

ASCH

2026

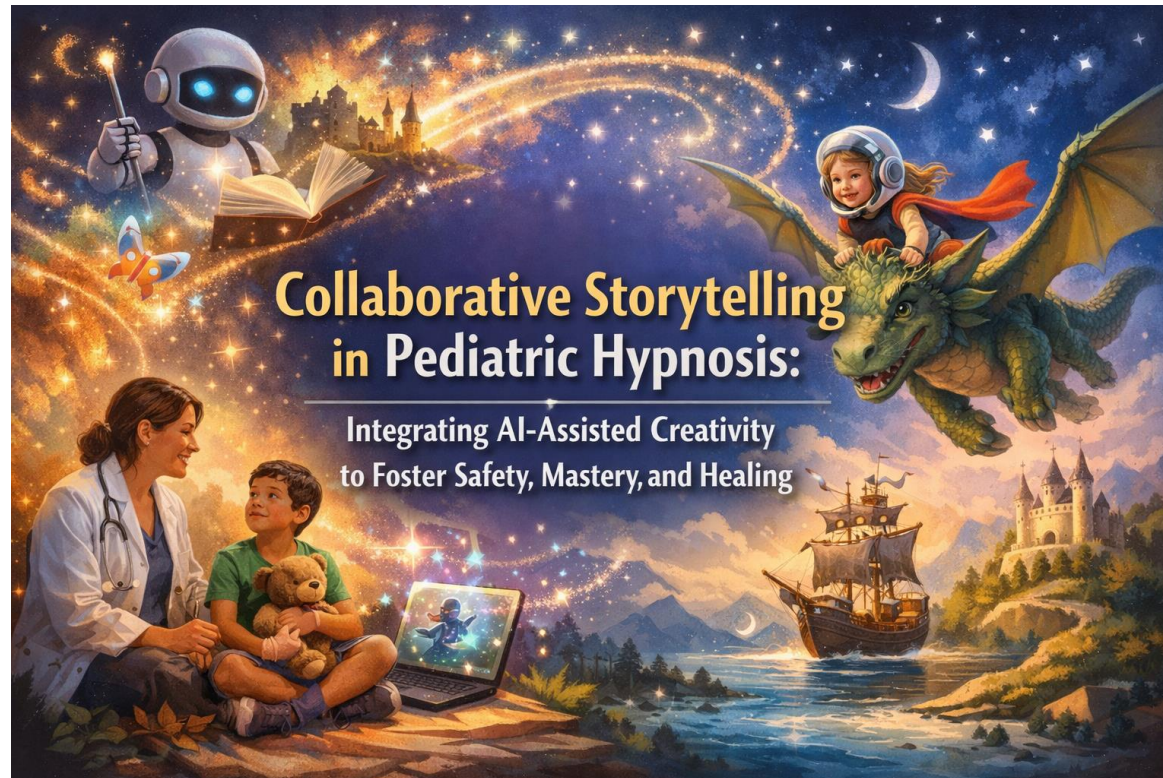
**ANNUAL SCIENTIFIC
MEETINGS & WORKSHOPS**

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

 VIRTUAL

March 20–22, 2026

Collaborative Storytelling in Pediatric Hypnosis: Integrating AI-Assisted Creativity to Foster Safety, Mastery, and Healing



Samantha Silverberg-Stout, Ph.D., L.P.C.



Samantha Silverberg-Stout, Ph.D., LPC is a trauma-informed clinician specializing in pediatric and adult behavioral health within the context of complex medical conditions, including disorders of gut-brain interaction, POTS, MCAS, and chronic pain. She has completed her PhD in Clinical Psychology at Fielding Graduate University and is currently pursuing licensure as a clinical psychologist.

Sam is certified as an Infant Mental Health Expert (IMH-E), an EMDR Certified Therapist (EMDRIA), and a Clinical Hypnotherapist (ASCH), and is also a HypnoBirthing® Childbirth Educator. Her clinical work integrates hypnosis, EMDR, CBT, somatic approaches, and expressive therapies to support nervous system regulation, resilience, and mind-body healing.

She has developed a specialized approach to pediatric hypnosis that emphasizes collaborative storytelling, developmentally attuned metaphor, and child-led imagery to foster safety, agency, and mastery in treatment. Sam is particularly passionate about helping clinicians move beyond scripted interventions toward co-created, relationally grounded therapeutic experiences. Her work also explores the thoughtful integration of AI-assisted tools to enhance creativity and personalization in clinical practice while maintaining strong ethical and relational foundations.

Known for her warm, engaging, and collaborative style, Sam creates spaces where both clients and clinicians feel empowered, supported, and deeply understood. She regularly provides training and consultation to mental health professionals on topics including pediatric clinical interventions, trauma-informed care, and mind-body interventions.

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.

Samantha 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.

The American Society of Clinical Hypnosis-Education and Research Foundation (ASCH-ERF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The American Society of Clinical Hypnosis-Education and Research Foundation (ASCH-ERF) designates this live activity for a *maximum of 57 AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

This course is approved by the American Society of Clinical Hypnosis and as such is an approved continuing education course per Florida's AC-Rule 64B-4-6002 American Society of Clinical Hypnosis-ERF is designated as an Approved PACE Program Provider.



The American Society of Clinical Hypnosis Education & Research Foundation Nationally Approved PACE Program Provider for FAGD/MAGD credit. Approval does not imply acceptance by any regulatory authority or AGD endorsement. 10/1/2024 to 9/30/2027. Provider ID#217022



American Group Psychotherapy Association (AGPA) is approved by the American Psychological Association to sponsor continuing education for psychologists and the American Society of Clinical Hypnosis (ASCH). American Group Psychotherapy Association (AGPA) is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists.

