

# Pediatric ASCH Conference

## *Hypnosis for Pediatric GI patients*

*'Talking about Hypnosis with Patients, Families and Healthcare Providers'*

*–How to get the conversation started ~It's all about language and  
establishing rapport*

February 28, 2026

Ana Maria Verissimo Prieto MD, MA  
Resilience Through Reflection, LLC  
Resiliencethroughreflection.org  
resilience4now@gmail.com

*'Retired'* Director of Pediatric Integrative Medicine  
Connecticut Children's Hartford, Connecticut  
*Former* Assistant Professor of Pediatrics  
University of Connecticut School of Medicine

# Disclosure

- I am the owner of Resilience Through Reflection, LLC
- I have no actual or potential conflict of interest in this presentation
- Patient's names were changed for this presentation
- I will not discuss 'off label' use(s) or investigational use (s) of medications and/or procedures in this presentation



# Presentation Objectives

---

- Review definition of Hypnosis~ and include hypnosis ‘misconceptions’
  - The definition of hypnosis needs to be *clearly* understood by the patient/client and his/her parent/caregiver
- Describe therapeutic benefits of hypnosis practice in pediatrics
- Inquire ‘what is the goal’ of the hypnosis session
  - Patient’s goal, parent/caregiver’s, referring healthcare provider’s goal, ‘our/my’ goal ?
- Importance of obtaining consent and assent prior to hypnosis session



# Ethical Challenges in Integrative Medicine

There needs to be an increased exposure in pediatric education to IM/*including hypnosis* regarding safety/efficacy

Scope of practice, licensing, and credentialing of IM practitioners may be difficult to ascertain (ASCH will discuss regarding Hypnosis)

Possible concerns regarding safety and liability regarding IM therapies and therapists

Cost/benefit

# Informed Consent and Assent

- **Ethical Standards:** Hypnosis is a collaborative process, not mind control; the child must be a willing participant.
- **Legal Requirements:** Most states have laws requiring informed consent for hypnotherapy, particularly for minors.
- **Child's Developmental Stage:** While parents/legal caregiver provide legal consent, a child's assent (agreement) is crucial for the therapeutic process to be effective and respectful.
- **Informed Consent from Parents/Guardians:** Written consent detailing the nature of hypnosis, goals, risks, and benefits.
- **Age-Appropriate Assent from Child:** The therapist explains the process in terms the child can understand, ensuring they are comfortable and want to participate.
- **Confidentiality:** 'standard rules' exception abuse/imminent harm
- **Collaboration:** Parents/legal caregivers are often involved, helping to reinforce strategies at home, while the child's emotional needs guide the session.



# Unique aspect of Pediatric care

---

Pediatric Health Care Professionals are unique in their potential to intervene and ‘potentially’ change outcomes for their patients.

They have a tremendous opportunity to positively impact their patients/and their families toward Mind-Body-Spirit philosophy healthcare.

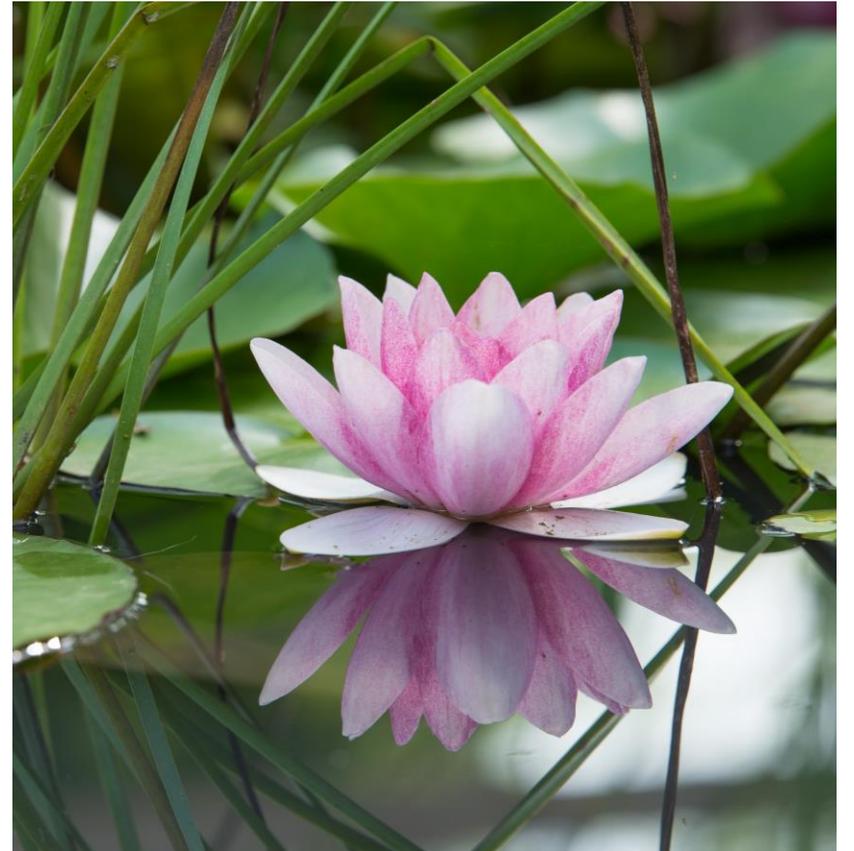
In essence, their crucial role can potentially **reduce suffering**



