously positive on incorporating technology into our learning offerings, perhaps because of my own Generation X identity, please know that ASCH is not looking to become a completely virtual organization, nor would I want it to! When it makes pedagogical and business sense to have trainings in person, we are exploring ways to decrease the cost for the organization and members so that we can offer both kinds of opportunities to help as many of our colleagues as possible benefit from the exemplary training for which ASCH is well-known.

In next issue's column we will look at how ASCH is looking to attract new members.

In the meanwhile, enjoy the summer and take advantage of some of our upcoming excellent learning opportunities such as our second movie night. If you find yourself with some extra time or want to help shape the future of ASCH, please reach out to Executive Director JerrieLynn Kind or myself to learn about volunteer opportunities in whatever area of interest you bring.

John W. Hall, PhD, ABPP ASCH President

Shape the Future of ASCH and Volunteer to Serve on New Divisions

Over the past couple of years, ASCH embarked on a new chapter, sunsetting its former leadership structure and launching a new Board of Directors. The goal of this change was to allow the organization to nimbly adapt, change and provide more leadership opportunities for the ASCH membership. Under this new format, the Board is comprised of various divisions, which focus on the management of crucial ASCH programs. These divisions are the heart and soul of the organization, and we need your help. We currently have openings on our Bylaws and Components Divisions for Chair positions as well.

ASCH is currently looking for volunteers to join our divisions to help chart the course of the organization. Where does your interest lie? Education and training? Do you prefer to engage with the certification process or membership verification? Perhaps building the connection with components? No matter the interest, ASCH has a home for you.

Simply complete the online form and let us know where you'd like to engage. We cannot thank you enough for your interest as we build the ASCH of the future.

CLICK FOR VOLUNTEER INTEREST FORM

About the Newsletter

ASCH Advisor is published quarterly and distributed via email to ASCH members. Submissions and articles are welcome. All submissions will be edited for content, style and length. Newsletter material should be submitted to the ASCH office via email to marketing@asch.net.

Submission Schedule

For consideration of inclusion, please email articles and content to the ASCH office at marketing@asch.net by these dates:

lssue	Materials Due
August 2024	July 22
November 202	4 October 2

Your Newsletter, Your Voice Member Submissions Welcome for ASCH Advisor

ASCH members are invited to submit news, reviews, letters to the editor, and other material for inclusion the society's quarterly newsletter. Submissions may be edited for clarity, consistency, and to conform with ASCH's editorial style guide. Please include photos and images as appropriate.

The next issue will be distributed in August. Please send any submissions — and reach out with any questions — to marketing@asch.net. The submission deadline is July 22.

Clinical Corner

The Relevance of Attachment Repair for Ego State Therapy

Ego State Therapy is a critical intervention for working with a range of dissociative disorders. Many individuals with a history of developmental trauma experience Complex PTSD, episodes of derealization and depersonalization, as well as various dissociative self-states and Dissociative Identity Disorder. Moreover, disruptions in attachment often underlie these trauma-related disorders.

Barach (1991), Liotti (1992, 2004, & 2006), Schore (2002), and Cortina and Liotti (2007) have noted the relevance of disorganized attachment to the development of dissociative and trauma-related disorders. Multiple studies have documented the relationship of disorganized and insecure attachments to the diagnosis and severity of posttraumatic symptoms (Barazzone et al., 2019). For instance, Mikulincer et al. (2015) reported that attachment insecurities were associated with PTSD severity and that attachment security had a healing effect on these symptoms.

Bowlby (1969/1983, 1992) outlined the nature and importance of the infant's attachment to his/her mother or primary caretaker. Based on the primary caregiver's response to the infant's attachment behaviors, the child develops an Internal Working Model (IWM) for expectations regarding interactions with the social environment and one's ability to influence it (Mikulincer & Shaver, 2017). These IWMs are acquired before the development of language and the full capacity of the declarative memory system (Josselyn & Frankland, 2012; Cortina & Lotti, 2007) and are considered strongly related to implicit memory mechanisms. Mikulincer and Shaver (2017) have noted that IWMs of these parental interactions "become part of a person's implicit procedural knowledge, tend to operate automatically and unconsciously, and are resistant to change." Similarly, Cortina and Liotti (2007) noted that "memories of the first four years of life are not usually available for recall in verbal narrative form that is the hallmark of autobiographical memory" but "nonetheless, early experience is carried forward in the form of nonconscious, automatic expectations and attributions" (p. 43).