Learning Objectives

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

- Describe the developmental and neurobiological foundations of collaborative storytelling in pediatric hypnosis.
- Differentiate collaborative storytelling from directive suggestion by identifying at least 3 distinct clinician behaviors that foster mastery, safety, and regulation (e.g., child-led plot elements, graded exposure within metaphor, co-created coping scripts)
- Identify ethical and practical considerations when using AI tools to support creative hypnotic storytelling.
- Utilize AI-generated templates to personalize hypnotic imagery, symbols, and metaphors in age-appropriate ways.
- Apply principles of collaborative storytelling to strengthen therapeutic alliance and enhance the child's sense of agency in the hypnotic process.

Agenda

Our goal is to focus on the following:

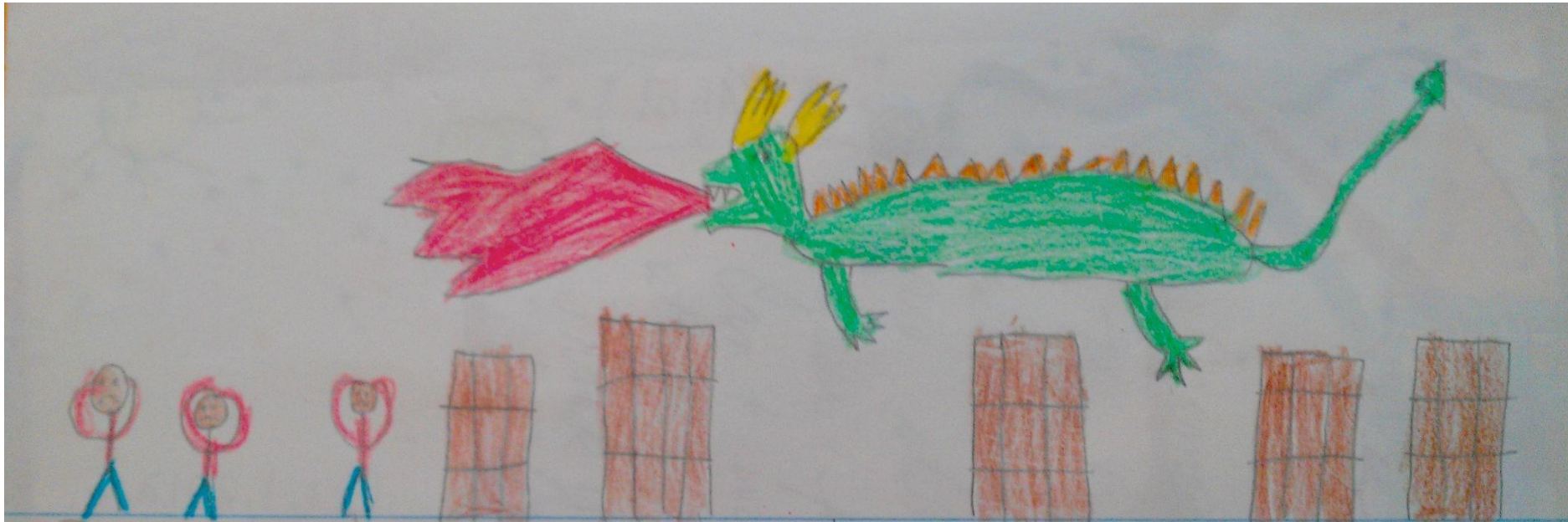
- Foundations (why storytelling works)
 - Why is storytelling developmentally hypnotic?
 - Neurobiological and developmental foundations
- Clinical framework (how to do it)
 - Collaborative vs. directive hypnosis
- AI integration (how to enhance it)
 - Ethical use of AI in pediatric hypnosis
- Practice & application (build a script)
 - Live story-building
 - Take-home templates & scripts



Let's Dive In!

Who's Writing The Story?

When we work with children, who is really writing the story?



A Familiar Moment . . .

- A child comes into the session and you are working to craft a story or narrative together and this client says, “I don’t know . . . you tell me” . . .
- What happens next?
- Common responses: lead, fix, redirect
- Today: we follow and co-create

Key Shift

- From clinician-authored stories
- To child-led, co-created narratives
- From compliance → mastery

Stories Are Already Happening!!



Children are already using stories to regulate, protect, and explain their bodies.

The question is:
Are we listening... or correcting?

Stories Work!

- Children think in images, metaphors, and narrative
- Imagination precedes logic in development
- Stories bypass resistance and shame
- Hypnotic language already imbedded in play

What Counts As A Story?

- Images, characters, places
- Movement, change, sequence
- Meaning + felt experience

Storytelling As Natural Hypnosis

- Absorption
- Time distortion
- Dissociation with safety
- Ego-strengthening through character mastery

Clinical Payoff

- Increased engagement
- Reduced resistance
- Faster access to regulation
- Stronger alliance

Developmental Attunement

- Concrete vs. abstract imagery by age
 - Young children: sensory, concrete, magical thinking
 - Middle childhood: rules, cause-effect, problem solving
 - Adolescents: identity, autonomy, meta-reflection
- Symbolic play as emotional processing
- Gradual narrative exposure mirrors nervous-system pacing

Take 30 Seconds



Think of a child you work with.

What image, story, or metaphor do they already use to explain their body, feelings, or fears?

Metaphor As Medicine



What if the metaphor *is* the intervention?

What if your job is not to replace it...
but to **walk inside it with the child?**

Why Metaphors First?

- Precedes abstract reasoning
- Allows safe expression of distress
- Bridges body sensations and language

Neurobiology: Imagery

- Activates sensory cortices
- Engages memory networks (hippocampus)
- Links with emotion (amygdala)

Neurobiology: Regulation

- Imagery can downshift arousal
- Predictable narratives reduce uncertainty
- Agency signals safety to the nervous system

Neurobiology of Story & Safety

- Polyvagal regulation through co-regulation
- Predictive processing & meaning-making
- Imagination activates sensory-motor networks
- Agency reduces threat response

Indirect Suggestion

- Embedded in narrative rather than commands
- Allows acceptance without resistance
- Invites participation

Ego-Strengthening

- Child as capable character
- Problems become workable challenges
- Success is experienced in imagination

Co-Regulation Through Story

- Clinician tone, pacing, curiosity
- Shared attention on imagery
- Joint creation = relational safety

Graded Exposure In Metaphor

- Approach difficulty symbolically
- Increase intensity gradually
- Maintain choice and control

Why Does Collaboration Matter?

