

**Level I: Fundamentals of Clinical Hypnosis Workshop**  
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**CTSCH and Jung Wellness Institute**  
**April 2023**  
**Hybrid Model: Webinar and In-Person Training**  
**Location: Austin, TEXAS**

**Abstract**

This Level 1 Workshop is the first part of a series of workshops in the certification program for clinical hypnosis approved by the American Society of Clinical Hypnosis. It is designed for licensed healthcare professionals, including physicians, nurses, psychologists, dentists, counselors, social workers, chiropractors, and those in related fields.

In Level 1 Hypnosis, you will discover the principles and process of hypnotic inductions, suggestions, and treatment. The Workshop is a mix of didactic presentations, demonstrations, experiential exercises, and small group practice tailored to each participant's specific needs and learning styles. When you finish the course, you will know the basic skills required to utilize clinical hypnosis and can begin applying it to your practice.

Advantages for your practice include:

- Rapidly establishing rapport and increasing motivation and hope
- Facilitating change, reducing impediments to change, and strengthening coping skills
- Cost-effective, collaborative, person-centered treatment
- Empowering clients and patients to be their own agent of change to build skills for better health
- Courageously using creative processes and techniques for use in integrative medicine

## Schedule

Day	Date:	Time Start	Time End	TOPICS	DELIVERY	MINIMUM TIME (MIN)	DELIVERY
Thursday	3/20/25	5:00 PM	5:30 PM	Introduction to Clinical Hypnosis	Didactic	30	Webinar
		5:30 PM	6:15 PM	Anatomy of a Hypnotic Experience	Demonstration	45	Webinar
		6:15 PM	7:00 PM	Neuroscience of Hypnosis	Didactic	45	Webinar
		7:00 PM	7:45 PM	Hypnotic Phenomena	Didactic	45	Webinar
		7:45PM	8:00 PM	Fundamentals of Hypnotic Communication and Formulation of Suggestions	Didactic	15	Webinar
Friday	3/21/25	4:00 pm	4:30 pm	Fundamentals of Hypnotic Communication and Formulation of Suggestions	Didactic	30	Webinar
		4:30 PM	5:15 PM	Self-Hypnosis: How and What to Teach Patients	Didactic	45	Webinar
		5:15 PM	6:15 PM	Introducing Hypnosis to the Patient: Assessment, Readiness, Informed Consent, and Memory Debates	Didactic	60	Webinar
		6:15 PM	6:30 PM	ASCH Membership and Certification	Didactic	15	Webinar
Saturday	3/22/25	9:00 AM	9:30 AM	Group Hypnotic Experience	Demonstration	30	In-Person
		9:30 AM	10:00 AM	Introduction to Small Group Practice	Didactic	30	In-Person
		10:00 AM	11:15 AM	Principles and Process of Rapport, Attunement, Trance Elicitation / Facilitation and Re-alerting / Reorientation	Didactic	75	In-Person
		11:15 AM	11:30 AM	<b>Demonstration</b> of Elicitation #1 - Diaphragmatic Breathing	Demonstration	15	In-Person
		11:30 AM	12:30 PM	Practicum 1: Elicitation #1 - Diaphragmatic Breathing	Practice	60	In-Person
		12:30 PM	1:30 PM	LUNCH BREAK			In-Person
		1:30 PM	2:15 PM	Cont. Practicum 1: Elicitation #1 -	Practice	45	In-Person

				Diaphragmatic Breathing			
		2:15 PM	3:15 PM	Intensification of Hypnotic Experience	Demonstration	60	In-Person
		3:15 PM	4:00 PM	Integrating Hypnosis into Clinical Practice	Didactic	45	In-Person
Thursday	3/27/25	5:00 PM	5:45 PM	Ethical Principles and Professional Conduct	Didactic	45	Webinar
		5:45 PM	6:45 PM	Introduction to Clinical Research in Hypnosis	Didactic	60	Webinar
		6:45 PM	7:30 PM	ISRRM (Inter-strength Resilience Resource Management)	Demonstration	45	Webinar
Friday	3/28/25	6:00 PM	7:00 PM	Treatment Planning, Strategy and Technique Selection in Clinical Hypnosis	Didactic	60	Webinar
		7:00 PM	7:45 PM	Hypnosis with Children	Didactic	45	Webinar
Saturday	3/29/25	9:00 AM	9:15 AM	Demonstration of Elicitation #2 - Eye Fixation	Demonstration	15	In-Person
		9:15 AM	11:01AM	Practicum 2: Elicitation #2 - Eye Fixation	Practice	106	In-Person
		11:01 AM	11:16AM	<b>Demonstration</b> of Elicitation # 3 - Eye Roll	Demonstration	15	In-Person
		11:16 AM	12:17PM	Practicum 3: Elicitation # 3 - Eye Roll	Practice	61	In-Person
		12:17 PM	1:15 PM	LUNCH	XXXX	57	XXXX
		1:15 PM	2:05 PM	Practicum 3: Elicitation # 3 - Eye Roll	Practice	50	In-Person
		2:05 PM	2:20 PM	<b>Demonstration</b> of Elicitation #4: Arm Levitation	Demonstration	15	In-Person
		2:20 PM	4:05 PM	<b>Practicum 4:</b> Elicitation #4: Arm Levitation	Practice	110	In-Person