Several others have also noted the likelihood that these early representations involve the implicit memory system (Amiri, et al., 1996; Kadel, 1999; Stern et al., 1998). Attachments



About the Author

Louis F. Damis, PhD, ABPP, FASCH, is Assistant Professor of Psychology, UCF College of Medicine Integrative Health Psychology, PA. He is a Licensed Psychologist.

also develop later in life when the explicit memory system is accessible. In this respect, Galynker et al. (2012) examined the neural networks subserved by early and later formed attachments. These authors found that the effects of early attachment (mothers) were only in the subcortical circuits and neural activity associated with late attachment (friend) was not. These findings support the prominent role of implicit memory in the development of critical early life attachments.

Recognizing the importance of affecting attachment repair for the treatment of Complex PTSD, dissociative disorders, and developmental trauma, Brown and Elliot (2016) published their Three Pillar approach to comprehensive attachment repair.

The primary intervention in their approach involves the cocreation of interactive imaginal scenes of the client as a young child interacting with Ideal Parent Figures engaging with them in ways supportive of secure attachments. In contrast to trauma-focused interventions that involve recollecting traumatic events, Brown and Elliot's approach involves only positive images and consequent positive effects related to desirable behaviors of secure attachment experiences. Co-creating these imaginal experiences on a repeated basis allows for the implicit memory to internalize new information, what the authors refer to as remapping the internal working models.

Brown and Elliot (2016) reported on a pilot study of 12 patients who all started treatment with AAI (Adult Attachment Interview) severe disorganized insecure attachments and ended treatment with attained earned secure status on the AAI. Para et al. (2017) utilized only the Ideal Parent Figure (IPF) protocol over four weekly sessions in the treatment of patients with severe Complex PTSD related to childhood trauma. These researchers found that the use of co-created generic IPF imagery sessions recorded for participants to practice between sessions was associated with significant decreases in symptom severity and attachment traumatization along with increases in quality of life from pretreatment levels to one-week and eight-month posttreatment assessments. Moreover, at the eight-month assessment, participants reported continued use

CONTINUED NEXT PAGE 🔿

of the recording and use of them following episodes of emotional distress to facilitate recovery. Taken together, the work of Brown and Elliot (2016) and Para et al. (2017) suggest that repeated imaginal exposure of oneself as a child experiencing secure attachment interactive scenes allows the implicit memory system to internalize such experiences and modify IWMs. Moreover, this occurs automatically at a nonconscious level.

The use of the Ideal Parent Figure protocol and safe-place imagery to modify implicit, unconscious memory facilitates

References

Amini, F., Lewis, T., Lannon, R., Louie, A., Baumbacher, G., McGuinness, T., & Zirker Schiff, E. (1996). Affect, Attachment, Memory: Contributions Toward Psychobiologic Integration. *Psychiatry, 59(3)*, 213–239. <u>https://doi.org/10.1</u> 080/00332747.1996.11024764

Barach, P. M. (1991). Multiple personality disorder as an attachment disorder. *Dissociation: Progress in the Dissociative Disorders*, 4(3), 117–123.

Barazzone, N., Santos, I., McGowan, J., & Donaghay-Spire, E. (2019). The links between adult attachment and post-traumatic stress: A systematic review. *Psychology and Psychotherapy: Theory, Research and Practice*, 92(1), 131–147. <u>https://doi.org/10.1111/papt.12181</u>

Bowlby, J. (1983). Attachment and Loss, *Volume One: Attachment (2nd edition)*. Basic Books.

Bowlby, J., Ainsworth, M., & Bretherton, I. (1992). The Origins of Attachment Theory. *Developmental Psychology*, 759–775.

Brown, D. P., & Elliott, D. S. (2016). Attachment Disturbances in Adults: Treatment for Comprehensive Repair. W. W. Norton & Company.

Cortina, M., & Liotti, G. (2007). New approaches to understanding unconscious processes: Implicit and explicit memory systems. *International Forum of Psychoanalysis*, 16(4), 204–212. <u>https://doi.org/10.1080/08037060701676326</u>

Ecker, B. (2020). Erasing Problematic Emotional Learning. In R. D. Lane & L. Nadel, *Neuroscience of Enduring Change: Implications for Psychotherapy* (pp. 273–299). Oxford University Press.