- Ownership increases engagement
- Personal relevance increases impact
- Agency → generalization

Collaborative vs. Directive

- Directive:
 - Clinician-generated imagery
 - Compliance-based
 - External control
- Collaborative
 - Child-generated metaphors
 - Choice-based
 - Internal mastery

Two Scripts

Traditional Script Vs. Collaborative Story

“Imagine your stomach relaxing...”

“Your body knows what to do...”

“What does your stomach remind you of?”

“What does it need from you?”

Same goal.

Very different nervous-system experience.

When We May PAUSE Storytelling

- Severe dysregulation without stabilization
- Cognitive overload
- When child rejects imagery (adapt approach)

Cultural Considerations

- Respect family beliefs and symbols
- Invite culturally relevant imagery
- Avoid imposing meanings

Language Matching

- Use child's exact words
- Mirror tone and pace
- Avoid over-translation

Clinician Stance

- Curious, not corrective
- Flexible, not scripted
- Attuned, not performative
- Collaborative, not directive
- Clinician behaviors fostering safety
 - Following child-led imagery
 - Offering choice in narrative direction
 - Embedding coping within the child's metaphor

Directive Approach

- Clinician provides imagery
- Limited child input
- Goal: symptom reduction via suggestion

Collaborative Approach

- Child generates imagery
- Clinician scaffolds exploration
- Goal: mastery + regulation + meaning

Why Do Stories Work?

- Activate sensory networks
- Engage emotional processing
- Create symbolic distance
- Mastery Through Narrative
 - Child as hero/guardian/engineer
 - Symptoms externalized into story challenges
 - Skills embedded as story tools

Where We Are So Far

- You can describe why storytelling is developmentally and neurologically effective
- You can identify how metaphor supports regulation and safety

So Now What?

We know:

- Why stories work
- How children use them
- Now let's look at how to actually *do this in session*

A Collaborative Storytelling Approach

Child Imagery

Curiosity

Metaphor

Story

Coping Tools

A Collaborative Storytelling Approach - Clinician

Elicit

Expand

Understand

Embed

Reinforce

What This Actually Sounds Like In Session

Content:

- Child:

“I don’t know... it just hurts”

- Clinician (collaborative):

“Hmm... if it *did* have a shape... what might it be?”

“Or we could guess together...”

“Sometimes it takes a minute to show up...”

- Child:

“Maybe... like something spiky?”

- Clinician:

“Spiky... yeah... what kind of spiky?”

Step 1: Elicit Imagery

- Externalize the experience!
- “If that feeling had a shape, what would it look like?”
- “Where do you notice it in your body?”
- “Does it have a color, size, or texture?”
- “If it were a character or creature, what would it be?”
- “Does it stay still or move?”
- Inviting symbolic language without correcting or interpreting

Elicit → Expand → Understand → Embed → Reinforce

Step 2: Expand The Metaphor

- Bring the image to life and increase engagement
- “What else is there?”
- “What does it need?”
- “What else is around it?”
- “Where does this happen?”
- “Does it change at different times?”
- “When is it strongest? When is it quieter?”
- “What is it trying to do?”
- “Does it have a job or purpose?”
- “What makes it bigger or smaller?”
- “Is it alone or are there others?”
- Focus on building a world, not solving a problem

Elicit → **Expand** → Understand → Embed → Reinforce

Step 3: Co-Create Change

- Shift from description → meaning → relationship
- “What do you think it needs?”
- “Is it trying to help in some way?”
- ”What does it want you to know?”
- “What makes it feel better or worse?”
- “If it could talk, what would it say?”
- “What is it protecting?”
- “What happens if we ignore it?”
- “What would make it feel safer?”
- Building compassion + curiosity
- Often shifts fear → understanding
- Instilling safety anchors
- Challenges are introduced symbolically

Elicit → Expand → **Understand** → Embed → Reinforce

Step 4: Embed Coping

- Introduce regulation through the story
- “What might help it calm down?”
- “Who or what could help it?”
- “What would make it feel safe?”
- ”What happens if we try that together?”
- “What do you want to happen next?”
- Breathing → wind/waves
 - “What happens if we send a slow, gentle breath toward it?”
 - Does it response to air, wind, or movement?”
- Grounding → roots/anchors
 - “Is there anything strong or steady nearby?”
 - “Can anything help hold it in place or support it?”
- Attention → flashlight/zoom
- Cognitive Reframe
 - “What would help it feel less alone?”
 - “What would it need to trust things are okay?”
- Therapy happening in the story, discovering in real time

Elicit → Expand → Understand → **Embed** → Reinforce

Step 5: Reinforce Mastery & Agency

- Solidify child's sense of control and success
- Offer choices
- Invite edits
- Validate preferences
- “What did you just help it do?”
- “How did you do that?”
- “What does it feel like now?”
- “What would you do if it comes back?”
- “What should we remember about this?”
- Future-oriented prompts:
 - “When might you use this again?”
 - “What will you notice next time?”
 - ”What would your character do if this happens at school?”
- Anchoring in success, confidence, and repeatability