# Pediatrics: **Shift** in Medical Conditions

---

- Increase in chronic illness: asthma US stats-1 in 13 or 4.9 million children. (National Center Health Statistics. NHIS Adult Summary Health Statistics. Data accessed October 7, 2024)
- Obesity: US stats-1 in 6 children-ages 6 to 17yo, 16.1% (National Survey of Children's Health (2023-2024))
- Anxiety affecting 1 in 12 US children and 1 in 4 US adolescents. Kowalchuk A, et al Am Fam Physician. 2022;106(6):657-664
- Chronic pain overall prevalence (headache, abdominal, back pain, etc children and adolescents 20.8% 70 different countries) Chamber CT, et al The prevalence of chronic pain in children and adolescents: a systemic review update and meta-analysis. Pain. 2024 Oct 1;165(10):2215-2234.
- Chronic pain affects **entire nervous system**: fatigue, non-restorative sleep patterns, cognitive and mood negatively impacted



# Covid 19 and Pedi Mental Health Toll

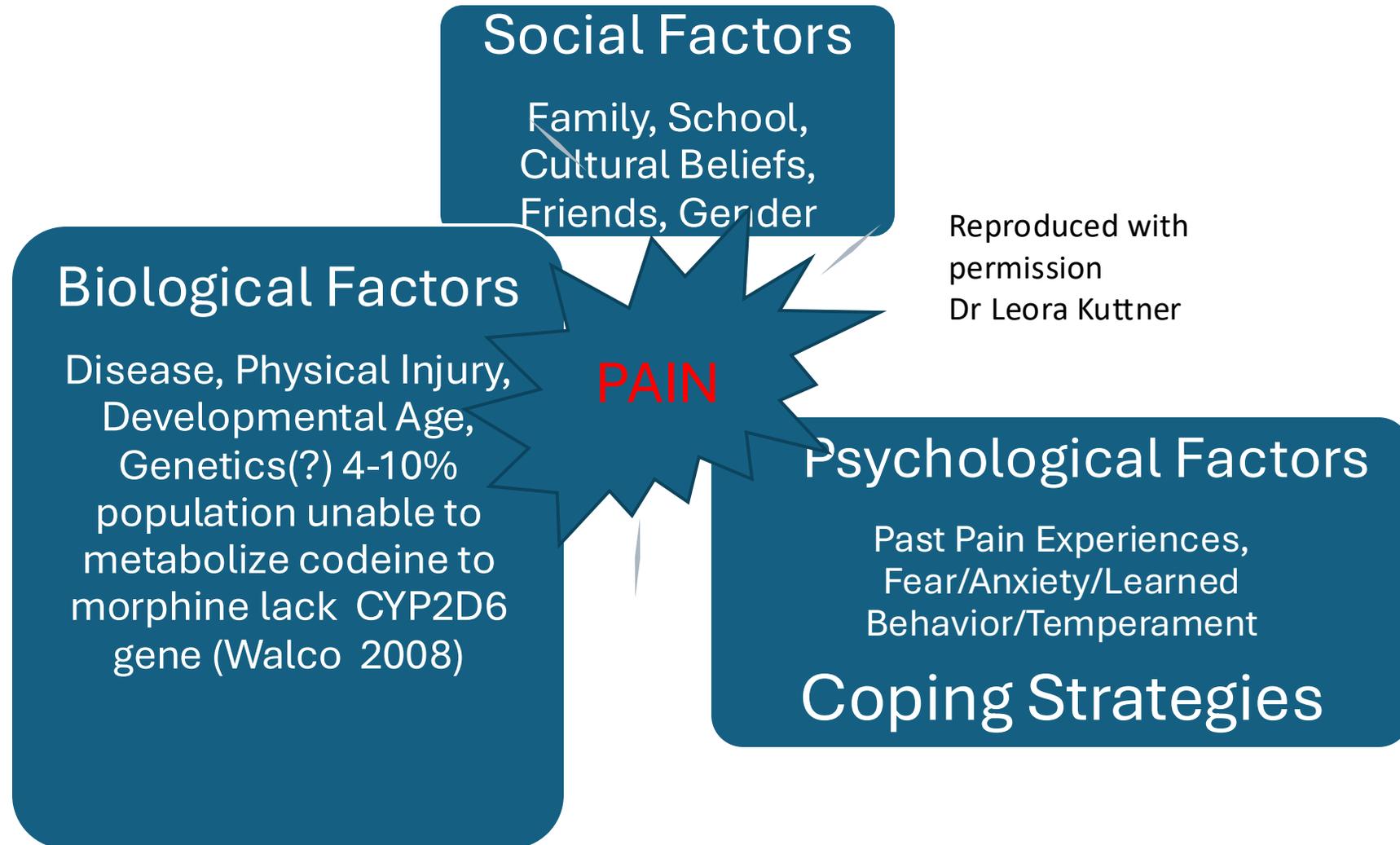
- -Harvard Univ 224 children ages 7 to 15 found 2/3rds clinically significant symptoms anxiety and depression
- Prior pandemic 30% of these children anxiety and depression
- Symptoms more common if family member sick/hospitalized or died due to covid 19
- Also if parent lost job due to covid 19 –most important how parents functioning due to covid 19 (Nationwide Children's Study of 500 ages 8-17 yo)
- Mid March 2020 until mid Oct 2020 # ER visits per 100,000 increased by 24% over prior year for 5-11yo and 31% 12-17 yo per Center Disease Control and Prevention
- Increase eating disorders- majority 8-14yo(sited Mount Sinai, Dartmouth Hitchcock, Children's Mercy Kansas City) neuroplasticity most vulnerable pubertal ages-external events/learning

# Covid 19 and impact upon Pediatric Mental Health

- Medscape Pediatrics 6/4/21
  - Children's Hospital Colorado Aurora declared state of emergency due to increase ped mental health including suicide
  - Suicide is the #1 cause of death for youth as young as 10 years of age in Colorado !!!!
  - Jan 2021 to April 2021 saw increase 72% behavioral health visits compared to 2 years ago-