Frankland, P. W., Köhler, S., & Josselyn, S. A. (2013). Hippocampal neurogenesis and forgetting. *Trends in Neurosciences*, 36(9), 497–503. https://doi.org/10.1016/j.tins.2013.05.002

Galynker, I. I., Yaseen, Z. S., Katz, C., Zhang, X., Jennings-Donovan, G., Dashnaw, S., Hirsch, J., Mayberg, H., Cohen, L. J., & Winston, A. (2012). Distinct but overlapping neural networks subserve depression and insecure attachment. *Social Cognitive and Affective Neuroscience*, 7(8), 896–908. https://doi.org/10.1093/scan/nsr074

Josselyn, S. A., & Frankland, P. W. (2012). Infantile amnesia: A neurogenic hypothesis. *Learning & Memory*, 19(9), 423–433. <u>https://doi.org/10.1101/</u> <u>Im.021311.110</u> mental organization and equips the mind/brain with the capacities necessary to master traumatic experiences. In addition, this implicit sense of safety stabilizes the mind and allows it to remain in the window of tolerance during trauma processing work. Moreover, once ideal parent imagery has been developed, it can be accessed for trauma memory reconsolidation updating that has been found to modify remote trauma memories underlying cognitive, emotional, somatic, and behavioral symptoms (Ecker, 2020).

Kandel, E. R. (1999). Biology and the Future of Psychoanalysis: A New Intellectual Framework for Psychiatry Revisited. *American Journal of Psychiatry*, 156(4), 505–524. <u>https://doi.org/10.1176/ajp.156.4.505</u>

Liotti, G. (1992). Disorganized/disoriented attachment in the etiology of the dissociative disorders. *Dissociation*, 5, 196–204.

Liotti, G. (2004). Trauma, dissociation, and disorganized attachment: Three strands of a single braid. *Psychotherapy: Theory, Research, Practice, Training*, 41(4), 472–486. <u>https://doi.org/10.1037/0033-3204.41.4.472</u>

Liotti, G. (2006). A Model of Dissociation Based on Attachment Theory and Research. *Journal of Trauma & Dissociation*, 7(4), 55–73. <u>https://doi.org/10.1300/j229v07n04_04</u>

Mikulincer, M., & Shaver, P. R. (2017). Attachment in Adulthood, Second Edition: Structure, Dynamics, and Change (Second edition). *The Guilford Press*.

Mikulincer, M., Shaver, P. R., & Solomon, Z. (2015). An Attachment Perspective on Traumatic and Posttraumatic Reactions. In M. P. Safir, H. S. Wallach, & A. "Skip" Rizzo (Eds.), Future Directions in Post-Traumatic Stress Disorder: Prevention, Diagnosis, and Treatment (pp. 79–96). *Springer US*. <u>https://doi.org/10.1007/978-1-4899-7522-5_4</u>

Parra, F., George, C., Kalalou, K., & Januel, D. (2017). Ideal Parent Figure method in the treatment of complex posttraumatic stress disorder related to childhood trauma: A pilot study. *European Journal of Psychotraumatology*, 8(1), 1400879. <u>https://doi.org/10.1080/20008198.2017.1400879</u>

Schore, A. N. (2002). Dysregulation of the Right Brain: A Fundamental Mechanism of Traumatic Attachment and the Psychopathogenesis of Posttraumatic Stress Disorder. *Australian & New Zealand Journal of Psychiatry*, 36(1), 9–30. <u>https://doi.org/10.1046/j.1440-1614.2002.00996.x</u>

Schore, A. N. (2003). Affect Dysregulation and Disorders of the Self (Norton Series on Interpersonal Neurobiology). *W. W. Norton & Company*.

Stern, D. N., Bruschweiler-Stern, N., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., Nahum, J. P., Sander, L., & Tronick, E. Z. (1998). The process of therapeutic change involving implicit knowledge: Some implications of developmental observations for adult psychotherapy. *Infant Mental Health Journal*, 19(3), 300–308. <u>https://doi.org/10.1002/(SICI)1097-0355(199823)19:3<300::AID-IMHJ5>3.0.CO;2-P</u>

How Pets Can Be Used in Hypnotherapy

Personal Perspective: Pets can help maintain a trance state

Note: This article is reprinted with permission. <u>Access the original blog</u>. By Rebecca N. Cherry, MD, with Ran D. Anbar, MD

A faculty member once told a group of us about ordering a beautiful certificate in hypnosis for his cat. Mr. Whiskers, I should add, was not a therapy animal. The anecdote was intended as a comment on the value of a mail-order credential.