Elicit → Expand → Understand → Embed → **Reinforce**

Putting It All Together

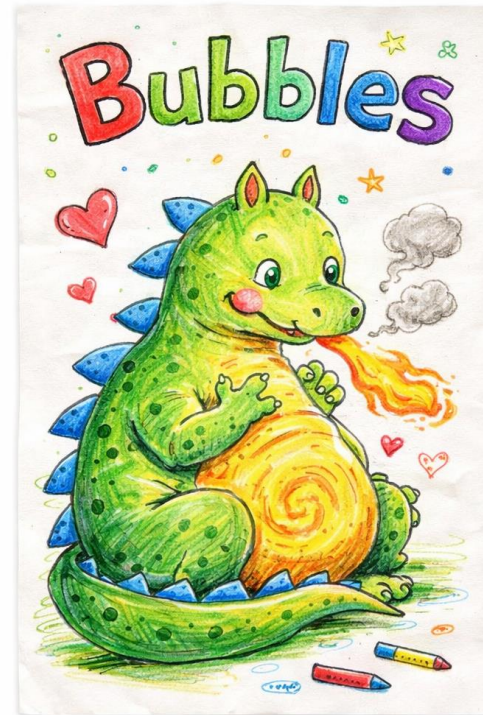
- Elicit → Expand → Understand → Change → Reinforce
- “What is it?”
 - “Tell me more”
 - “What does it need?”
 - “Let’s help it”
 - “You did that”

If a Child Says “I Don’t Know . . .”

- Offer choices:
 - “Would it be more like a creature or a feeling?”
- Normalize:
 - “Sometimes it takes a minute to show up”
- Scaffold:
 - “If you had to guess...”
- Externalize:
 - “If it showed up later, what might it look like?”

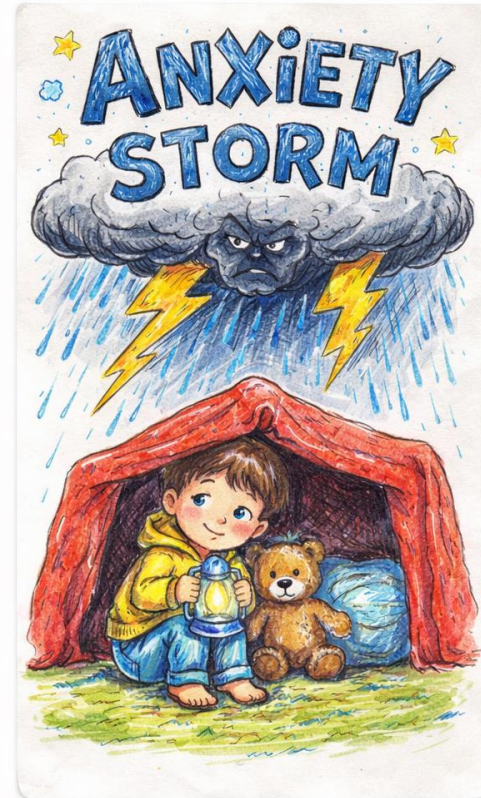
“Bubbles The Belly Dragon”

A child describes stomach pain as a dragon guarding their belly.



“Anxiety Storm”

A child describes worries as a thunderstorm that gets louder and louder.



“Bodybot Friend”

A child imagines a robot helping their body during medical procedures.



Common Pitfalls

- Over-directing the story
- Ignoring child's cues
- Rushing to resolution
- Using adult language

Micro-Skills

- Pacing statements
- Reflective language
- Strategic pauses
- Voice modulation

Directive vs. Collaborative

- Directive: 'Imagine a calm beach'
- Collaborative: 'What place feels calm to you?'
- Outcome: ownership vs compliance

GI Pain: “Bubbles The Belly Dragon”

- Child: 'There's a dragon in my stomach'
- Symptoms: pain, bloating, fear
- Goal: regulation + predictability

GI Pain: “Bubbles The Belly Dragon” - Eliciting

- You might say:
 - “You said there’s a dragon in your belly... what does it look like?”
 - “What color is Bubbles?”
 - “Is Bubbles big or small?”
 - “Where does Bubbles live in your belly?”
 - “Does Bubbles stay still or move around?”

GI Pain: “Bubbles The Belly Dragon” - Expanding

- “Build the world:
 - “What is Bubbles doing in there?”
 - “Does Bubbles come at certain times or randomly?”
 - “What makes Bubbles louder or more active?”
 - “Are there times when Bubbles is quiet?”
 - “What else is around Bubbles?”

GI Pain: “Bubbles The Belly Dragon” – Understand (Shifting Toward Meaning)

- “What do you think Bubbles is trying to do?”
- “Is Bubbles helping in some way or protecting something?”
- “What does Bubbles need?”
- “What makes Bubbles feel calm or safe?”
- “If Bubbles could talk, what would it say?”

GI Pain: “Bubbles The Belly Dragon” – Embedding Skills/Coping (Co-Creating Change)

- “What might help Bubbles settle down?”
- “Should we try giving Bubbles something?”
- “What happens if we send a slow breath to Bubbles?”
- “Does Bubbles like cool air, warm light, or something else?”
- “Is there anything that could help Bubbles rest?”
- You can gently guide:
 - “What if your breath was like a cool breeze for Bubbles?”
 - “What if Bubbles had a cozy place to curl up?”

GI Pain: “Bubbles The Belly Dragon” – Reinforce Mastery

- “What did you just help Bubbles do?”
- “How did you do that?”
- “What will you do next time Bubbles shows up?”
- “What do you want to remember about helping Bubbles?”

GI Pain: “Bubbles The Belly Dragon” – Outcome

- Child influences sensation
- Reduced fear
- Improved coping

Anxiety: “Anxiety Storm”

- Child: 'It's like a really big, loud storm in my chest'
- Symptoms: racing heart, worry
- Goal: titration + control

Anxiety: “Anxiety Storm” - Eliciting

- Storm type?
- Where does it start?
- What makes it bigger/smaller?

Anxiety: “Anxiety Storm” - Expanding

- Can storm move?
- What shelters exist?
- Who helps?