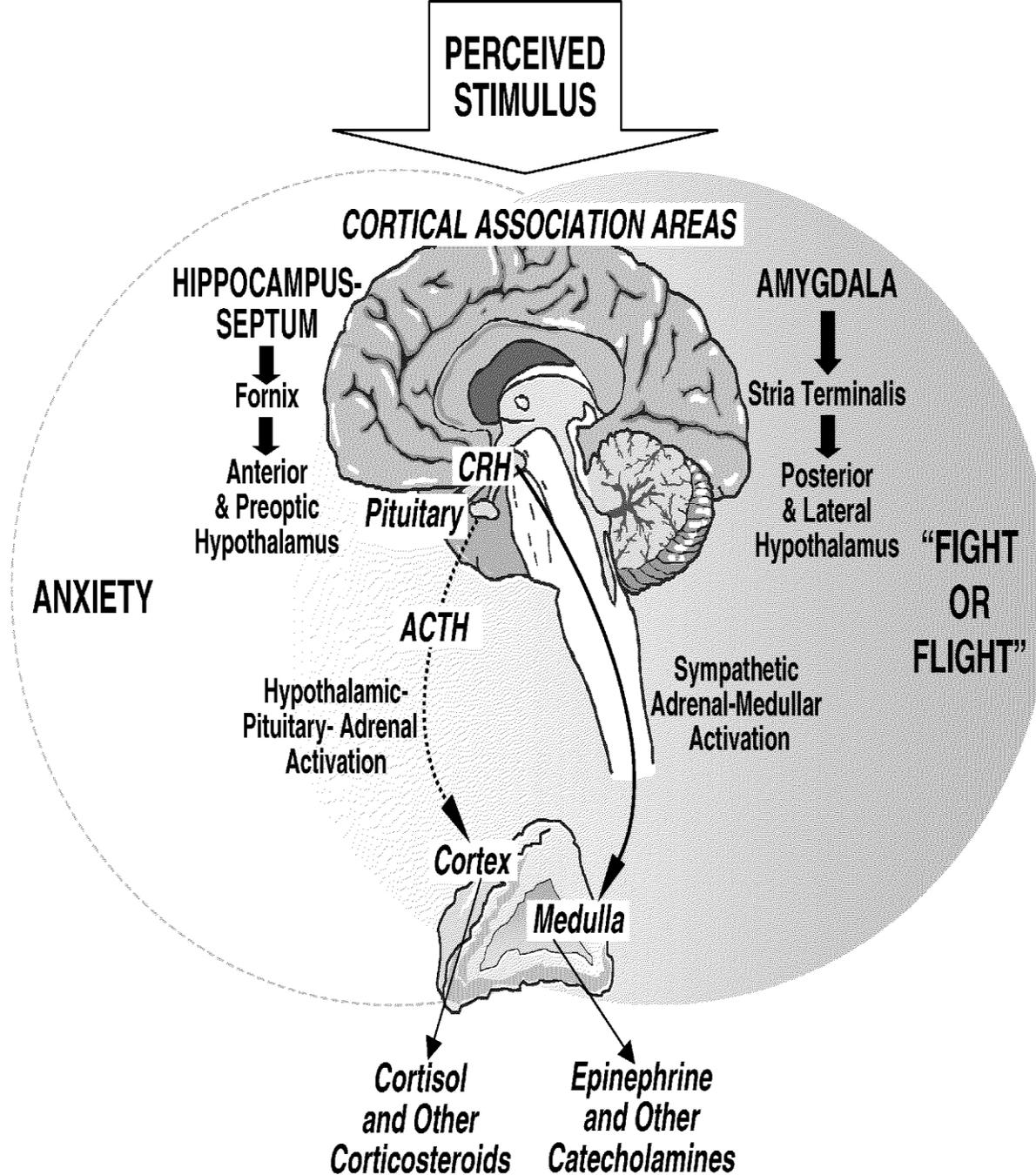
# Bio-psychosocial Model Pain

Dr George Engel 1977



# Impacting The Gate:

Integrative  
Medicine Pain 'Top  
Down' Modulation  
Impacting pain,  
anxiety/mood, sleep



# What do Our Patients **need**?

*This is where self hypnosis can 'shine'*

- Skills involve *self* regulation, *sense of control*
- *Opportunity* to participate in their *own* care
- Less exclusive reliance on medication
- *Multidisciplinary* approach to care
- Emphasis on basics: food, sleep,
- exercise, emotional support



# Lifestyle: Stress Management



Reducing stress helps 50%  
- 70% of headache  
sufferers, thus a major  
pain management  
strategy...K.Kemper MD

- Stress is common especially in our patients with chronic medical conditions
- Stress (especially chronic) negatively impacts pain, mood, sleep, healing
- Managing stress by *engaging the patient* (and family) with self coping skills can empower our patients and positively enhance *Mind Body Connection*:
  - Breath work
  - Guided Imagery, *Hypnosis*, Meditation, Mindfulness
  - Yoga, Tai Chi,
  - Massage, M technique massage
  - Aromatherapy
  - Biofeedback