But now, considering the story in another light, I've concluded that Mr. Whiskers (or was it Dr. Whiskers?) might really have been onto something.

Petting a cat or dog feels good. In addition to those subjective reactions, researchers have found that stroking a pet has beneficial physiological effects: Heart rate variability goes up, indicating stimulation of the parasympathetic "rest and digest" response, which is central to hypnotic states. Cortisol levels go down (Petersson et al., 2017).

I didn't really get it myself until a few months into the COVID pandemic when our locked-down, anxious family introduced a rescue dog to our household. Zara is, frankly, not a perfect dog. She is terrified of any attempt at training, she sheds, and (although I never told my husband) I once found her on the dining table scavenging for crumbs.

And yet. Within just a few days, I was head-over-heels and felt at risk of becoming one of those people who make their dogs a major topic of any conversation. I couldn't imagine anything more delightful than sitting on the couch next to her, smelling that distinctive doggy smell, and stroking her ears.

I became more proactive in asking about the animals in my patients' lives. During telehealth appointments, I became more attuned to the flicker of a tail at the corner of the computer screen or the sound of barking in the background.





Key Points

- For many people, a pet is a major source of comfort.
- Stroking a pet has beneficial physiological effects.
- A pet can also help a patient achieve a hypnotic state.

Pets and Hypnosis

For many kids, a pet is a major source of comfort, and like me, they identify playing or snuggling with a pet as a "favorite place." Especially given the range of different sensory inputs—auditory, visual, olfactory, tactile—associated with this activity, their thoughts or memories of a pet can be a reliable resource when children immerse themselves in a hypnotic experience.

They can access the softness and scent of the pet's fur, the warmth of its small body, the sounds and vibration of purring, and the contented expressions or shifts in position.

Even after the elicitation of a trance state, pets remain hypnotically helpful. Examples involving pets can clarify a child's understanding of their own strengths.

For instance, by realizing that they have helped their now-purring cat find contentment and comfort, they might understand their innate ability to comfort themselves. The warmth of their own hand can then serve as a hypnosis trigger, reminding them of this ability while also evoking a soothing memory.

Even an imaginary pet can be a source of strength and calm. One little boy came to his second appointment with the cardboard enclosure he had made for his new (imaginary) pet snake, which made him feel safe enough to sleep through the night in his own room for the first time.

Whether real or imaginary, accompanying patients during a telehealth session or recalled from the couch in the office, a pet can help patients achieve a hypnotic state and more fully realize their own capabilities.

Dr. Whiskers has, by now, become a valued colleague.

About the Author

Rebecca N. Cherry, MD, with Ran D. Anbar, MD

Rebecca N. Cherry, MD. is a pediatric GI physician/clinical hypnotherapist at Deep Well Health Care and an ASCH Member- at- Large Board member.

Book Reviews

A Pain Psychologist's Handbook for Living and Thriving with Chronic Pain

by Philip Appel, PhD, FASCH ISBN-13: 979-8874447366 Reviewed by Louis Damis, PhD, ABPP, FASCH

A Pain Psychologist's Handbook for Living and Thriving with Chronic Pain by Dr. Philip Appel is an exceptional guide for learning how to manage the experience of persistent pain effectively. Dr. Appel is an expert in the psychological aspects of physical medicine and rehabilitation, as demonstrated by his decades of leadership at the National and now MedStar Rehabilitation Hospital.

Applying his vast pain management knowledge, reading this book is like being in treatment with him. He translates methods from cognitive, behavioral, hypnotic, ego-state, contemplative, Eastern healing, and spiritual domains into easily comprehendible strategies for effective pain management and emotional well-being. He concisely addresses the management of all the prominent pain issues, including activity pacing, sleep promotion, pain modulation, constructive thought processes, clarification of one's sense of self, and maintaining constructive relationships. He frequently instructs the reader in using simple mental strategies

to demonstrate the effectiveness of change strategies. He provides many examples of relaxation and mental perspective strategies for learning to reduce and live with persistent pain effectively. In addition to written descriptions of these techniques, he provides access to recordings one can download.

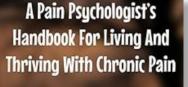
In addition to the comprehensive coverage and his ability to guide one's understanding and application of these strategies in a thoroughly understandable manner, he completes this task with brevity, as the entire book is only 110 pages long. This book is a resource for those living with persistent pain and for providers helping individuals master their chronic conditions.

