

Principles and Processes of Rapport, Attunement, Trance Elicitation, Re-alerting, and Reorientation

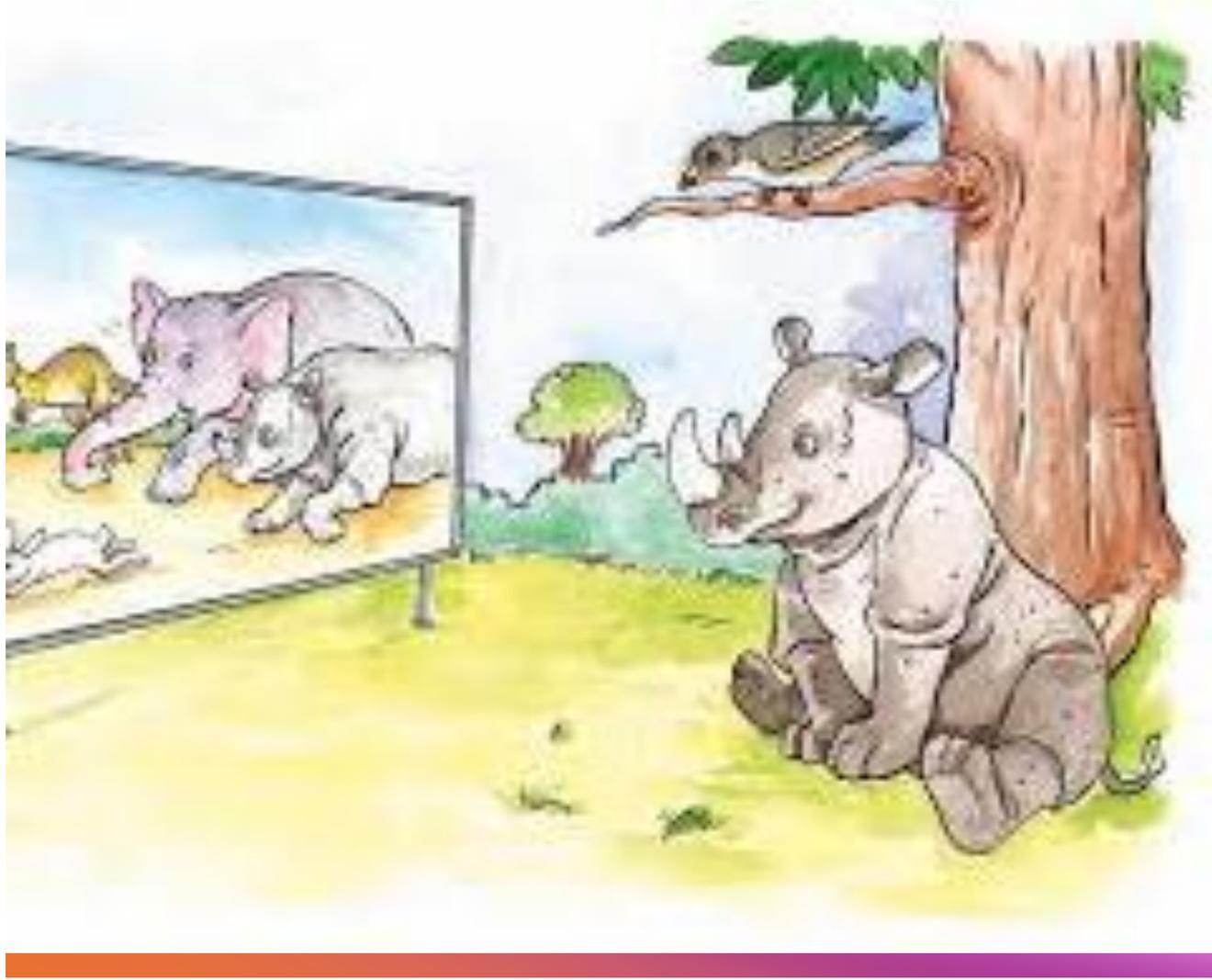
Rebecca Cherry, MD

Level 1 ASCH Workshop for Pediatric GI Clinicians

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Disclosures

- No financial conflicts.
- No use of generative AI.



THANK YOU

to my teacher,

Linda Thomson, PhD,
APRN, ABMH,

for generously sharing her
knowledge

and her PowerPoint slides.