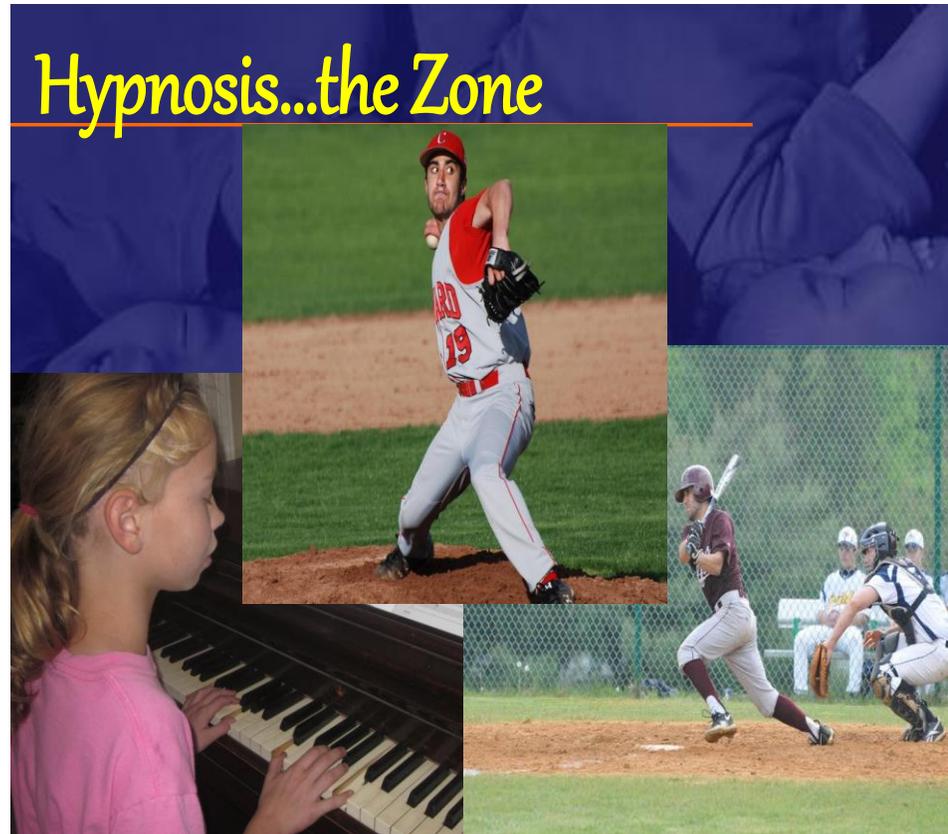
# Hypnosis Definition

*American Society of Clinical Hypnosis:*

“Hypnosis is a state of inner absorption, concentration and focused attention. It is like using a magnifying glass to focus the rays of the sun and making them more powerful”

Dr Dan Kohen and Dr Karen Olness textbook  
*Hypnosis and Hypnotherapy with Children, 2011*

“A spontaneously occurring or induced alternative state of awareness (with or without relaxation, which may or may not be evident), in which an individual develops a focused concentration on some idea or image with the expressed purpose of maximizing potential, creating a CHANGE, and/or reducing or resolving some problem.”



# Key Hypnosis Facts:

- All hypnosis is self hypnosis; the patient/client is in control
- We experience ‘state of hypnosis, natural trance throughout the day’
  - Daydreaming, highway hypnosis- arrive at a destination without remembering specifics, absorbed in a book, movie, game, pretend play
  - Routine chores- raking, washing dishes, gardening/weeding
  - Time distortion: fun party vs waiting medical procedure
  - All of these demonstrate focused attention whereby our ‘subconscious’ is in control
  - However, if ‘something happens’ –such as need to use brakes we ‘come out of trance’
- Mind and Body are in ‘constant dialogue’ -Truisms
  - How do we not fall out of bed while sleeping?
  - Throwing a ball/riding a bicycle, writing our name-
- Sets up opportunity for patient to empower his/her brain
  - ‘modulate, positively impact’ –discomfort, habits, sleep,
  - Tics, enuresis...



# Hypnosis Myths

- Patient is under control of the hypnotherapist
- Patient is unaware of surroundings and/or activities around him/her
- Symptoms are masked
- Patient can be “forced” to do things they don’t want
- Hypnosis is sleep



# Contraindications For Hypnosis

- Ignoring underlying disorder
- Used for fun or entertainment
- The problem is more effectively treated with another modality
- Patient is 'psychotic', acutely depressed
- Pseudo-seizures, Conversion disorder- need Mindfulness/Grounding -5-4-3-2-1 Method-
- H/O PTSD- be sure patient ask about prior trauma and if Trauma Therapy implemented

# Contraindications For Hypnosis

- Patient (child) does not want to engage in hypnosis (but parent wants them to)
- Patient's own sense of '**Control**' their ability to politely decline/refuse 'hypnosis' as part of their treatment Recall that many 'treatments/procedures are non –negotiable within hospital setting
- It should be implemented by a trained therapist, health care provider within their competency i.e.

Dr Verissimo would not use hypnosis for tooth extraction

# How to introduce hypnosis to pediatric patients, families and *healthcare providers*- realize the healthcare provider will likely be your primary source of referral

---

- Educate/Inform: as discussed in previous slides, we need to inform what hypnosis is and what it is NOT
- Ask the patient and family if they are familiar with hypnosis. What is their understanding of hypnosis?
- Provide discussion about the benefits of hypnosis, such as pain relief, anxiety reduction, and improved self-regulation. Emphasize the safety of hypnosis. Emphasize ‘patient’ is always ‘in control’ *foundation of hypnosis*.
- Goal is to gain your patient’s (and family’s) confidence, rapport in this self motivating process.
- Assess your patient’s interest, readiness, and willingness to engage in hypnosis session
- Offer the opportunity to ‘revisit’ the session if the patient is ‘not ready’ to engage This further emphasizes that the ‘patient is in control’- strength of self hypnosis
- *Fully* prepare the patient for the hypnosis session by explaining the process, ensuring they feel comfortable, in control, safe and session can stop anytime they like
- The session can be recorded. Follow up sessions and ‘homework’ –noting pre/post self and family observations This modality ‘has to be self- motivated’ ie gentle reminders to practice can be used

# Hypnosis objectives and practice

- What is **your patient's 'goal'** for the hypnosis session?
- What is the family's goal for the hypnosis session?
- What is the referring provider's goal?
- What is *your goal*?