Anxiety: “Anxiety Storm” – Embedding Skills

- Breath → wind control
- Grounding → shelter
- Cognitive shift → weather changes

Anxiety: “Anxiety Storm” – Outcome

- Breath → wind control
- Grounding → shelter
- Cognitive shift → weather changes

Procedures: “Bodybot Friend”

- Fear of needles/medical settings
- Use sequence stories
- Predict steps + coping

Procedures: “Bodybot Friend” – Story Elements

- Preparation
- During
- After
- Recovery

Trauma Work

- Focus on safety and control
- Avoid overwhelm
- Use distance and choice

Adaptations for Teens

- Use metaphor sparingly
- Increase autonomy
- Collaborate explicitly

Group Adaptations

- Shared themes, individual variation
- Offer options
- Normalize differences

Common Themes

- Dragons, storms, robots
- Forests, oceans, space
- Helpers: guides, animals, tools

Linking Back to Real Life

- “Where could you use this today?”
- “When might the dragon show up?”
- “What would you do then?”

What You Can Do Now

- You can elicit and expand child-generated metaphors
- You can differentiate collaborative vs directive approaches
- You can embed coping within a story

Now We Enhance It

Once we can:

- Follow the child
- Build the story
- We can begin to **support and extend this work with AI**

The Role of AI



If a child offers the metaphor and AI helps draft the language...
Where does the clinician belong?

What AI Should & Should Not Do

AI SHOULD	AI SHOULD NOT
Help draft language	Replace clinician
Reflect child's words	Interpret meaning
Save time	Direct intervention
Support take-home scripts	Lead clinical decisions

AI supports the work, the clinician is the work.

Clinical Control

- AI drafts, clinician edits
- Maintain voice and pacing
- Always personalize

Ethical Guidelines

- No identifying information
- Informed consent when applicable
- Review outputs critically
- AI is used as a supportive tool only; all clinical decision-making remains clinician-directed

Prompt Components

- Child metaphor
- Goal (regulation, sleep, pain)
- Age/development
- Tone (gentle, playful)

Sample Prompt

- Create a gentle, collaborative story
- Include a dragon in the stomach
- Embed breathing as cooling wind
- End with sense of control

AI Story Creation Prompt Template

- Create a gentle, child-friendly hypnotic story for a ___-year-old child.
- The child describes their discomfort as a _____ (creature/object), named _____, located in their _____.
- The _____ tends to _____ (behavior) especially when _____ (triggers).
- The _____ is not dangerous but needs help with _____ (goal: calming, resting, feeling safe).
- Please create a collaborative, non-directive story where:
 - The child helps the _____ feel safe
 - _____ (coping skill, e.g., breathing) is introduced as _____ (metaphor)
 - The _____ learns to _____ (desired shift)
 - The child feels a sense of control and confidence
- Use simple, warm, imaginative language appropriate for a child. Avoid commanding language and keep the tone exploratory.

GI Pain: “Bubbles The Belly Dragon” – AI At Work

- Let’s say the child says:
 - Green dragon
 - Lives in stomach
 - Gets bigger after eating or when worried
 - Feels hot and loud
 - Likes cool air
 - Can curl up and rest

GI Pain: “Bubbles The Belly Dragon” – AI Prompting

Create a gentle, child-friendly hypnotic story for a 7-year-old child.

The child describes their stomach pain as a green dragon named Bubbles who lives in their belly.

Bubbles sometimes gets bigger, louder, and hotter, especially after eating or when the child feels worried.

Bubbles is not dangerous, but needs help calming down.

Please create a collaborative-style story (not directive) where:

The child helps Bubbles feel safe

Slow breathing is introduced as a cool breeze that helps Bubbles settle

Bubbles learns to curl up and rest in a cozy space

The child has a sense of control and ability to help

Use simple, warm, imaginative language appropriate for a young child.

Avoid commanding language — keep it exploratory and supportive.

GI Pain: What Good AI Output Looks Like

- We want to **evaluate**, not just generate.
- **What to look for in the AI story:**
 - **Good signs:**
 - Uses the child's exact imagery (Bubbles, dragon, belly)
 - Includes **choice and curiosity**
 - Embeds coping naturally (not forced)
 - Feels gentle and paced
 - **Red flags:**
 - Too directive:
 - “The dragon **MUST** calm down now”
 - Too complex:
 - long, abstract paragraphs
 - Not child-centered:
 - clinician voice dominates
- **How to edit it**
 - Shorten sentences
 - Add pauses
 - Insert the child's name
 - Add:
 - “maybe...”
 - “you might notice...”
 - “I wonder...”

GI Pain: Sample AI Output

“There once was a gentle green dragon named Bubbles who lived in a cozy space inside your belly.

Sometimes Bubbles would get a little too warm and wiggly, especially when things felt busy or confusing...

But Bubbles loved cool, slow breezes...

And whenever you took a soft, slow breath, it was almost like a gentle wind flowing right toward Bubbles...

And little by little... Bubbles began to curl up...

resting...

feeling safe...

knowing you were there to help.”

Editing AI Output

- Simplify language
- Match child's words
- Insert pauses
- Adjust pacing

Critique

- **What works well here?**
- ✓ Child-centered
- ✓ Uses metaphor
- ✓ Embeds breathing naturally
- **What would you edit?**
- Shorten sentences
- Add child's name
- Add pauses
- Increase interactivity

Age-Banding Prompts (Ages 5-7)

- Concrete thinkers
- Highly imaginative
- Respond to play, characters, sensory input
- Limited abstract reasoning
- **Clinician Prompts**
 - “What does it look like?”
 - “Is it big or tiny?”
 - “Does it move or stay still?”
 - “What color is it?”
 - “What is it doing right now?”
- **Expand with:**
 - “Does it have a face?”
 - “Is it loud or quiet?”
 - “Is it fast or slow?”
- **Regulation Prompts**
 - “What helps it feel better?”
 - “Does it like soft things or strong things?”
 - “What happens if we send it a slow breath?”
- “Should we help it rest somewhere cozy?”

AI Prompt(Ages 5-7)

Create a short, gentle, imaginative story for a 5–7-year-old child using simple language and sensory imagery.

