

ASCH

2026

**ANNUAL SCIENTIFIC
MEETINGS & WORKSHOPS**

New Frontiers in Hypnosis:
Human Ingenuity, AI Innovation,
and Ethical Boundaries

 **VIRTUAL**

March 20–22, 2026

**A collaborative approach for
development of an effective hypnotic
strategy for patient mastery of an
invasive medical procedure**

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Katie is a Senior Health Psychologist who has been working in General Surgery and Gastroenterology for nearly 10 years. Her primary role is psychologist for General Surgery at Auckland City Hospital working with patients across all subspecialties, particularly colorectal and bariatrics. In private practice, Katie works alongside gastroenterologists and dieticians providing assessment and intervention for patients with a range of GI issues, particularly disorders of gut-brain interaction. Using the developing field of psychogastroenterology, Katie provides GI specific psychological formulations and treatments to patients with the primary aims of symptom reduction and improving psychological wellbeing.

Disclosures

ASCH and ASCH-ERF jointly provided this program.

No staff or committee members involved in the development, planning or execution of educational content have any financial relationships or conflicts of interest to disclose.

Katie has no significant financial relationships or conflicts of interest to disclose.

Continuing Education & Accreditation Statement

This program has been approved by the American Society of Clinical Hypnosis Standards of Training Committee to be used toward Membership and Certification requirements.

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This program is Approved by the National Association of Social Workers (886386995-7390) for 57 continuing education contact hours.

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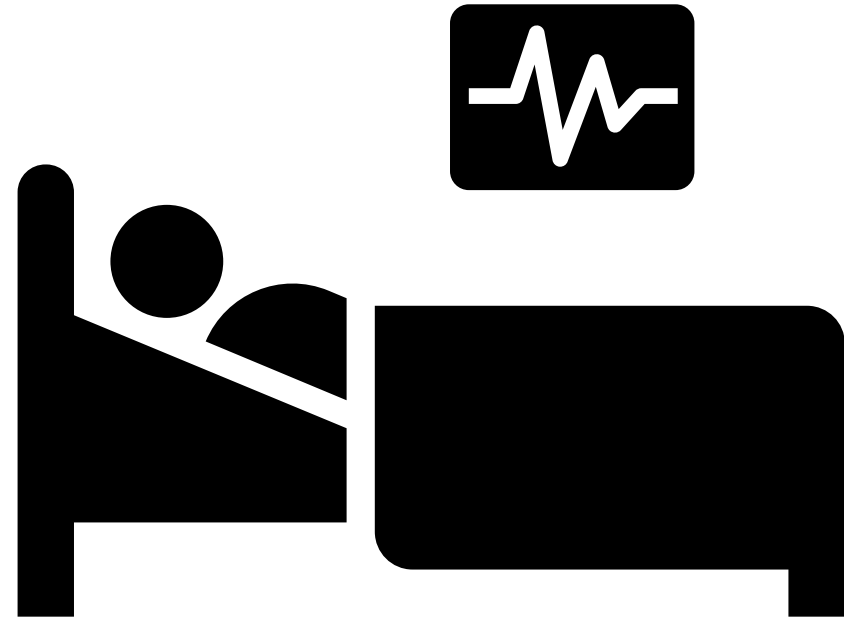
Learning Objectives

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

1. Identify three steps for facilitating patient engagement in the process.
2. Describe a method for creating an individual hypnotic strategy in advance.
3. List two ways to ratify the experience during debriefing.

Overview

- Necrotizing soft tissue injuries
- Case introduction
- Progression of care
- Designing the hypnotic strategy
- Application
- Outcomes
- Reflections
- Summary



Necrotizing Soft Tissue Injuries

- Destructive and deadly disease, despite advances in modern medicine
- Infection of the fascia (primarily made of collagen)
- Bacteria infiltrates the fascia and moves along the fascial plane. It is not particularly vascularised, reducing the potential immune response. Can go deeper into the muscle or up through the dermal layers, the latter producing the visible damage
- Several different bacterial strains can cause a NSTI e.g. Strep A and staphylococcus aureus
- Best intervention is surgical – debridement. Amputation if necessary
 - Always involves return to theatre
 - Wounds are often “open” requiring for an ongoing period of time e.g. negative pressure dressings

Vacuum Assisted Closure (VAC) therapy



WARNING: DO NOT use Dermatac Drape with 3M™ AbThera™ Advance Open Abdomen Negative Pressure Therapy. Use over the open abdomen may result in an inability to maintain a negative pressure seal.