## ‘Potential’ Benefits of hypnosis (need for more research yet constraints)

- The child/client becomes an active participant in their desire to ‘change’ a symptom or improve their own goals- fosters resilience and emotional control- harnessing a child’s imagination and suggestibility
- Develop: comfort, control, competence, compliance, calmness, creativity
- Pain management: acute/chronic pain *‘most evidence based’*
- Habit Disorders: nail biting, enuresis, thumb sucking, chronic cough/VCD
- Anxiety, Phobias, Sleep disturbances
- Palliative Care

# How did I incorporate hypnosis discussion dependent upon situation: acute intervention or scheduled appointment

- Preview medical record
- Open discussion of hypnosis as described previous slides
- Review goals for this session and determine feasibility
- Build rapport ~ I provided a pre visit Integrative Medicine Pamphlet which included an Imagery Questionnaire
  - This allowed me to ‘enter’ the patient’s world – strengths, challenges and goals for session
  - Introducing the ‘fact’ that they are already familiar with hypnotic trance experiences
  - Initial session was discussion as described above and a ‘mini’ relaxation portion-if agreeable to patient/family
  - Follow up depended upon patient’s commitment, motivation for altering current symptoms, gaining self-awareness thereby self regulation

# Stress, anxiety relief is possible

**Before**



***After...***



# Hypnosis within hospital setting (*applicable outpatient setting*)

---

- Medical setting already conducive for “**trance**”
- Importance of Language i.e. How do you **feel**, What can **I** do to make you more **comfortable**? **Avoid** the word **Pain** if possible- *discomfort/bother*
- Encouragement: validate patient’s efforts ie **Thank you** for using ‘soft belly breathing’ **Thank you** for keeping your arm so still, etc
- Key phrases: “Allow a Slow Deep in-breath with your belly allow for wonderful relaxation...**good job**”
- “As you breathe out you can **easily** “**let go**” of anything that ‘may not be’ helpful right now”

Ego strengthening: “You are doing this **just right**”

**Use of ‘anchor’ –shell/rock, phrase, name discussed prior session**



# Questions: ???

## Gratitude in Medicine: Patient stories –additional applications

hypnosis (names changed except my mom's)

- Ana Luisa's story- (my mom)  
pain/imagery
- Janis' story: Hematology Oncology –  
sickle cell anemia- 'my pain is REAL'
- Henry's story: Hematology Oncology-  
fear of MRI
- Patty's story: Pediatric Pain Complex  
Regional Pain syndrome (CRPS) -  
guided imagery and self hypnosis
- Lisa anticipatory nausea/chemotherapy



Consider which patients may benefit from hypnosis.



Thank you

“The greatest discovery of my generation is that human beings,  
by changing the inner attitudes of their minds, can change the outer aspects of their lives.”

William James

Ana Maria Verissimo Prieto MD,MA  
My contact info: [resilience4now@gmail.com](mailto:resilience4now@gmail.com)

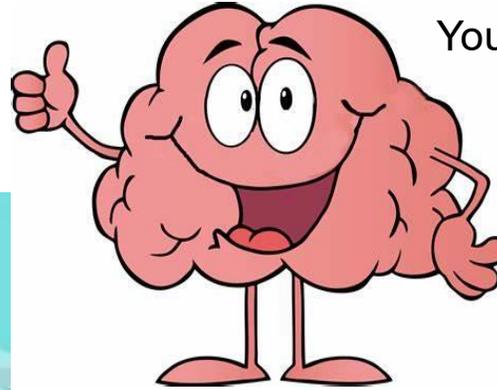
# Hypnosis articles

---

- Pendergrast RA. Incorporating Hypnosis into Pediatric Clinical Encounters. *Children (Basel)*. 2017 Mar 16;4(3):18. doi: 10.3390/children4030018. PMID: 28300761; PMCID: PMC5368429.
- Lisa Lombard (2024) A vision to enhance self-regulation in children: The promise of pediatric hypnosis, *American Journal of Clinical Hypnosis*, 66:4, 316-322, DOI:10.1080/00029157.2024.2317790
- Vastek, V. van Vliet, M. (2023) A whole new world of healing exploring medical hypnotherapy for pediatric patients. *European Journal of Pediatrics* 182:3021–3032
- Friedrichsdorf, SJ, Kohen DP. Integration of hypnosis into pediatric palliative care. *Ann Palliat Med*. 2018;7:136-150.
- Al-Beltagi M. Clinical hypnosis in pediatric care: An adjunctive tool or therapeutic illusion. *World J Exp Med*. 2025 Dec 20; 15 (4): 114554.

Ana Maria Verissimo-Prieto, M.D.  
Resilience Through Reflection, LLC <sup>TM</sup>  
[resilience4now@gmail.com](mailto:resilience4now@gmail.com)

Hello, I'm your brain.



Your brain can help you **stay** 'in control' even when your emotions want to '**take**' control. It's easy... it takes practice ...and you get to create what's best for you.