## TOPICS AND TIME IN MINUTES

### Introduction to Clinical Hypnosis (30 minutes)

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- Common occurrence of the everyday trance and absorption experiences
- Various definitions of hypnosis from the scientific literature
- Hypnosis related terms such as trance facilitation or elicitation (induction), intensification (deepening), utilization, phenomena, dissociation, suggestion, and reorienting (realerting)
- Discussion of language found in literature and newer terminology preferred for teaching at ASCH-approved workshops
- Building rapport is the foundation for developing a therapeutic relationship in order to facilitate a patient/client's successful hypnotic experience
- Aspects of trance: Focused attention and concentration; inner absorption and reflection; distortion and dissociation; openness to change and suggestion.
- Multidisciplinary uses of clinical hypnosis
- Historical advances in the clinical applications and understanding of hypnosis:
  1. Franz Mesmer and the Royal Commission (results were due to contact, imagination and imitation);
  2. James Esdaile (hypnoanesthesia for surgery) as it relates to hypnosis in preparation for surgery;
  3. James Braid (coined the term "hypnosis," recognized subject's responsiveness to suggestibility) first scientific research on hypnosis;
  4. Jean-Martin Charcot (the Salpetriere [insane asylum]; hypnosis as a psychopathological, hysterical process);
  5. Nancy School (emphasis of hypnosis as a psychological, not psychopathological state);
  6. Sigmund Freud (studied at the Nancy School and with Charcot. Emile Coue (conscious autosuggestion) self-hypnosis;
  7. Milton H. Erickson (extensive contributions including the importance of language, use of metaphor, naturalistic trance, and utilization); • John Hartland (Ego strengthening);
  8. Formation of ASCH and SCEH.
- Misperceptions held by both lay people and professionals concerning hypnosis

Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Provide at least one commonly accepted definition of clinical hypnosis;*
- *Explain 3 to 4 hypnosis terms and how they apply to the clinical hypnosis experience; and*
- *Define two commonly held misperceptions concerning hypnosis and give an accurate rebuttal for each.*

### Neurophysiology of Hypnosis (45 minutes)

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- Emerging science behind the mind body connection
  - Effect of hypnosis on the autonomic nervous system
  - Role of the amygdala and how hypnosis has the potential to affect the stress pathways, the biology of chronic stress and epigenetics
  - Hypnotic state is associated with alterations in specific neurophysiological parameters of consciousness that can now be measured
  - Functional neuroimaging and functional connectivity studies offer new opportunities to use hypnosis as probes into brain mechanisms and provide a means of studying hypnosis itself
  - Distinct areas of the brain have altered activity and connectivity when an individual is in a hypnotic trance. The three hallmarks of the brain under hypnosis include:
    1. decrease activity in the area of the dorsal anterior cingulate, part of the brain's salience network;
    2. increase in connectivity between the dorsolateral prefrontal cortex and the insula, the brain-body connection;
    3. reduced connectivity between the dorsolateral prefrontal cortex and the default mode network, a disconnect or disassociation of actions from awareness of the actions.
  - Examples of the research that show how suggestions given in hypnosis can produce highly specific changes in brain function in a way that offering the same suggestions in a non-trance state cannot do should be presented
  - Research has shown plastic changes in neuronal activity occur after hypnotic trance elicitation
  - The positive effects of hypnosis on neuroplasticity, psychoneuroimmunology and epigenetics should be mentioned
  - Autonomic dysregulation, response to discomfort, and many other physiological responses can respond quite clearly to hypnotic experience
  - Suggestions that target specific cerebral regions have been shown to impact and create specific change response
  - Differences and similarities among hypnosis, meditation and guided imagery
  - Studies: Raz research on the Stroop Effect; Kosslyn's study about altering color processing in the brain; and Derbyshire research on fMRI of pain (actual, on hypnosis, imagined)

Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Describe how hypnosis affects the autonomic nervous system and the stress response; and*
- *Detail three implications of neurophysiological research on the practice of clinical hypnosis.*

### **Anatomy of the Hypnotic Experience (45 minutes)**

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- Video of a formal hypnotic session with commentary to highlight important aspects  
Overall structure of a formal hypnotic session:

1. establishing rapport and patient's goals for the session; elicitation, intensification, and ratification of trance
  2. direct and indirect suggestions, ego strengthening and post-hypnotic suggestions
  3. Anchoring and metaphor
  4. Reorientation and assessment for level of alertness
- Commentatory on:
    1. mirroring body language and breathing, and the facilitator's focused eye contact with the patient
    2. facilitator is observing, reinforcing and commenting on the subject's responses, offering affirmations
    3. Observable physiological characteristics of trance the patient might be exhibiting (lacrimation, eye closure, eye flutter or rapid eye movement, slowed breathing, increasing muscle relaxation)
    4. Prosody of the facilitator's hypnotic language
    5. pacing and leading and utilization.
    6. Ego strengthening suggestions
    7. post-hypnotic suggestions
    8. anchoring
    9. metaphors
    10. On reorientation, facilitator's change in body posture, voice, tone and tempo and the use of direct suggestions; subject's response

Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Describe the steps in a formal hypnotic encounter;*
- *Identify 2 characteristics of trance exhibited by the subject; and*
- *Define 3 changes the facilitator made during the reorientation phase of trance.*

### **Group Hypnotic Experience (30 minutes)**

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While hearing about and observing new information and/or skills is important, optimal learning and memory occur when learners are actively, and experientially engaged. The group experience offers this as well as introducing participants to hypnotic phenomena, enabling them to recognize and utilize such with their patients/clients. For learners who are not yet certain about their understanding of, or belief in, hypnotic processes, this group experience provides the opportunity to experience phenomena and processes which might enhance understanding and acceptance/belief. The combined advantages of the group experience noted above, in combination with other concepts, practices and skills learned throughout the Level I workshop training, can then increase learners' comfort with, and confidence in, not only their actual implementation of hypnotic concepts and strategies in their clinical practices but their comfort and ability to clearly and accurately describe such to their patients/clients.

Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Experience clinical hypnosis and identify 3 aspects of their individual experience of trance.*

## Principles and Process of Rapport, Attunement, Trance Elicitation (Elicitation) and Reorientation (75 minutes)

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- Concept of rapport
- Processes of rapport building: verbal, paraverbal (intonation, volume, emphasis) and nonverbal (pacing and leading); utilization of the breath; attention to patients' physical and psychological changes; and identification of patients' sensory preferences/strengths (learning systems).
- Effects of multi-sensory involvement and the operation of mirror neurons in the establishment of empathy should be emphasized
- Concept of attunement (attention that goes beyond momentary empathy to a full, sustained presence) as an extending characteristic of rapport
- Rapport-diminishing effects of preoccupation and self-focus
- Intentionally paying close and uninterrupted attention to patients may be the most effective way of establishing lasting rapport, particularly as it appears to orient neural circuits for connectivity
- Process of facilitation or elicitation of trance and its relation to the establishment of rapport and attunement
- Guidelines for facilitating trance elicitations
- Hypnosis scripts benefit learners of hypnosis in building language skills and developing suggestions
- In the reorienting segment, identifying the difference between what is known as a normal alert state or baseline alertness not associated with the process of hypnosis should be defined. (Howard, H.)
- Suggestions concerning alteration of physical sensations such as heaviness or lightness to elicit, intensify, or ratify trance.
- Suggestions for calm, comfort and relaxation to be retained as the patient/client reorients
- Methods of reorienting to ensure a return to a normal alert state.

### Examples:

- Counting (3,2,1), suggestion to open eyes
- Imagery: as one goes in so one comes out (i.e., down the garden path and back, down and up the staircase...)
- Motor movement (i.e. Rubbing hands together, stamping feet etc.)
- Give suggestion that they can take the comfort/calm etc. with them when they reorient (Pain patients good example)
- 5 "Touch opposite knee to elbow" exercise. Repeat a few times alternating sides to cross meridians.
- Difficult arithmetic problem

### Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Describe three effective ways to build and reinforce rapport;*
- *Describe at least 4 observable physiological and 4 psychological/behavioral signs of trance;*
- *Discuss the importance of removing suggestions;*
- *Demonstrate at least 3 methods of reorienting.*

**Demonstration of Elicitation #1 (15 minutes)**  
**Introduction to Small Group Practice (30 minutes)**

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Four (4) practice sessions with each session adding a new skill to the practice

- Session 1: Establish Rapport, Practice Elicitation #1 and Reorienting
- Session 2: Practice Elicitation # 2, Intensification and Reorienting
- Session 3: Practice Elicitation # 3, a different Intensification method, Suggestions, Ego strengthening and Reorienting
- Session 4: Practice Elicitation # 4, a different Intensification, Elicit a noticeable Hypnotic Phenomenon, Suggestions, Ego strengthening and Reorienting

Time is approximately 20 minutes per participant

Handout to record the information provided

Observer handouts

Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Identify the goals and rules of the experiential small group practice sessions.*

**Small Group Practice of Hypnotic Process**

*(435 minutes total over 4 sessions interspersed through the schedule and following faculty demonstration of new elicitation and skill)*

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- Students actively engage in experiential practice of concepts and processes observed/learned
- Roles of (1) facilitator of hypnotic experience, (2) recipient of hypnotic experience, and (3) observer.
- Group practice opportunity builds on the concepts and skills taught just prior to the Small Group Practice
- Faculty will demonstrate the elicitation to be practiced prior
  1. The faculty will be monitoring the experience. While the remaining members of the group are attentive to the experience, it is recommended those members observe and note the recipient for signs of trance on the Participant Checklist.
  2. The design for the individual practice is a triad consisting of a facilitator, a recipient and an observer. The purpose of the observer is to be able to recognize all aspects of the hypnotic trance such as pacing, phenomena, responsivity, mirroring, etc. and to provide feedback and observations to the group in the discussion following the trance experience. See the Appendix for observer worksheets.
  3. All elicitations are performed under the direction of the faculty.
  4. Faculty will monitor closely for complete reorienting and abreactions.