Learning objectives

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

- Describe three effective ways to build and reinforce rapport
- Describe at least four observable physiological and four observable behavioral signs of trance
- Describe how to elicit a hypnotic trance state
- Discuss the importance of removing suggestions
- Demonstrate at least three methods of reorienting

Steps of a Formal Clinical Hypnosis Session

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- Plan follow-up

Rapport

- Important for any clinical encounter
- Trust, openness, likelihood of following through
- Children may have different criteria
- Single most important variable to predict success of hypnosis

Rapport

- Motivates the patient to help you help them
- Participating during the face-to-face encounter
- Adhering to the plan between encounters
- Keeps the patient (not just the parent) focused on you
- Minimizes distracting thoughts that might interfere with the flow of the experience
- It feels good for us, too

Attunement: a deeper aspect of rapport

- Attention that is careful/close, full, and sustained/uninterrupted
- Characteristic of rapport that is stronger and more lasting
- Activates neural circuits for connectivity (mirror neurons)

We are used to attunement being
spontaneous

Rapport and Attunement can be fostered

- Verbal (word choice)
- Paraverbal (how you say the words)
- Nonverbal (using physical indicators of meaning and attention)
- Physical mirroring
- Pacing of the breath
- Attentiveness to the other's signals
- Identification and use of sensory preferences/learning systems

Pacing and Leading

Pacing: meeting the patient where they are

- Mirroring or matching allows you to connect with the other person by “being like them”

Leading: changing our behavior so they will follow

The goal of pacing is to be able to lead to a more desired state

Pacing and Leading

Reassuring and soothing with verbal and non-verbal cues

Non-verbal:

- Facial expression
- Eye contact
- Position and posture
- Gestures
- Touch
- Breathing

Pacing and Leading

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- Facial expression
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- Gestures
- Touch
- **Breathing**

Pacing a child's breathing pattern is perhaps the most effective and yet most subtle way of fitting into his/her world.

Battino, R. & South, T. (2005)

Pacing and Leading

Paraverbal:

- Prosody: speed, cadence, inflection, timbre, pitch
- You do you!

Verbal:

- Representational system
 - How a person creates an experience in their mind most vividly
- Sensory learning strengths
 - How a person acquires and processes information

Sensory strengths

- Visual
- Auditory
- Tactile
- Kinesthetic
- Olfactory
- Gustatory

May be suggested by preferred activities (visual art, music, dance, roller coasters, etc)

Notice clues that may be embedded in a patient's language or descriptions

Leading

- Once you have matched a behavior, you subtly begin to change it.
- Lead into a positive trance state of focused attention.
- Use your breath to lead them to a calmer state.

Leading

- Uses the language of possibilities
- Inviting, offering, suggesting, revealing a therapeutic direction for change

Leading

“You may be surprised to notice that...”

“I wonder which thing you will first become aware of.”

“It might be interesting to pay attention to...”

“When you begin to X, I wonder if you will decide to Y.”

Interference with attunement

- Focusing on a computer screen
- Focusing on notes/script
- Sticking to a pre-set agenda

Characteristics to bring to an encounter

- Curiosity
- Flexibility
- Creativity
- Adaptability
- Affirming the patient's experience and providing further direction toward their chosen destination
- Improv: "Yes, and..."
- Taxi driver metaphor

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Elicitation of trance

- Also called invitation, induction, facilitation
- Beginning of formal hypnosis
- Transition out of the everyday to allow for different behaviors and experiences
- Process of narrowing attention and facilitating inward absorption
- Actively permissive
 - Not done to an individual
 - Something the individual allows to happen

Elicitation

- Focused attention
- Selective thinking
- Suspension of critical faculties
 - Unreality becomes reality
 - Believing becomes seeing

“Am I doing it right?”

- Patients may be uncertain about their “performance”
- There is no correct way to experience hypnosis!
- Allow/encourage each patient to feel good about whatever they do experience.
- Let patients notice that **THEY** are in control...
 - “Relaxing at the speed that is right for you.”
- Because they are in control!
 - Their experience may not reflect anything about what you did or didn't do

Types of Elicitation

- Internal focus
 - Focused breathing
 - “Favorite place”
- External focus
 - Eye fixation
- Combination
 - Arm levitation

Observation is crucial to elicitation

- Physical manifestations
- Psychological shifts

Physical characteristics of trance

- Muscular relaxation
- Muscle twitching
- Lacrimation, salivation
- Eye closure with fluttering lids
- Rapid eye movement
- Change in respiratory rate
- Catalepsy
- Lag in responses

Young children may look different

- Less likely to sit still and close their eyes
- May move in and out of trance states very quickly
- Appear to be engaging in typical play
- Can be helpful to have a toy or fidget

Observations and comments

- Offer suggestions based on what you observe -- not what you might assume.

“You are getting more comfortable now” vs. “Your body is settling down against the cushions.”

- Respect that the important experience is theirs, not yours.

“We’re going to go deeper into that relaxed state” vs. “You may find yourself becoming more deeply relaxed.”

Observations and comments

- Offer validations and affirmations based on physical changes
- These do not have to be actual words
 - Yes
 - That's right
 - Mmmhmmmm
 - Good
 - Ahaaa
- Enhance rapport and provide reassurance

Psychological characteristics of trance

- Literalism
- Selective attention
- Personal absorption
- Calm
- Time distortion
- Dissociation
- Altered reasoning or “trance logic”
- Increased receptivity to suggestion

Guidelines for elicitation

- Use words to open up possibilities:
perhaps, allow, notice, when...
- Use phrases to arouse curiosity:
I wonder... It will be interesting to find out... Perhaps at some time in the next few moments you will begin to notice..
- Use repetition as an aid to creating dissociative response
- Maintain verbal and non-verbal forms of rapport
- Allow pauses and periods of silence
- Your positive expectations will promote theirs

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Before reorienting and realerting

- Suggest that any wanted trance phenomena be retained
 - Calm, comfort, pain relief
- Suggest the reversal of unwanted trance phenomena
 - Catalepsy, numbness, dissociation
 - Return to normal sensation and level of function

Before reorienting and realerting

- Hold onto any useful suggestions in a place in your mind where they will always be available
- Leave behind any words or feelings that don't serve your purposes.