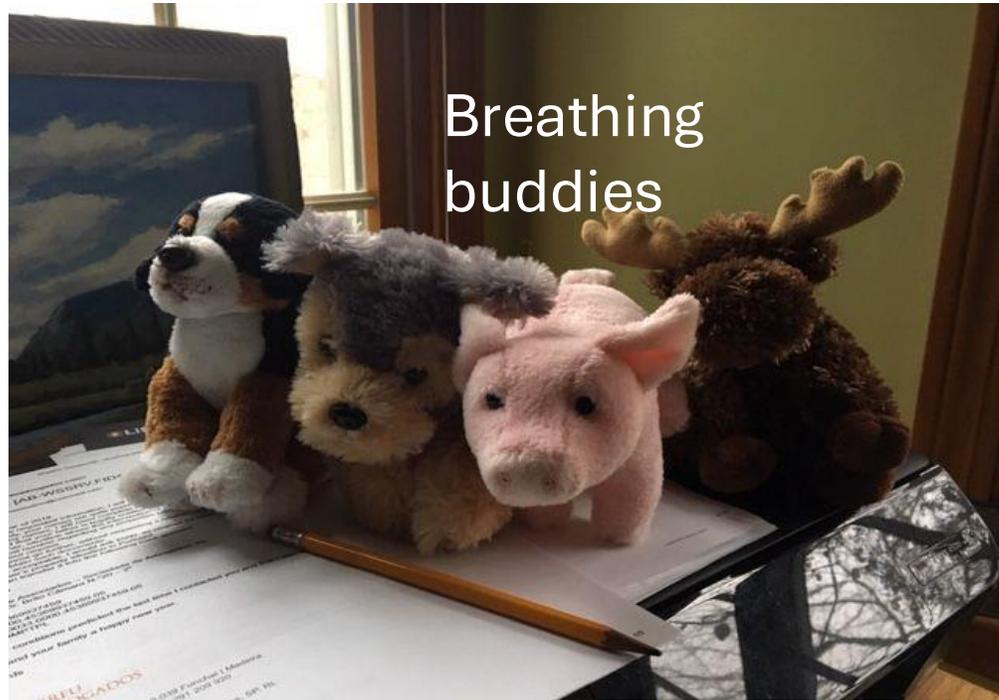
A few skill set suggestions

- B**-breathe to balance
- R**-remember my relaxation skill set
- A**-awareness of my thoughts, body sensations, and feelings
- I**- invite new ideas into my self control skill set
- N**-notice how I feel