Session #1 (90 minutes minimum) session:

*Rapport, Elicitation and Reorientation*



- Gathering and recording information from each participant similar to the intake during an initial hypnotic session
- This rapport tool to gather the information that could be helpful to personalize the hypnotic experience with the participants in the practice group
- Utilize demonstrated Elicitation #1 to evoke trance and reorient the recipient.

SGP #1 session:

- Establish Rapport approximately 20 min
- Hypnotic experience 3 - 4 minutes
- Process and feedback for each other 1 - 2 minutes
- Feedback from observer 1 - 2 minutes
- Faculty feedback 1 - 2 minutes

Session #2 (90 minutes minimum) session:

- *Rapport, Elicitation, Intensification, and Reorientation*
- The participants will utilize demonstrated Elicitation #2 to evoke trance, intensify that trance, and reorient the recipient

SGP #2 session:

- Establish Rapport in less than 1 min
- Hypnotic experience 4 - 5 minutes
- Process and feedback for each other 1 - 2 minutes
- Feedback from observer 1 - 2 minutes
- Faculty feedback 1 - 2 minutes

Session #3 (105 minutes minimum) session:

- *Rapport, Elicitation, Intensification, Suggestion and Reorientation*
- The participants will utilize demonstrated Elicitation #3 to evoke trance, intensify that trance, give an ego-strengthening suggestion and reorient the recipient. Suggestions should be tailored to the responses gathered on the rapport worksheet during session one.

SGP #3 session:

- Establish Rapport in less than 1 min
- Hypnotic experience 5-8 minutes
- Process and feedback for each other 1 - 2 minutes
- Feedback from observer 1 - 2 minutes
- Faculty feedback 1 - 2 minutes

Session #4 (150 minutes minimum) session:

- *Rapport, Elicitation, Intensification, Hypnotic Phenomenon, Suggestion and Reorientation*
- Utilize demonstrated Elicitation #4 to evoke trance, intensify that trance, elicit a noticeable hypnotic phenomenon, give an ego-strengthening suggestion, and reorient the recipient
- Suggestions tailored to the responses gathered on the rapport worksheet during session one

SGP #4 session:

- Establish Rapport less than 1 min
- Hypnotic experience 5 -10 minutes
- Process and feedback for each other 1 - 2 minutes
- Feedback from observer 1 - 2 minutes
- Faculty feedback 1 - 2 minutes

Level I Elicitation Types

- Focused breathing/Diaphragmatic Breathing
- Eye Fixation
- Eye Roll
- Arm Levitation/Reverse Arm Levitation Imagery
- Muscle Relaxation

SGP 1

Educational Objectives for this session:

*At the conclusion of this session, the participant will be able to:*

- *Demonstrate one method to build attunement (rapport) with the subject;*
- *Facilitate at least one elicitation and reorientation method with a member of the group, describe his/her responses, and what they observed in the behavior of the participant; and*
- *Adapt the hypnotic process/procedures to the observed behavior of the subject in trance.*

SGP2

Educational Objectives for this session:

*At the conclusion of this session, the participant will be able to:*

- *Demonstrate the ability to build attunement (rapport) with the subject different from a previous practice session;*
- *Facilitate at least one elicitation method, one intensification method, and reorientation method with a member of the group different from the previous practice session, describe his/her responses and what they observed in the behavior of the participant; and*
- *Adapt the hypnotic process/procedures to the observed behavior of the subject in trance.*

SPG3

Educational Objectives for this session:

*At the conclusion of this session, the participant will be able to:*

- *Demonstrate the ability to build attunement (rapport) with the subject different from previous practice session;*
- *Facilitate at least one elicitation method, one intensification method, an ego-strengthening suggestion, and reorientation with a member of the group different from the previous practice session, describe his/her responses and what they observed in the behavior of the participant; and*
- *Adapt the hypnotic process/procedures to the observed behavior of the subject in trance.*

SPG4

Educational Objectives for this session:

*At the conclusion of this session, the participant will be able to:*

- *Demonstrate the ability to build attunement (rapport) with the subject different from previous practice sessions by identifying ego-strengthening suggestions of interest to the subject to use in the treatment phase of the process;*
- *Facilitate at least one elicitation method, one intensification method, an ego-strengthening suggestion, elicit hypnotic phenomenon and reorientation with a member of the group different from the previous practice session, describe his/her responses, and what they observed in the behavior of the participant;*
- *Adapt the hypnotic process/procedures to the observed behavior of the subject in trance;*
- *Clarify readiness for incorporating hypnosis into practice.*

## **Hypnotic Phenomena (45 minutes)**

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- List of useful hypnotic phenomena to create change and alleviate suffering
- Principles that guide the selection of which phenomenon to elicit to increase the chance of success
- The concept of trance logic as an altered mental state in which a person's normal capacity for critical analysis is suspended, and inconsistencies in logic are better tolerated, which opens a hypnotized person to suggestion
- Abreactions
- Abreactions can be used therapeutically by experienced clinicians

Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Explain five different hypnotic phenomena;*
- *Discuss and describe how the concept of trance logic and other hypnotic phenomena can be used therapeutically;*
- *List at least three principles of eliciting phenomenon; and*
- *Define abreaction and describe how it can be addressed therapeutically.*

## **Intensification of Hypnotic Experience**

*(60 minutes including at least 15 cumulative minutes of demonstration)*

- Brief overview of the levels of trance absorption (stages/depths) and descriptions of physiological, psychological and behavioral signs characteristic of the various levels
- Absorption/intensification and hypnotic responsivity and trance utilization potential (the ability to use trance to effect positive change)
- Describe, demonstrate, and discuss an appropriate range of strategies to assist patient/clients in intensifying/deepening trance states. (e.g., PMR, breathing, counting, movement, imagery, compounding inductions, eliciting the senses, use of silence, utilization of phenomena).
- Fractionation is recommended
- Experience of intensification approaches through demos or video.