Handbook of Hypnotic Techniques, Vol. 3: Favorite Methods of Master Clinicians (Voices of Experience)

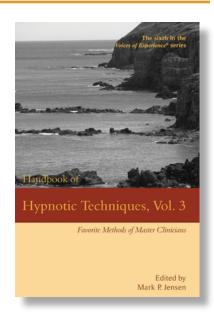
Edited by Mark P. Jensen, PhD ISBN-10 :1946832162 ISBN-13 :978-1946832160 Reviewed by Louis Damis, PhD, ABPP, FASCH

Mark P. Jensen, PhD, has edited the sixth volume of the *Voices of Experience* series with *The Handbook of Hypnotic Techniques, Vol. 3*, where he invited international master clinicians to prepare concise chapters on the techniques that they have found to be particularly effective. Ten chapters written by expert clinicians outline and demonstrate a wide range of hypnotic styles and interventions. In addition to explanations of the therapeutic mechanisms and targeted problems addressed, each chapter includes a transcript of the technique's application in a clinical vignette. Most of the techniques reviewed facilitate induction and absorption concurrently with the approach via internally focused attention or ratifying ideosensory experiences without the need for formal elicitation methods. Moreover, the varied approaches access fundamental change processes associated with positive emotions, reassociation, and generation of felt sense states that facilitate experiential and implicit memory learning. A truly unique chapter by Giuseppe De Benedittis introduces us to the application of Quantum theory

to the hypnotic experience. This interesting and engaging book will expand every clinician's repertoire.is only 110 pages long. This book is a resource for those living with persistent pain and for providers helping individuals master their chronic conditions.







Your Generosity Ensures a Next Generation of Clinical Hypnosis Practitioners

ASCH-ERF currently manages two scholarship funds for students: the Mutter Scholarship Fund for Student and Early Career Professional Training and the Betty Alice Erickson & Kay Thompson Student Scholarship Fund.

At any given time these funds have different levels of cash that is available to help students dependent upon the generosity of our donors. To learn more about these scholarships and make a donation to ASCH-ERF, click the link below.

Donate to ASCH-ERF Scholarships

XXII WORLD CONGRESS OF MEDICAL & CLINICAL HYPNOSIS COOPERATION IN HYPNOSIS CHALLENGES & BENEFITS 2024, JUNE 12-15 KRAKOW, POLAND



www.hypnosis2024.com • contact: info@p-i-e.pl

A Note Regarding the ASCH Ethics Committee

Hi Everyone,

As a new Member at Large on the ASCH Board of Directors, I noticed there was a need for someone to step onto the Ethics Committee. I was interested in the Ethics Committee because we had such a robust discussion a while back on the listserv about ensuring our LGBTQ+ members would feel comfortable attending our conventions. Then a new set of ethics was codified and disseminated for ASCH.

I see this as hopeful and would like to continue that trend. Now there is interest in exploring how to support hypnotic proficiency, and there's an idea that modifications to the training and certification process might be of interest. What do you think? Do you have ideas that might bring you to the table of the Ethics Committee? If so, would you please join us? We can only do the work if the membership is engaged and involved. Please let me know your thoughts, or contact David Alter, PhD, the Chair of the Ethics Committee (drdavidalter@gmail.com).

Thank you very much for reading this and for offering your consideration to this invitation to get involved! Please **click on this form** to give us your interest in this or other ASCH committees.

Sincerely,

Darlene Viggiano, PhD (MFT)

Upcoming ASCH Workshops

In 2024, ASCH will present these workshops in a virtual format. Learn more and register at <u>https://asch.net/asch-workshops-events/</u>.

ASCH Level 1 & Level 2 Workshops - June 13-16, 2024

Level 1 June is sold out. Level 2 has only a few spots left!

Clinical Workshop Level 1 Why pursue training in Clinical Hypnosis? What are the benefits?

The Level 1 workshop is the first part of a series of workshops in the certification program for clinical hypnosis and is intended for licensed health professionals including physicians, nurses, psychologists, dentists, counselors, social workers, and those in related fields. A diverse faculty from a range of health disciplines will teach the principles and process of hypnotic inductions, suggestions, and treatment. The workshop is a mix of didactic presentations, demonstrations, experiential exercises, and faculty-led small group practice tailored to the specific needs and learning styles of each participant. At the conclusion of the workshop participants will have been taught the basic skills required to utilize clinical hypnosis and begin to apply it to their practice.