Include:

A friendly or neutral character (e.g., dragon, cloud, animal)

Simple sentences

Repetition

Sensory elements (warm, cool, soft, slow)

Avoid complex explanations or abstract concepts.

- **What to Avoid (5–7)**
- Abstract language:
✗ “What does this represent?”
- Over-explaining:
✗ “This is your nervous system reacting...”
- Too many words
- **At this age, we are not building insight — we are building experience.**

Age-Banding Prompts (Ages 8-11)

- Beginning abstract thinking
- Strong narrative engagement
- Curious about “why”
- Want mastery and solutions

- **Prompts (8–11)**
 - “What do you think it’s trying to do?”
 - “When does it show up most?”
 - “What makes it bigger or smaller?”
 - “If it had a job, what would it be?”
 - “What do you think it needs?”

- **Meaning-Making Prompts**
 - “Do you think it’s helping in some way?”
 - “What happens if we ignore it?”
 - “What would help it calm down faster?”

- **Coping Integration (8–11)**
 - “What could you do to help it?”
 - “What tools would your character use?”
 - “What would happen if you practiced this?”

AI Prompt(Ages 8-11)

Create a collaborative, child-centered hypnotic story for an 8–11-year-old.

Include:

Clear beginning, middle, and resolution

A problem the character learns to manage

Coping skills embedded into the story

A sense of mastery and success

Use moderate descriptive language and interactive tone.

- **What to Avoid (8–11)**

- Overly babyish tone
- Overly complex metaphors
- Removing the child from the solution

- **This is the sweet spot where kids LOVE understanding and solving.**

Age-Banding Prompts (Teens)

- Abstract thinking
- Identity development
- Sensitivity to control
- Desire for autonomy

- **Clinician Prompts**
 - “How would you describe what’s happening in your body?”
 - “What do you think triggers it?”
 - “What do you notice helps, even a little?”
 - “If you had to give it a name, what would you call it?”

- **Reflective Prompts**
 - “What do you think it’s trying to communicate?”
 - “What’s your relationship with it right now?”
 - “What would you want that relationship to look like?”

- **Collaborative Language**
 - “We can build something together”
 - “You can adjust this however you want”
 - “Tell me what fits and what doesn’t”

AI Prompt(Teens)

- **Collaborative Language**

- “We can build something together”
- “You can adjust this however you want”
- “Tell me what fits and what doesn’t”

- **AI Prompt**

Create a metaphor-based, developmentally appropriate hypnotic narrative for a teenager.

The tone should be:

Respectful

Non-patronizing

Insight-oriented but not overly clinical

Include:

Emotional nuance

Internal dialogue

A sense of personal agency

Avoid childish language or overly simplistic imagery.

- **What to Avoid**

- Talking down
- Over-directing
- “Fixing” language
- Infantilizing metaphors

“Teens don’t want to be told what to do — they want to feel like they chose it.”

Same Question Across Ages

Age	Prompt
5-7	“What does it look like?”
8-11	“What is it trying to do?”
12+	“What do you think it means?”

Same Intervention, Different Delivery

Breathing Example

Age	Prompt
5-7	”Let’s send a cool breeze to the dragon.”
8-11	“What happens if your breath helps it settle?”
12+	“What do you notice in your body when you slow your breathing?”

AI Prompt Template (Ages 5-7)

Create a gentle, imaginative hypnotic story for a **5–7-year-old child**.

The child describes their feeling/sensation as a _____ (**creature/object**) named _____, located in their _____ (**body part/place**).

The _____ feels _____ (**sensory words: hot, wiggly, loud, tight, etc.**) and shows up when _____ (**trigger**).

The _____ is not dangerous but needs help with _____ (**calming/resting/feeling safe**).

Please create a story where:

The child gently helps the _____ feel safe

A coping skill (e.g., breathing) is introduced as a **sensory experience** (e.g., cool breeze, warm light, soft wave)

The _____ slowly settles, softens, or rests

The tone is playful, safe, and comforting

Use:

- Simple sentences
- Repetition
- Sensory imagery (soft, slow, warm, cool)

Avoid:

- Complex explanations
- Abstract language
- Directive or commanding tone

AI Prompt Template (Ages 8-11)

Create a collaborative, child-centered hypnotic story for an **8–11-year-old child**.

The child describes their experience as a _____ **(character/object)** named _____, located in _____.

The _____ tends to _____ **(behavior)**, especially when _____ **(triggers)**.

The child believes the _____ may be trying to _____ **(protect/help/communicate something)**.

Please create a story where:

The child begins to understand what the _____ needs

The child actively helps the _____ using _____ **(coping skill)**

The story includes a **clear beginning, middle, and resolution**

The child experiences a sense of **mastery and success**

- Use:
 - Moderate descriptive language
- Problem-solving elements
 - Interactive phrasing (e.g., “you might notice...”, “you can imagine...”)
- Avoid:
 - Overly childish tone
 - Overly complex or abstract concepts
 - Removing the child from the solution

AI Prompt Template (Teens)

Create a metaphor-based hypnotic narrative for a **teenager (age ___)**.

The teen describes their experience as _____ **(metaphor/image/feeling)** that shows up in _____ **(body/context)**.

It tends to occur when _____ **(triggers/situations)** and feels like _____ **(emotional/physical description)**.

The teen currently experiences this as _____ **(frustrating, overwhelming, confusing, etc.)**.

Please create a narrative that:

Respects the teen's autonomy and perspective

Explores the meaning or function of this experience

Gently introduces _____ **(coping skill or shift)**

Emphasizes **agency, choice, and self-awareness**

Use:

- Natural, non-patronizing language
- Emotional nuance
- Internal reflection (not overly clinical)

Avoid:

- Childish imagery
- Directive or prescriptive tone
- Oversimplification

Helpful Uses for AI

- Stuck in session
- Need fresh language
- Building take-home scripts

Take Home Scripts

Introduction

- You might say:
- “Today we made something really important together.”
- “We didn’t just talk about the feeling—you figured out how to help it.”
- “I’d love to turn this into a story you can use at home... so you can help your body anytime you need.”