Educational Objectives for this session:

*At the conclusion of this session, the participant will be able to:*

- *Describe three methods of trance intensification;*

- *Demonstrate the ability to intensify the hypnotic experience in ways best tailored to their patient/client; and*
- *Identify how fractionation can be used to intensify trance.*

### **Fundamentals of Hypnotic Communication and Formulation of Suggestions (45 minutes)**

- Hypnotic verbal and nonverbal communication including the careful use of language and body language
- Examples of effective and ineffective language: positive, incorporates client's language, and representational system
- Prosody, positive and negative language, implicative language, conjunctive language and dissociative language with examples of each.
- Principles of suggestion including positive expectancy, concentration, utilizing the language of goals rather than symptoms ("Carrot Principal"), reinforcing the patient and Erickson's Principle of Individualization and Utilization
- Differences, utilization efficacy and challenges of direct and indirect suggestions

Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Explain at least two ways hypnotic communication creates positive expectancy;*
- *Discuss Erickson's Principle of Individualization and Utilization as it pertains to language and suggestion; and*
- *Name at least four commonly used words/phrases to reinforce the patient's hypnotic experience; and*
- *Differentiate between direct and indirect suggestion.*

### **Ego Strengthening**

*(45 minute including at least 15 cumulative minutes of demonstrations)*

- Definition of ego strengthening and the history of intentional inclusion of such in hypnotic intervention, with a brief mention of the work of i.e. Coue, Hartland, and Erickson
- The role of ego strengthening in all patient/client interactions, and research indicating the efficacy of such, in medical/dental and behavioral health settings should also be discussed
- Formulation of ego-strengthening suggestions, particularly with respect to patient/client presented history, preferences, and the concept of utilization
- Demonstration of specific strategies of ego strengthening (age regression, age progression) and language; types of ego strengthening (verbal, nonverbal, modeling, direct, indirect, metaphoric) as well as identify the stage(s) of hypnotic trance
- Concept of anchoring, uses of anchors and several strategies for identifying appropriate anchors for use with clients

Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Define what is meant by ego strengthening and how it might be used in clinical practice;*
- *Identify three different types of ego strengthening; and*
- *Describe at least three strategies for ego strengthening in clinical hypnosis practice.*

## **Self-Hypnosis: How and What to Teach Patients**

*(45 Minutes)*

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- Differences between hetero-hypnosis and self- hypnosis
- Operational definition of self-hypnosis
- Utility of teaching patients/clients self-hypnosis strategies for medical/dental and behavioral health concerns for which self-hypnosis can be useful
- Use of audio recordings and their advantages and disadvantages
- Self-hypnosis protocol with possible variations in the process of facilitating trance such as counting, imagery, special place for pain management, habit behaviors, symptom problems, performance enhancement, dental concerns, and mood or anxiety states.
- Coaching the patient/client to create suggestions
- Demonstration of teaching self-hypnosis to the patient

Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Define self-hypnosis and explain the difference between self-hypnosis and hetero-hypnosis;*
- *Describe at least three therapeutic applications of self-hypnosis in clinical practice; and*
- *Explain how to teach self-hypnosis to a patient.*

## **Strategies for Managing Resistance (45 Minutes)**

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- Three types of resistance be described - resistance to hypnosis; resistance to treatment; resistance to change.
- Behavioral signs of resistance including how the patient/client perceive themselves and their limitations or apprehensions
- Patient/client and clinician variables that contribute to resistance as well as strategies for positively and productively responding to resistance.
- Strategies for managing resistance include:
  1. patient/client education/re-education;
  2. separating hypnosis from the presenting problem;
  3. enhancing rapport;
  4. aligning patient/client and clinician goals;
  5. use of metaphor or teaching tales;
  6. accept and utilize patient/client responses;
  7. more permissive and indirect strategies.

Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Describe three types of resistance; and*
- *Identify at least four strategies for bypassing or working through resistance.*

### **Patient/Client Assessment, Presenting Hypnosis to the Patient/Client (45 minutes)**

- Multi-disciplinary/integrative patient/client assessment, pertinent to patient/client presentation, and prior to initiation of clinical hypnotic intervention be emphasized
- Ongoing integrative treatment, monitoring, and inter-clinical communication
- Attention to the patient/client's representational language and description of their goals,
- Optimizing patient/client understanding of, agreement with, and motivation for the potential use of clinical hypnosis
- Patient/client perceptions of, knowledge about, patient/client prior experience with hypnosis, definitions of hypnosis (what hypnosis is and is not), common misperceptions beliefs and misconceptions of hypnosis, potential uses of hypnosis, and responding to any patient/client questions and/or concerns should be adequately accomplished.
- The role of the clinician as a facilitator of the patient/client's experience of hypnotic trance and that the patient/client is always in control of her own trance experience should be clearly emphasized
- Naturally occurring trance states
- Inter- and intra-individual differences in hypnotic capacity and experience re: various hypnotic phenomena, both within and between individuals and within and between patient/client trance experiences
- Self-directed practice enhances results and independent use of the strategy
- A demonstration or a video of introducing hypnosis to a patient/client
- Informed consent
- Memory

Educational Objectives for this session:

*At the conclusion of this session, the participant will be able to:*

- *Summarize at least three key points about hypnosis to discuss in a non-technical manner with a client or patient/client;*
- *Review important elements and recommended procedures in obtaining informed consent regarding the use of hypnosis clinically;*
- *Discuss the fallibility of memory.*

### **Hypnosis with Children (45 minutes)**

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- Developmental characteristics that make children particularly hypnotizable
- Common physical, emotional and behavioral problems of childhood
- Developmental tasks unique to each stage of development should be defined
- Elicitation/induction strategies for each stage of development should be discussed
- Video of working hypnotically with children
- Mind-body connection and the power of imagination to the parents and child

Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Identify three developmental characteristics that make children particularly hypnotizable;*
- *Describe how hypnotic approaches vary according to the developmental age of the child; and*

- *Describe the therapeutic benefits and applications of using hypnosis with children.*

### **Treatment Planning, Strategy and Technique Selection in Clinical Hypnosis (60 minutes)**

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- Interactive session
- Observe a demo and develop a plan
- Case example of a client/patient experiencing anxiety that highlights how they utilize hypnotic treatment planning process
- Group develops a treatment plan for an additional case example

Educational Objectives for this session:

*At the conclusion of this session, the participant will be able to:*

- *Execute a thorough case assessment to elucidate the information necessary to develop a quality treatment plan;*
- *Design a treatment plan for a patient/client who presents with anxiety; and*
- *List at least 4 hypnotic techniques/applications that may be best suited to achieve the specific therapeutic goal in the case presented.*

### **Integrating Hypnosis into Clinical Practice (45 Minutes)**

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- Informal/group discussion format
- Foundational information, concepts, learned skills from the training experience
- Discuss what student participants expected to learn, did learn, found most helpful, and how they view themselves as having begun to change as clinicians as result of training
- Common obstacles and strategies for introducing hypnosis into clinical practice
- Inadvisability of verbatim reading of published scripts across all clinical presentation
- Process of utilization of language and content gleaned from the therapeutic relationship (rapport) between patient and clinician
- Dental and Behavioral Health for part of this session to address concerns specific to those disciplines.

Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Describe situations of uncertainty that might occur as clinical hypnosis is included in practice and identify strategies for managing/resolving such;*
- *List at least three uses of hypnosis to your discipline that you have been taught and are ready to apply and three applications of hypnosis that require more training; and*
- *Describe three ways that he or she will begin to incorporate hypnotic communication, hypnosis and hypnotic techniques into his/her practice.*

### **Ethical Principles and Professional Conduct (30 Minutes)**

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- ASCH code of conduct and the alignment of such with specific profession ethics standards
  - Limiting the use of hypnosis to treat only conditions that one is qualified to treat with non-hypnotic methods within the scope of their specific professional practice.
  - Ethical Guidelines

Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Describe at least two ethical-legal issues; and*
- *Discuss standards for professional conduct in using hypnosis clinically.*

### **ASCH Membership and Certification (15 minutes)**

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- Major professional hypnosis societies
- ASCH membership and member benefits
- ASCH component sections
- Individualized Consultation requirements
- Approved Consultant status including the Teaching and Consultation Workshop
- Diplomate boards
- Certification
- Upcoming training opportunities
- ASCH E-Learning catalogue and video library, and Get Hyp Facebook mentoring forum.
- ASCH Membership and certification forms and applications are available at the ASCH website ([www.asch.net](http://www.asch.net)) or from [info@asch.net](mailto:info@asch.net).

Educational Objectives for this session:

*At the conclusion of this session the participant will be able to:*

- *Discuss ASCH's clinical hypnosis standards of training, levels of training, and requirements for, ASCH certification; and*
- *Describe the opportunities available for further training, membership and certification.*



## **LEVEL I      RESOURCE    LIST**

### **Fundamental Hypnosis Resources**

- Lang, E. & E. Laser, (2009). Patient sedation without medication.
- Nash, M. & A. Barnier (2012). The oxford handbook of hypnosis: Theory, research, and practice. New York. Guilford Press.
- Reid, D. (2012). Hypnosis for behavioral health: A guide to expanding your professional practice. New York: Springer Publishing Company.
- Voit, R. & M. DeLaney (2004). Hypnosis in clinical practice: Steps for mastering hypnotherapy. New York. Brunner-Rutledge.
- Yapko, M. (2012). Trancework: An introduction to the practice of clinical hypnosis (4th ed.). New York. Brunner/Mazel.