Reorienting/realerting: a mandatory step

- Signals completion of the formal trance
- Assists the patient to return focus to the outside world
- Elicits positive expectation for future trances
- Prevents people from leaving the office in an altered/suggestible state

Reorienting/realerting

- Inform the patient that it is time to reorient
- Be direct and authoritative
- Change volume, pace, firmness of voice

Reorienting/realerting: an example

- Over the next 5 breaths you will begin to return to the outside world
- On the 4th breath your eyes will begin to flutter
- And on the 5th breath your eyes will open, fully present, back to the outside world, back to the here and now

Reorienting/realerting: another example

- Now that you've learned you can create this experience in your body and mind, and stored that knowledge somewhere safe, it's time to return to your more typical level of awareness and interaction.
- Over the space of the next few breaths, you can bring all your senses back into this space, and feel movement coming back into your hands and feet... That's right.

Reorienting/realerting: yet more examples

- Gather up that new energy you have been able to access and bring it back with you.
- Let that energy flow through your body and notice how it will cause you to move and stretch.

- And whenever you're finished, you'll be done.

Tips for reorienting/realerting

- Pair with counting, saying the numbers on the patient's in-breath
- Reverse intensification/deepening technique
Go back up the stairs, down the hallway, etc.

When there is a delay

- Stay calm!
- Wait 10 seconds (at least)
- “Sometimes, it feels so good to be in that comfortable place that it’s hard to come back right away. But it can help to remember that now you know how to get there, and you can always go back, and spend as much time there as you would like.”

- “Sometimes it’s hard for me to tell whether someone is asleep, or just very deeply relaxed. If you’re very deeply relaxed, and would like to stay there just a little longer, nod your head a bit so I know.”

Howard Alertness Scale (HAS)

Pre-hypnosis:

We are going to measure how alert you are at this time. This will be measured on a scale from 1 to 10. On this scale 1 represents a very low level of alertness, and 10 represents a very high level of alertness. To help you assess your level of alertness you will be asked to pay attention to different ways that you perceive your environment, and also to the way that you are thinking.

Take a moment now to notice how awake and alert you feel at this time. Gather information from all of your senses:

- **Look** around you and notice the various things that you see. Notice how the images appear and the clarity, the color.
- Notice the **sounds** around you and the quality of whatever you hear.
- Notice the **feelings** in your body including the feeling of the chair against your body and the feeling of your feet against the floor.
- Notice how connected you feel to your body and how aware you are of your surroundings. Notice **how present you feel** in this time and place.
- Notice **how clearly and logically you are thinking**, and how your mind moves from thought to thought as you focus on different things around you.

On a scale from 1 to 10, where 1 is very low, 2 is low, 5–6 is medium, 9 is high, and 10 is very high, find the number that best describes how alert you feel right now.

(Circle subject's level of alertness)

1	2	3	4	5	6	7	8	9	10
very low	low			medium				high	very high

Post-Hypnosis

On a scale from 1 to 10, where 1 is very low, 2 is low, 5-6 is medium, 9 is high, and 10 is very high, what number best describes how alert you feel right now.

1	2	3	4	5	6	7	8	9	10
very low	low			medium				high	very high

The Howard Alertness Scale (HAS) is a 1 to 10 scale for measuring the subjective level of alertness experienced by an individual prior to and subsequent to the use of hypnosis.

How alert are you,
on a scale from 1 to 10?
(or 1-100)

If less than complete,
continue with reorienting
strategies

Characteristics of difficult reorientation

- Slower breathing
- Little spontaneous movement or speech
- Fixed or unfocused stare
- Slow response to inquiries or instructions

Reorientation strategies

- Stand up, stretch, walk around
- Name six things in the room
- Do a simple math problem ($13 + 14 =$)
- Rub hands together, stamp feet
- Physical movement that crosses the midline and involves both upper and lower body (knee to opposite elbow)

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Processing

- Assess reaction to trance
 - Maintain curiosity
 - Let go of your ego
 - Keep it simple: “What was that like for you?”
- Ask about experience: imagery, sensation, anything surprising
 - May need to ask specifically for feedback on technique
- Ratify experience
- Encourage practice

Summary

- Rapport comes first! Single most important variable.
- Assess alertness before trance elicitation.
- Elicitation: narrow attention and facilitate inward absorption.
- Realerting/reorientation: return focus to the outside world.
- Reverse any altered sensations before realerting.
- Reassess and ensure normal alertness.