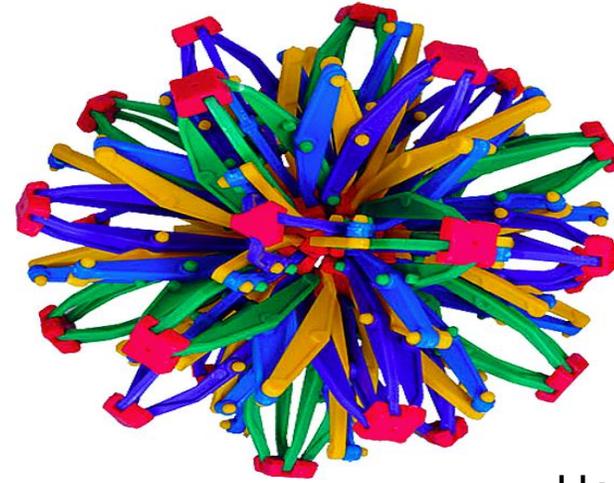
B.R.A.I.N <sup>TM</sup>



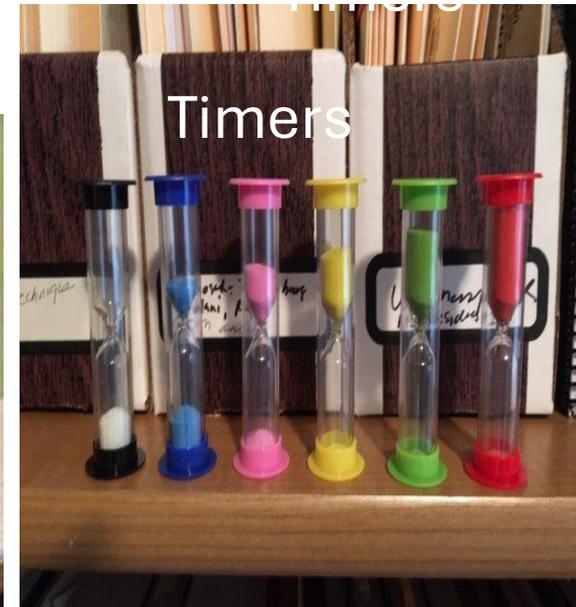
# A Sample of Dr Ana's Tools



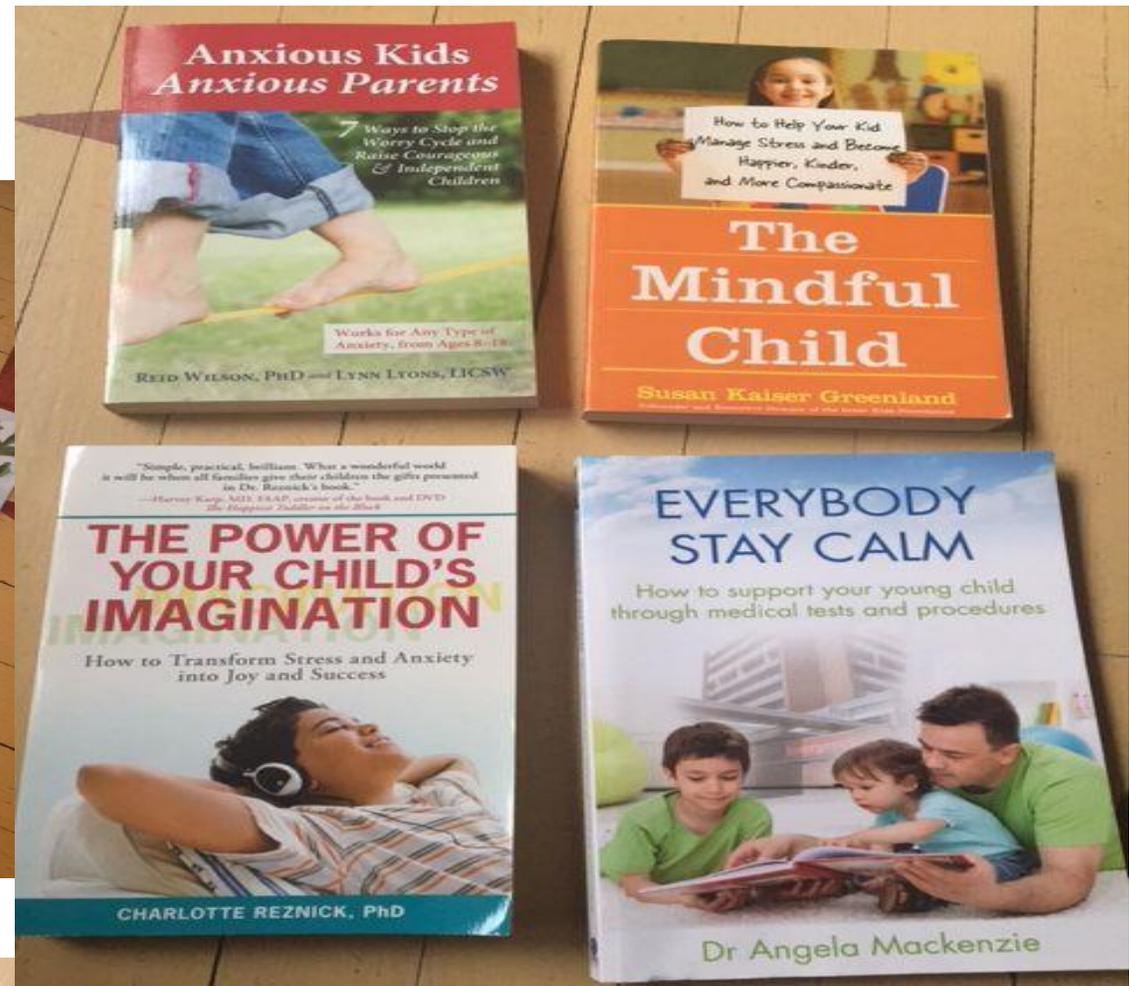
Hoberman sphere



Hand boiler



# Books



# Harry the Hypno-potamus

## Metaphorical Tales for the Treatment of Children

Linda Thomson PhD MSN CPNP



# Harry the Hypno-potamus

## More Metaphorical Tales for Children

Volume 2



Linda Thomson PhD MSN CPNP



**These 2 Volumes provide many delightful stories through which 'solutions' are 'offered' via 'hypnosis'** A 'must' for the Healthcare Provider interested in showing/sharing /teaching The Power of Hypnosis  
-Ana Maria Verissimo MD

# Pediatric Hypnosis Books

Kohen, D. and Olness, K. Hypnosis and Hypnotherapy with Children (4<sup>th</sup> ed) Routledge-Taylor and Francis, 2011

Wester, WC and Sugarman LI (eds): Therapeutic Hypnosis with Children and Adolescents Crown House Publishing, Wales. 2007

Anbar, R. Functional Respiratory Disorders *When Respiratory Symptoms Do Not Respond to Pulmonary treatment*, Humana Press, Springer, 2012

Lyons, Lynn Using Hypnosis with Children: Creating and Delivering Effective Interventions WW Norton and Company, New York. 2015