### **Classic Hypnosis Resources**

- Brown, D., & E. Fromm (1986). Hypnotherapy & hypnoanalysis. Hillsdale, NJ: Lawrence Erlbaum.
- Brown, D., & E. Fromm (1987). Hypnosis and behavioral medicine. Hillsdale, NJ: Lawrence Erlbaum.
- Cheek, D. & L. Lecron (1968). Clinical hypnotherapy. New York. Grune & Stratton.
- Erickson, M., Rossi, & S. Rossi (1976). Hypnotic realities. New York, Halsted Press.
- Erickson, M., & E. Rossi (1979). Hypnotherapy: An exploratory casebook. New York. Grune & Stratton.
- Havens, R. (1996). The Wisdom of Milton H Erickson: The complete volume. Norwalk, CT. Crown House Publishing.
- Hammond, D. (Ed.) (1998). Hypnotic induction and suggestion. Des Plaines, IL. American Society of Clinical Hypnosis.
- Hammond, D. (Ed.) (1990). Handbook of hypnotic suggestions and metaphors. New York. W.W. Norton & Co.
- Kroger, W. (2008). Clinical and experimental hypnosis, 2<sup>nd</sup> Edition. Philadelphia. Lippincott, Williams & Wilkins.
- Rosen, S. (ed.) (1991). My Voice Will Go with you. New York. W.W. Norton & Co.
- Rossi, E., & D. Cheek (1988). Mind-Body Therapy: Methods of Ideodynamic Healing in Hypnosis. New York, NY. W.W. Norton & Co.
- Rossi, E. (Ed.) (1980). The collected papers of Milton H. Erickson, M.D., Volumes I-IV. New York. Irvington.

### **Resources to Stimulate Your Learning**

- Alladin, A. (2014). The wounded self: New approach to understanding and treating anxiety disorders. *American Journal of Clinical Hypnosis*, 56:4, pp. 368-388.
- Bandler, R & J. Grinder (1975). Patterns of the hypnotic techniques of Milton H. Erickson, MD, Vol. 1. Scotts Valley, CA. Grinder & Assoc.
- Daitch, C. (2007). Affect regulation toolbox: Practical and effective hypnotic interventions for the overreactive client. New York. W.W. Norton & Co.
- Ewin, D. (2009). 101 things I wish I'd known when I started using hypnosis. Carmarthenshire, England. Crown House Publishing.
- Ewin D. & B. Eimer (2006). Ideomotor signaling for rapid hypnoanalysis: A how-to manual. Springfield, IL. Charles C. Thomas Pub. Ltd.
- Frederick, C. & S. McNeal (1998). Inner strengths: Contemporary psychotherapy and hypnosis for ego strengthening. New York. W.W. Norton & Co.
- Gilligan, Steve. (2012). Generative trance. The experience of creative flow. Bethel, CT. Crown House Publishing Company, LLC.
- Kane, S., & K. Olness (Eds.) (2004). The art of therapeutic communication: The collected works of Kay Thompson. New York. Crown House Publishing.
- O'Hanlon, B. (2009). A guide to tranceland: A practical handbook of Ericksonian and solution-oriented hypnosis. New York. W.W. Norton & Co.
- Rossi, E. (2002). Psychobiology of gene expression. Neuroscience and neurogenesis in hypnosis and the healing arts. New York, NY. W.W. Norton & Co.
- Spiegel, S. (2012). The use of online resources in the treatment of three cases of simple phobia. *American Journal of Clinical Hypnosis*, 55:3, 174-183.
- Watzlawick, P. (1978). The Language of change. New York, NY. W.W. Norton & Co.
- Weisberg, M. (2011). 50 years of hypnosis in medicine and clinical health psychology: A synthesis of cultural crosscurrents. *American Journal of Clinical Hypnosis*, 51:1. pp13-27.
- Yapko, M.D. (2010). Hypnotically catalyzing experiential learning across treatments for depression: Actions can speak louder than moods. *International Journal for Clinical and Experimental Hypnosis*, 58:2, 186-201.
- Zarren, J., & B. Eimer (2001). Brief cognitive hypnosis: Facilitating the change of dysfunctional behavior. New York. Springer.
- Zeig, J. (2014). The induction of hypnosis: An Ericksonian elicitation approach. Phoenix, AZ. The Milton H. Erickson Foundation Press.

### **History of Hypnosis Resources**

- Crabtree, A. (1993). From Mesmer to Freud: Magnetic sleep and the roots of psychological healing. New Haven, CT. Yale University Press.
- Edmonston, W. (1986). The induction of hypnosis. New York. Wiley.
- Ellenberger, H. (1970). The discovery of the unconscious. New York. Basic Books.
- Gauld, A. (1992). A history of hypnotism. New York. Cambridge University Press.
- Laurence, J. & C. Perry (1988). Hypnosis. Will and memory. New York. Guilford.
- Pattie, F. A. (1994). Mesmer and animal magnetism. Hamilton, NY. Edmonston Publishing.

Pintar, J & S. Lynn (2008). Hypnosis: A brief history (1st Ed.). New York. Wiley.  
Tinterow, M. (1970). Foundations of hypnosis: From Mesmer to Freud. Springfield, IL.  
Charles C. Thomas Pub. Ltd.