Upcoming ASCH Level 1 & Level 2 Workshops are scheduled for September 26-29, 2024.

ASCH Teaching & Consultation Workshop (TCW) - July 19-20, 2024

Registration Opening Soon!

TCW is a 10-hour workshop designed for those individuals who have attained ASCH Certification (including completion of Level 1 and Level 2 ASCH-sponsored or ASCH-approved workshops and completion of 20 hours of Individualized Consultation (IC) (individual or workshop format). Completion of TCW is required, along with other education and training programs and certification noted above, and continued use of clinical hypnosis in professional practice, in order to apply for and attain ASCH Approved Consultant status. Faculty members for TCW workshops are highly accomplished exceedingly well-trained and experienced clinicians, and respected educators and trainers.

Upcoming ASCH Teaching & Consultation Workshops October 18-19, 2024

ASCH Advanced Level Workshops - November 9, 2024

Registration Opening Soon! Integrating Clinical Hypnosis and EMDR - Brittany Meredith

Upcoming Events

This calendar includes ASCH Component-sponsored activities. Where appropriate, Component sponsored programs have been approved for ASCH CE. See the ASCH website for more information.been approved for ASCH CE. See the ASCH website for more information.

June 9 - 23, 2024 | Hybrid Zoom and In-Person Level 1 Hypnosis Training Associated Therapists of Rockland, Leslie Laskin

June 21 - 22, 2024 <u>Tranceformation: Neurobiology, Clinical Applications,</u> <u>and Dissemination of Hypnosis</u> Minnesota Society of Clinical Hypnosis

July 10, 2024 ASCH Webinar: <u>Nursing and Hypnosis</u> Webinar

July 24, 2024 ASCH Webinar: <u>Modification of Egosyntonic Negative</u> <u>Beliefs: Implicit Memory, Attachment, Cognitive Bridge,</u> <u>and Memory Reconsolidation</u> Webinar October 10 - 12, 2024 <u>Fundamentals of Hypnosis (ASCH Level 1)</u> Florida Society of Clinical Hypnosis

August 11-13, 2024

Level 1 Virtual Workshop in Clinical Hypnosis: Application of Skills Workshop

November 6, 2024 ASCH Webinar: <u>GI Topics & Hypnosis</u> Webinar May 2024

Call for ASCH Board Nominations

Are you passionate about the powers of hypnosis? ASCH's Nominating Committee is looking for members interested in serving on ASCH's leadership starting March 2025. Each year, there are several seats available in leadership and we are looking for individuals who are ready to get involved.

Please access ASCH's Leadership Form to submit your nomination.

The following positions are up for election in September 2024:

- President-Elect Three-year commitment (President Elect, President, Immediate Past President). Nominees must have previously
 served in a leadership capacity.
- Treasurer Two-year term
- Member at Large (two seats available) Two-year term

Members at Large are ASCH members in good standing primarily representing the fields of medicine, dentistry and psychology. Many have a doctorate degree in that field, or, with respect to psychology, in a discipline where psychology has been a major study. The term of office for Members at Large begins at the conclusion of the Annual Meeting following their election and terminates at the conclusion of the two-year term after next Annual Meeting.

Leadership meets every other month, as well as for special sessions periodically as needed.

Thank you for your support and for your willingness to get involved. This call for nominations will remain open until Wednesday, July 31. With questions, contact ASCH Executive Director, JerrieLynn Kind at info@asch.net.

2024 ASCH Board of Directors

President John Hall, PhD

Treasurer Dan Handel, MD

President-Elect Philip Colosimo, PhD

Secretary Jeff Feldman, PhD

Members at Large Darlene Viggiano, PhD Bruce Eimer, PhD Rebecca Cherry, MD Dana Lebo, PhD

Immediate Past President Louis Damis, PhD

Executive Director
JerrieLynn Kind

Division Chairs

ASCH-ERF and Nominations **Louis Damis, PhD**

American Journal of Clinical Hypnosis Stephen R. Lankton, LCSW, DAHB

Certification Jillian Ballantyne, PhD, ABPP, BCB

Education Samantha Price, PhD

Ethics David Alter, PhD ABPP, ABPH

Finance Dan Handel, MD

Membership Daniel Skenderian, PhD

Past President
Phillip R. Appel, PhD