Collaborative Framing

- “This will be *your* story.”
- “We can write it using your ideas, your dragon, your way.”
- “And you can change anything in it if it doesn’t feel right.”

Empowerment Anchor

- “This isn’t something I’m giving you...”
- “This is something *you created*—and you can use it whenever you want.”

Take Home Hypnotic Script Generator

- Create a gentle, child-centered hypnotic script for home use.
- The script is for a ___-**year-old child** experiencing _____ (**presenting concern, e.g., stomach pain, anxiety, medical fear**).
- The child describes their experience as a _____ (**metaphor/character, e.g., dragon, storm, robot**) named _____, located in _____ (**body/location**).
- The _____ tends to _____ (**behavior**), especially when _____ (**triggers**).
- In session, the child discovered that the _____ needs _____ (**e.g., calm, safety, rest, help, understanding**).
- Please create a script that:
 - Uses **the child’s exact imagery and language**
 - Begins with a **gentle settling/relaxation introduction**
 - Builds a **supportive relationship with the metaphor (not removing it)**
 - Embeds _____ (**coping skill: breathing, grounding, imagery, etc.**) in a natural, story-based way
 - Includes **gradual change** (e.g., softening, settling, resting)
 - Reinforces the child’s **agency and ability to help**
 - Ends with a **future-oriented reminder** that they can use this anytime
 - Tone should be:
 - Warm
 - Slow-paced
 - Non-directive (use phrases like “you might notice...” “maybe...” “you can...”)
 - Use developmentally appropriate language for a child of this age.
 - Keep sentences **short, rhythmic, and calming**, with natural pauses.

When To Avoid/Pause AI Usage

- Highly sensitive material
- Complex trauma without stabilization
- When it disrupts attunement

How it works

- Collect child inputs
- Draft prompt
- Generate story
- Edit together

Common AI Errors

- Too long
- Too directive
- Not developmentally matched

Fixing AI Outputs

- Shorten
- Add choice
- Increase sensory detail
- Return to child voice

AI + Homework

- Provide story for practice
- Encourage drawing
- Rehearse coping

Documentation Considerations

- Note use of AI as tool
- Document clinical rationale
- Maintain authorship
- Client generated metaphor
- Collaborative narrative used
- Coping embedded

Brief Sample Note

Clinician utilized a collaborative storytelling intervention incorporating elements of clinical hypnosis and guided imagery to support regulation of somatic distress.

Client externalized symptoms as a “dragon in the belly” and engaged in co-creating a therapeutic narrative. Clinician used an AI-assisted drafting tool to support development of a personalized take-home script based on the client’s imagery and language.

Client demonstrated increased engagement and ability to identify strategies (breathing, visualization) to reduce symptom intensity. Intervention supports treatment goals related to emotional and physiological regulation.

Standard Note (SOAP/DAP)

Intervention:

Clinician facilitated a child-centered, collaborative storytelling intervention to address GI-related distress and associated anxiety. Client identified symptoms as a “dragon,” and clinician guided development of a narrative incorporating coping strategies (paced breathing, calming imagery).

An AI-assisted tool was used to generate a draft of a personalized take-home script using the client’s language and metaphor. Clinician reviewed and modified the content to ensure developmental appropriateness and clinical alignment.

Response:

Client was actively engaged, demonstrated insight into symptom patterns, and independently contributed to development of coping strategies within the narrative. Observable reduction in distress noted during session.

Plan:

Continue narrative-based and hypnosis-informed interventions. Utilize take-home script to support skill generalization across environments.

Detailed Note

Intervention:

Clinician implemented a developmentally appropriate, narrative-based intervention incorporating elements of clinical hypnosis, guided imagery, and somatic regulation strategies to address presenting concerns of GI distress and anxiety.

Client externalized symptoms as a “dragon” and engaged in collaborative story development, allowing for graded exposure to internal sensations and integration of coping strategies (breathing, visualization, cognitive reframing).

Clinician utilized an AI-assisted clinical drafting tool to support creation of a personalized take-home script derived from the client’s language and imagery. All AI-generated content was reviewed, edited, and clinically adapted by the clinician to ensure accuracy, appropriateness, and alignment with treatment goals.

Response:

Client demonstrated strong engagement, increased emotional regulation, and improved tolerance of somatic sensations. Client was able to verbalize and apply coping strategies during the session.

Clinical Rationale / Medical Necessity:

Intervention directly targets functional impairment related to somatic distress and anxiety, impacting daily functioning (e.g., school participation, attention). Use of narrative and imagery-based techniques is developmentally appropriate and supports acquisition and generalization of self-regulation skills.

AI-assisted drafting was used solely as a supportive tool to enhance personalization and accessibility of therapeutic materials, with all clinical decision-making remaining clinician-directed.

Plan:

Continue collaborative storytelling and hypnosis-informed interventions. Reinforce use of take-home script and monitor generalization of skills.

AI-Inclusive Documentation Note Template

Intervention:

Clinician used a collaborative storytelling / narrative-based intervention incorporating elements of clinical hypnosis to address _____.

Client externalized symptoms as _____ and engaged in _____ (imagery, breathing, etc.).

Clinician utilized an AI-assisted drafting tool to support development of a personalized take-home script based on the client's language and imagery. All content was reviewed and clinically adapted by the clinician.

Response:

Client demonstrated _____ (engagement, insight, regulation).

Client was able to _____ (identify coping strategies, reduce distress, actively participate).

Clinical Rationale:

Intervention supports treatment goals related to _____ and is developmentally appropriate.

Plan:

Continue _____ and reinforce use of take-home script.

Ethical Language

- AI was used as a **supportive drafting tool only**
- **No clinical decision-making was delegated**
- Content was **reviewed and modified by the clinician**
- **C**lient confidentiality was maintained
- We document the clinical work—not the technology. But we transparently acknowledge how we support that work.