Case Introduction – Medical

Gita, 31F, presented to the Emergency Department for a NSTI of the perianal region in August 2025

She underwent a series of debridements and eventual application of a VAC dressing under GA to manage her perianal sepsis

Her condition required a Critical Care admission for multiorgan failure in the context of sepsis

One week after the initial presentation, a colostomy was formed to divert the faecal stream from contaminating the large perianal wound

After 13 days in Critical Care, she was stepped down to General Surgery. I received a referral requesting input regarding adjustment to illness, low mood and health anxiety

Gita's entire hospital admission was 53 days. I saw her for several sessions totalling approximately 10 hours during her time under General Surgery

Case Introduction – Psychosocial

Gita's psychological history did not reveal anything of clinical significance. She was born in the Middle East working in healthcare in a patient-facing role. She married her husband one year ago and moved to New Zealand

There was evidence of strong health beliefs regarding the body and healing influenced by cultural, religious and occupation factors

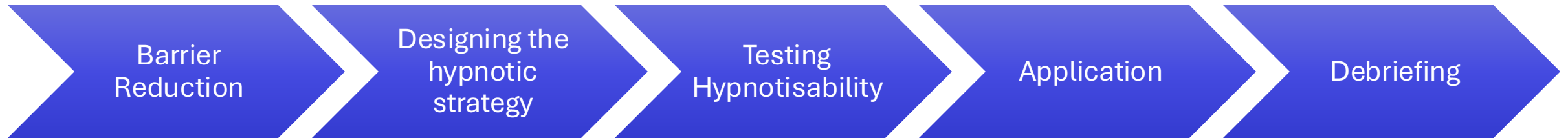
Strong focus on the organs, bones and the body's ability to regenerate itself and resume its natural state. References to what may facilitate e.g. diet and inhibit e.g. certain medicines this process

Case formulation did not include psychopathology and no diagnoses were given. Her presenting distress and challenges with recovery progression were regarded as appropriate responses to her experiences – both physical and psychological

Progression of care

- The overarching targets for psychological intervention were to reduce distress, support coping and facilitate recovery
- Gita and I had been working together before I went on leave to take workshop 1
 - Learned she had some experience with hypnosis
- Returned from leave to learn about failed attempt at ward VAC change
- Resumed changes in theatre then unwilling to be stepped down to ward changes

Progression of care – Hypnosis Timeline



Barrier Reduction



Change of room

Distress at being exposed and exposing other patients to her distress – wanted privacy

Solution - Moved to procedure room



New intervention to support pain management

Loss of faith in analgesia and Entonox. Other options?

Solution – Add clinical Hypnosis



Skilled clinicians

Someone experienced with VAC dressing changes and familiarity with her wound

Solution - recruitment of experienced nurses

Designing the Hypnotic Strategy

- Offered hypnosis as an intervention to increase her acceptance of a VAC change on the ward
- Gita engaged enthusiastically in the process and was quick to identify what she wanted to experience
- She wanted to feel a **sense of energy and healing in her body**, supported by light imagery. In asking her where she wanted to be to experience this, she said she wanted to be at home
- I asked her to describe her home from the outside, as if she had arrived, who was there (her husband) and where or what about her home helps her feel energised
- Used these notes to write a script

Designing the Hypnotic strategy - Targets



IMPROVE TOLERANCE OF
PROCEDURE (MASTERY –
PRIMARY GOAL)