### **Theories of Hypnosis Resources**

Jensen, M., T. Adachi, C. Tomé-Pires, J. Lee, Z. Osman & J. Miró. (2015) Mechanisms of hypnosis: Toward the development of a biopsychosocial model. *International Journal of Clinical and Experimental Hypnosis*, 63:1. pp. 34-75.  
Kirsch, I., A. Capafons, E. Cardena & S.A. Borrás (1998). Clinical hypnosis and self-regulation: A cognitive- behavioral perspective. Washington, DC. American Psychological Association.  
Lynn, S., J. Rhue & I. Kirsch (2010). Handbook of clinical hypnosis, 2nd Edition. Washington D.C., American Psychological Association.

### **Self-Hypnosis Resources**

Alladin, A. (2014). The wounded self: A new approach to understanding and treating anxiety disorders. *American Journal of Clinical Hypnosis*, 56:4, 368-88.  
Forester-Miller, H. (2017). Self-Hypnosis classes to enhance the quality of life of breast cancer patients. *American Journal of Clinical Hypnosis*, 60:1, 18-32.  
Fromm E, & S. Kahn (1990). Self-Hypnosis The Chicago paradigm. New York. Guilford Press  
Jensen, M., D. Ehde, D. K. Gertz, B. Stoelb, et al. (2011). Effects of self-hypnosis training and cognitive restructuring on daily pain intensity and catastrophizing in individuals with multiple sclerosis and chronic pain. *International Journal of Clinical and Experimental Hypnosis*, 59:1, 45-63.

### **Clinical Hypnosis Resources**

Barabasz, A., & J. Watkins (2005). Hypnotherapeutic techniques (second ed.). New York. BrunnerRoutledge.  
Elkins, G (2017.) A handbook of medical and psychological hypnosis. New York. Springer Publishing Company  
Jensen, M. (2017). The art and practice of hypnotic induction. Kirkland, WA. Denny Creek Press  
Lynn. S., J. Rhue, & I. Kirsch, (Eds.)(2012). Handbook of clinical hypnosis, 2<sup>nd</sup>. Edition. Washington, DC. American Psychological Association.  
Spiegel, H., & D. Spiegel (2004). Trance and treatment: Clinical uses of hypnosis, 2<sup>nd</sup>. Edition. Washington, DC. American Psychiatric Association.

### **Specialty Resources on Hypnosis in Medicine, Dentistry, and Nursing**

Jensen, M. (2011). Hypnosis for chronic pain management. New York. Oxford Press.  
Patterson, D. (2010). Clinical hypnosis for pain control. Washington DC. American Psychological Association.  
Plotnikoff, G & M. Weisberg (2013). Trust your gut. San Francisco. Canari Press.

### **Resources from Hypnosis and Children**

- Elkins, G. (1997). *My doctor does hypnosis*. Des Plaines, IL. ASCH Press.
- Goldfus, T. (2017). *From real life to cyberspace (and back again): Helping out clients develop a strong inner selfie*. Phoenix, AZ. Zeig, Tucker, Theisen, Inc.
- Hutson, L. (2009). *Scripts and strategies In hypnosis with children*. Carmarthenshire, England. Crown House Publishing
- Kaiser, P. (2011). Childhood anxiety, worry, and fear: Individualizing hypnosis goals and suggestions for self-regulation. *American Journal of Clinical Hypnosis*, 54:1.
- Kaiser, P. (2014). Childhood anxiety and psychophysiological reactivity: Hypnosis to build discrimination and self-regulation skills. *American Journal of Clinical Hypnosis*, 56:4.
- Kohen, D. & K. Olness (2011). *Hypnosis and hypnotherapy with children (4th ed.)*. New York. Rutledge Lyons, L. (2015). *Using hypnosis with children*. New York. W.W. Norton & Co.
- Sugarman, L. & W. Wester (2014). *Therapeutic hypnosis with children and adolescents (2nd Ed.)*. Carmarthenshire, England. Crown House Publishing
- Thomson, L. (2005). *Harry Hypno-potamus: Metaphorical tales for the treatment of children*. Carmarthenshire, England. Crown House Publishing.
- Thomson, L. (2009). *Harry Hypno-potamus: More metaphorical tales for children*. Carmarthenshire, England. Crown House Publishing.
- Wester, W., & D. O'Grady (1991). *Clinical hypnosis with children*. New York. Brunner/Mazel.

### **Forensic Hypnosis, Memory, and Risks of Hypnosis Resources**

- Hammond, D., R. Garver, C. Mutter, et al. (1994). *Clinical hypnosis and memory: Guidelines for clinicians and for forensic hypnosis*. Des Plaines, IL. American Society of Clinical Hypnosis Press.

### **Reorienting Resources**

- Howard, H. (2017). Promoting safety: A clinical instrument for the measurement of hypnosis. *American Journal of Clinical Hypnosis*, 59, 344-362.
- Kluft, R. (2012). Approaches to difficulties in reorienting subjects from hypnosis. *American Journal of Clinical Hypnosis*, 55:2, 140-159