# Integrative and Hypnosis Texts

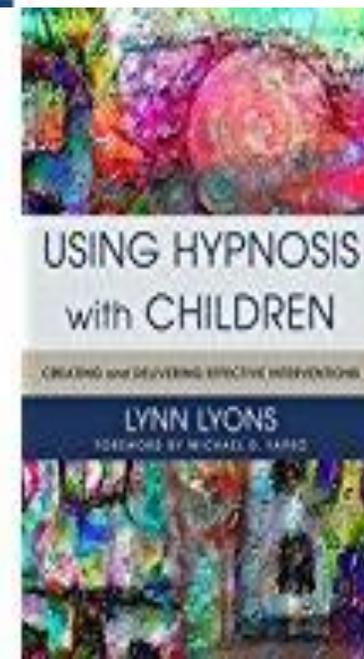
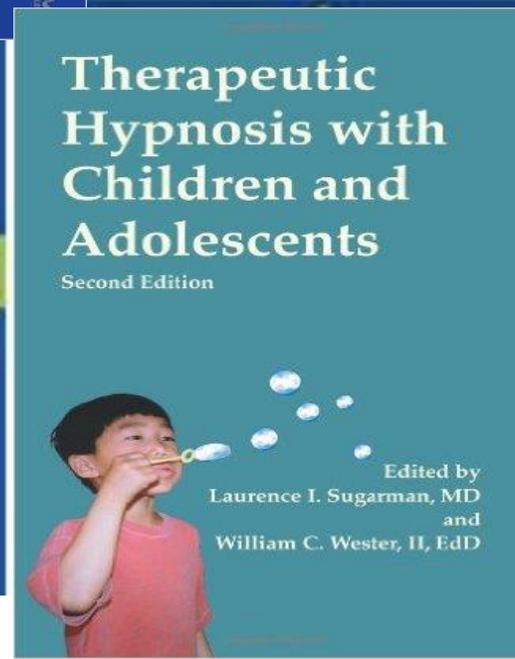
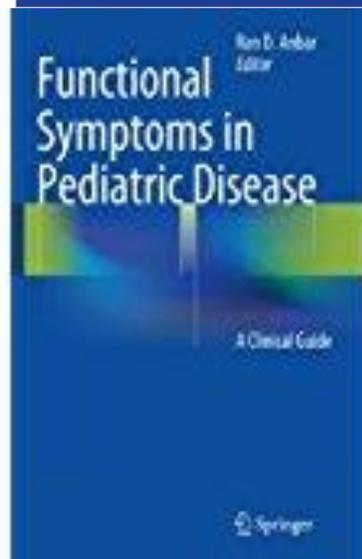
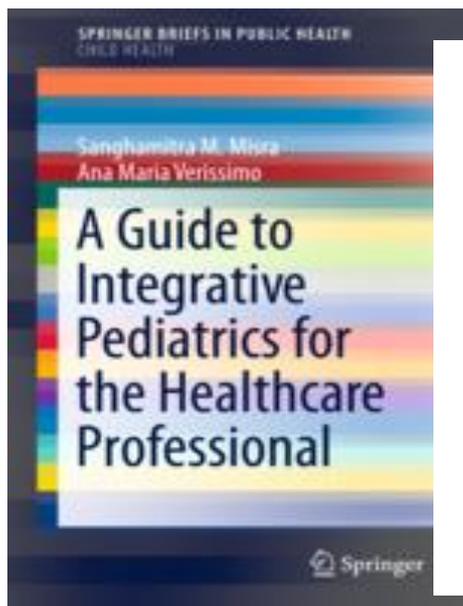
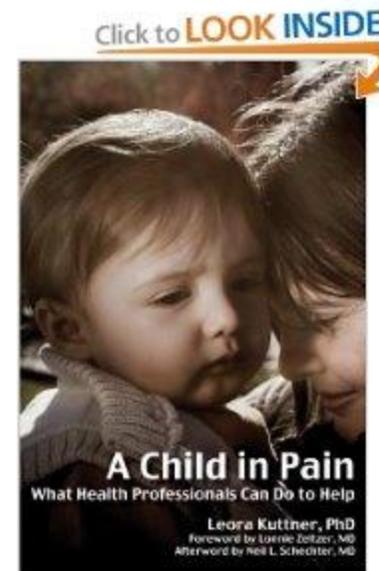
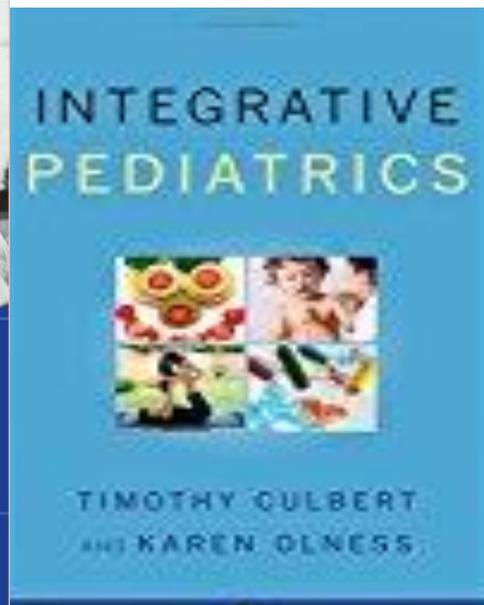
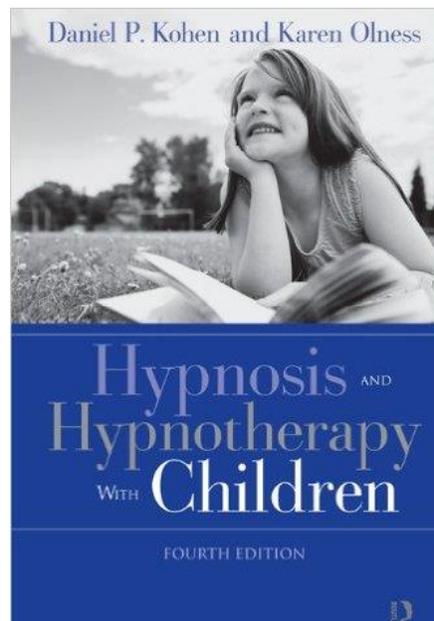
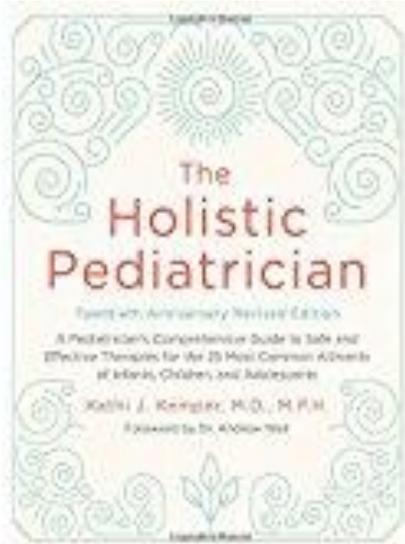
Culbert T, and Olness K. Integrative Pediatrics, Oxford University Press, 2009

Zeltzer, L. and Schlank C. Conquering Your Child's Chronic Pain, Harper Collins, 2005

Thomson, L. Harry the Hypno-potamus, Metaphorical Tales for The Treatment of Children, Crown House, 2005 Vol 2 2009

Thomson, L. Harry the Hypno-potamus, Metaphorical Tales for The Treatment of Children, Crown House, 2005 Vol 2 2009

Zeltzer, L. and Schlank C. Conquering Your Child's Chronic Pain, Harper Collins, 2005



# Integrative Medicine Resources

- AAP Section of Complementary and Integrative Medicine
- <https://nccih.nih.gov> (National Center Complementary and Integrative Health)
- COCHRANE Review
- The American Holistic Medical Association
- <https://www.consumerlab.com>
- [www.naturaldatabase.com](http://www.naturaldatabase.com)
- <http://www.imconsortium.org> Academic Consortium Integrative Medicine and Health
- Professional Journals: Pediatrics, Peds in Review, Contemporary Pediatrics, Ped Clinics North America
- [www.liebertpub.com/.../alternative-and-complementary-therapies](http://www.liebertpub.com/.../alternative-and-complementary-therapies) Alternative and Complementary Therapies Journal
- <https://integrativemedicine.arizona.edu>

# Hypnosis Teaching Organizations

- American Society of Clinical Hypnosis (ASCH)  
[www.asch.net](http://www.asch.net)
- National Pediatric Hypnosis Training Institute(NPHTI)  
[www.nphti.org](http://www.nphti.org)
- Society for Clinical and Experimental Hypnosis (SCEH)  
[www.sceh.us](http://www.sceh.us)
- New England Society Clinical Hypnosis (NESCH)  
[www.nesch.org](http://www.nesch.org)