REDUCE DISTRESS



REDUCE EXPERIENCE OF
PAIN



DECREASE RELIANCE ON
A MORE INVASIVE
PROCEDURE

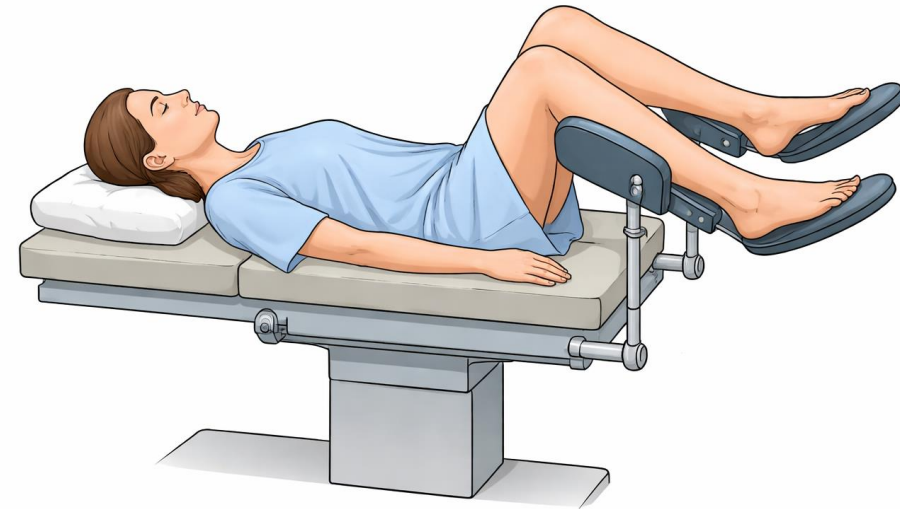
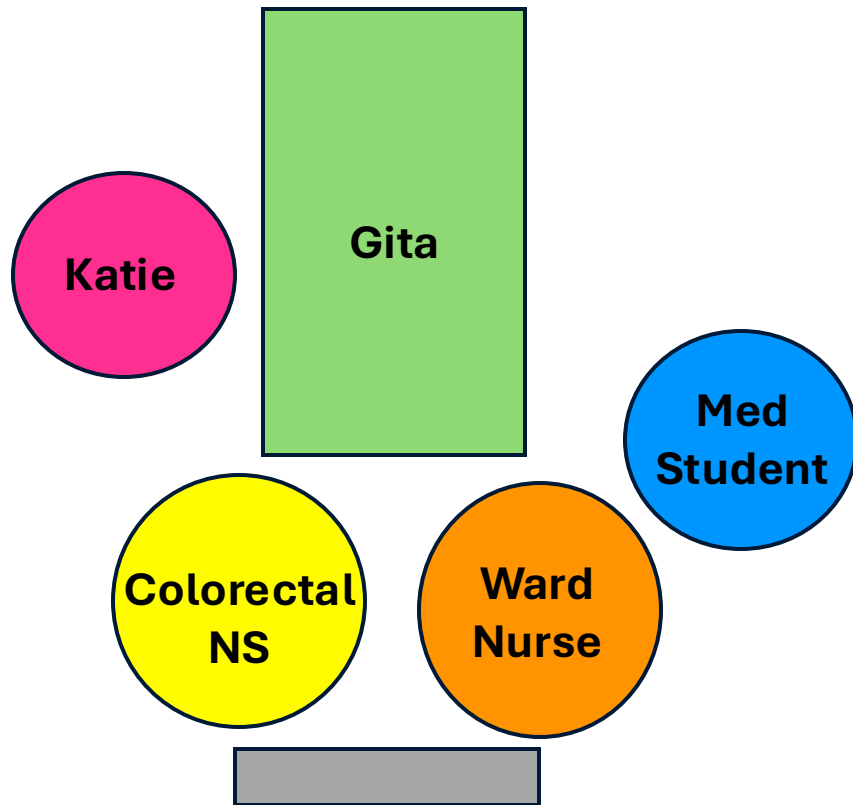