Documentation Made Simple

Content:

Intervention:

Collaborative storytelling + hypnosis + imagery

Response:

Engagement, regulation, insight

Clinical Rationale:

Targets functional impairment

AI:

Used as drafting tool only

Document the clinical work—not the technology

AI + Storytelling

- Support creativity
- Not replace clinician
- Enhance personalization

Micro-Demo

Let's say a child tells me their stomach hurts...

I might say...

'If that feeling had a shape... what would it be?'

And if they say... 'I don't know'..."

I might say... 'Would it be more like something alive... or something not alive?'

And then we follow whatever they give us...

Let's Try It!

- Step 1: Identify the Metaphor
 - Think of a current case
 - What imagery do they use in session with you?

Let's Try It!

- Step 2: Expand
 - Add detail
 - Add movement
 - Add meaning

Let's Try It!

- Step 3: Story Build
 - Character
 - Challenge
 - Helper
 - Change

Let's Try It!

- Step 4: Embed Skills
 - Where is breathing?
 - Where is grounding?
 - Where is choice?

Let's Try It!

Plug it into your template!

Let's Debrief!

- What worked?
- What felt hard?
- What surprised you?

In-Session Flow

- Elicit → Expand → Embed → Reinforce
- Return to story each session

Between Session Plan

- Practice story daily
- Draw scenes
- Use during symptoms

Measuring Progress

- Symptom change
- Child language shift
- Increased agency

Troubleshooting

- Child disengages → simplify
- Too abstract → make concrete
- Too fast → slow pacing

Reflection

- Where do I over-direct?
- Where can I be more curious?

Integrating Into Your Practice

- Start with 1 case
- Use templates
- Refine over time

Scaling

- Individual sessions
- Groups
- Parent coaching

Parent/Caregiver Involvement

- Teach parents the story
- Use at home
- Reinforce language

Safety Considerations

- Monitor distress
- Pause when needed
- Return to grounding

Key Clinical Principles

- Follow the child's lead
- Support mastery
- Reinforce success

Integration Reflection

- What will you use first?
- What will you change tomorrow?

Let's Check The Objectives

- Can you now:
 - Identify collaborative vs directive interventions?
 - Use storytelling to build regulation?
 - Integrate AI ethically into your work?

What Changes After Today?

You stop writing the story alone

You start listening differently, following more, collaborating intentionally

Children feel safer, feel capable, and become the authors

The story was never ours to write—it was ours to follow.

Citations

Adams, R., & O’Callaghan, K. (2024). Narrative-based interventions in child psychotherapy: Using metaphor, ego-strengthening, and imaginative play. *Journal of Child & Adolescent Counseling*, 10(1), 37–51. <https://doi.org/10.1080/23727810.2023.2268423>

Anbar, R. D. (2021, November 22). Hypnosis techniques for young children. *Psychology Today*. <https://www.psychologytoday.com/ca/blog/understanding-hypnosis/202111/hypnosis-techniques-for-young-children> *Psychology Today*

Anbar, R. D. (2023). *Changing children’s lives with hypnosis: A journey to the center*. Rowman & Littlefield Publishers.

American Psychological Association. (2023). *Guidelines for the ethical use of artificial intelligence in clinical practice*. <https://www.apa.org/news/press/releases/2023/08/ethical-guidelines-artificial-intelligence.pdf>

Bastek, V. (2023). Exploring medical hypnotherapy for pediatric patients. *European Journal of Pediatrics*, 182, 3021-3032. <https://doi.org/10.1007/s00431-023-04983-5> [PMC](#)

Blease, C., Kaptchuk, T. J., Bernstein, M. H., Halamka, J. D., & Mandl, K. D. (2019). Artificial intelligence and the future of psychotherapy. *Nature Medicine*, 25, 26–29. <https://doi.org/10.1038/s41591-018-0308-5>

Cooper, M., & Weingarten, K. (2021). Collaborative narrative therapy with children and families: Creativity, agency, and co-authorship. *Journal of Systemic Therapies*, 40(3), 15–30. <https://doi.org/10.1521/jsyt.2021.40.3.15>

Geagea, D., et al. (2023). Clinical hypnosis for procedural pain and distress in children. *Pain Medicine*, 24(6), 661-? <https://doi.org/10.1093/pm/pnadxxx> [OUP Academic](#)

Gold, J. I. (2007). Practitioner review: Clinical applications of pediatric hypnosis. *Journal of Child Psychology and Psychiatry*, 48(3-4), 247-261. <https://doi.org/10.1111/j.1469-7610.2006.01715> [PubMed](#)

Hasse, A., & Kriz, D. (2024). Integrating generative AI in clinical documentation and therapeutic interventions: Opportunities, risks, and ethical guardrails. *Professional Psychology: Research and Practice*, 55(1), 12–25. <https://doi.org/10.1037/pro0000522>

Kohen, D. P., & Kaiser, P. (2014). Clinical hypnosis with children and adolescents— What? Why? How?: Origins, applications, and efficacy. *Children*, 1(2), 74-98. <https://doi.org/10.3390/children1020074> [MDPI](#)

Kohen, D. P., & Olness, K. (2022). *Hypnosis with children* (5th ed.). Taylor & Francis.

Mansoor, M., Hamide, A., & Tran, T. (2025). Conversational AI in pediatric mental health: A narrative review. *Children*, 12, 359. <https://doi.org/10.3390/children12030359> [ResearchGate](#)

Olness, K., & Kohen, D. P. (1991). *Clinical hypnosis with children*. Routledge.

Snow, L., & Willard, J. (2022). Co-regulation through shared imagination: How collaborative storytelling facilitates emotion regulation in pediatric treatment. *Clinical Child Psychology and Psychiatry*, 27(4), 958–973. <https://doi.org/10.1177/13591045221104578>

Thank you so much for joining me!



Contact Information

Thank you again! Please feel free to reach out at
ssilverberg@gipsychology.com