STRENGTHEN INNER
RESOURCES

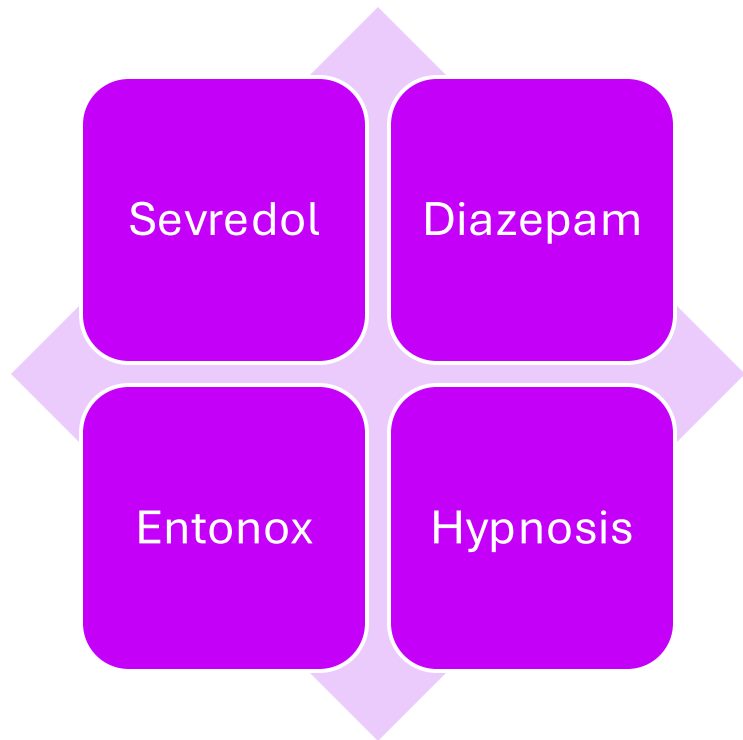
Application - Testing Hypnotisability

- Trialled the day before the dressing change
- Included elicitation (eye roll), deepening (body scan with relaxation and a countdown), re-alerting (reversal of count) and debriefing
- Upon re-alerting, Gita indicated that she has lost sensation in her right forearm, describing it as “numb.” Gita’s experience of hypnoanaesthesia was unexpected given that no suggestions around loss of sensation had been given
- The re-orientation process continued and sensation gradually returned to the arm. It was suggested that despite it being an unintended outcome, this could be taken as good evidence to support Gita’s hypnotisability

Application – Room Layout and Patient Positioning



Application - Process



Four-Pronged Approach

1. General environment application: white noise and using Entonox
2. Commenced hypnosis Progressed through hypnosis stages:
 1. Howard Alertness Scale
 2. Elicitation – eye roll
 3. Deepening – body scan and counting
3. Signalled to colleagues to begin removing the drape
4. Moved through home visualisation
5. Remaining approx. 60 minutes focused on ratification, attunement, re-deepening, restoring visualisation and reinforcing mastery during moments of increased pain

Application - Script Highlights

- (refer to script via Word Document)

Application – Hypnotic Phenomenon

- Ideosensory activity/ Physiologic modification – unpleasant sensations in the wound during the dressing change are associated with healing and reduced pain sensitivity
- Deepening – breath focus, body scan and counting
- Time distortion and displacement – seeing herself at home with her wound healing progressed
- Ego strengthening and mastery – her body has everything it needs to manage pain and support the healing process and restore energy levels
- Direct and indirect suggestions – physical relaxation, comfort, wound healing, breath control and using Entonox.
- Attunement
- Fractionation – unintentional. Lightening of trance occurred during moments of increased pain. Direct suggestions to use Entonox was used to re-facilitate a deeper state of trance

Application - Re-orientation

- When the change was completed, the process of making post-hypnotic suggestions (her body's ability to become more healed and energised from this moment onward) followed by re-orienting
- Gita re-oriented easily. She appeared somewhat drowsy and relaxed. Her first response was asking if the change was complete, adding she was surprised it was already finished
- In asking how she felt, she smiled and said she was feeling relaxed

Debriefing

- Undertaken next day
- Gita went on ward leave (first time since admission)
- Attributed this to feeling so pain free and energised
- Described the parts of the hypnosis she found most helpful:
 - My voice (hypnotic prosody)
 - That her body has everything it needs to heal (ego-strengthening)
 - Direct suggestions of using Entonox during increased pain (ideomotor responses)
 - Return to fully reclined position
 - Bracing with right hand released
 - Thighs relaxed

Next VAC Change

- Scheduled for Friday. Neither myself or the colorectal CNS were available
- Provided Gita with the home recording from the NCP
- Support from mother
- Reminded her of the primary goal – to prove to herself she could undertake changes on the ward

Bonus!

- Reverse impasse – Gita did not want to go back to theatre!
- Needed convincing it was worth it to try close the wound
- Relented, then asked if it could be done under hypnosis rather than a GA

Patient Reflections

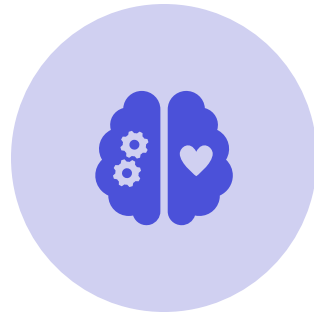


- Barrier reducing approach and immediate initiation of barrier reduction
- Hypnotic prosody
- Rapport and trust
- Supportive family
- *“Emotional safety is necessary to support a patient’s recovery”*

Clinician Reflections



STRONG THERAPEUTIC
ALLIANCE



GOOD
HYPNOTISABILITY



TRUST AND SUPPORT
FROM COLLEAGUES



CONSIDER ADJUNCT
INTERVENTIONS

Summary

- Balance of clinician confidence and patient's strengths
- Consider other factors to support hypnosis
 - Buy-in from colleagues
 - Environment changes
 - Adjunct medications
- Test hypnotisability
- Be open and honest – will help the patient trust you more!



Q & A

An icon depicting two stylized human figures in white. The figure on the right has a speech bubble above it containing a question mark, symbolizing a question and answer session.

Contact Information



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