

Refining Skills and Treatment Applications Intermediate Workshop

CLINICAL WORKSHOP
LEVEL 2

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Ciara Christensen, Ph.D.
May 7-10, 2026



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Dr. Damis is a Diplomate with the American Board of Professional Psychology, a Fellow of the American Academy of Clinical Health Psychology, the Biofeedback Certification International Alliance, and the American Society of Clinical Hypnosis. He is an Assistant Professor at the UCF College of Medicine and an ESTI-accredited Ego State Therapist. Dr. Damis is a licensed psychologist with ASCH Consultant Status and Certification in Clinical Hypnosis. He is a Past President of the ASCH, Florida, and Washington, DC Societies of Clinical Hypnosis, and is currently the Treasurer of ASCH. He has taught hypnosis for over 25 years for the American Society of Clinical Hypnosis, the Florida Society of Clinical Hypnosis, and the Society of Clinical and Experimental Hypnosis. Dr. Damis maintains a private practice and works as an instructor, author, and consultant.

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Akira Otani, EdD, ABPH

Akira Otani, EdD, ABPH, is a psychologist in private practice at Waypoint Wellness Center in Annapolis, MD. Before joining the current practice group, he served on the graduate faculty at the Division of Education, The Johns Hopkins University, and as Senior Staff Psychologist at the University of Maryland Counseling Center at College Park.

Akira's interest and training in clinical hypnosis started during his doctoral internship when he worked with Kay F. Thompson, DDS, a close friend and colleague of Milton H. Erickson, M.D. He has been long interested in meditation. In 2016 he had a 6-month sabbatical in Kobe, Japan, where he studied mindfulness meditation with a former Buddhist monk-turned-psychologist. This experience has helped him greatly to synthesize hypnosis with mindfulness meditation.

Akira is a Fellow and Approved Consultant of ASCH as well as a Diplomate in psychological hypnosis (ABPH). He has published 9 books (in Japanese) and more than 70 scholarly articles and book chapters (in English and Japanese) on topics ranging from psychotherapy training and hypnosis to meditation. He is an avid book collector, mediator (more than 3,200 plus hours to date), and aficionado of spicy food.

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Ciara Christensen, Ph.D.

Ciara Christensen, PhD, is a licensed psychologist who earned her doctoral degree from Washington State University in 2012. She is licensed in Idaho, Colorado, Wisconsin, and Washington, and has practiced in both hospital-based and private practice settings. Dr. Christensen has held leadership roles in the field of clinical hypnosis, including serving as President of the Society for Clinical and Experimental Hypnosis (SCEH), and she is the current President of the American Psychological Association's Division 30, Society of Psychological Hypnosis. She is recognized for her contributions to hypnosis research, education, and clinical practice, with publications in peer-reviewed journals and presentations and workshops delivered nationally and internationally. Her advanced training includes Psychedelic-Assisted Therapy through the Integrative Psychiatry Institute, including the first phase of MAPS MDMA-assisted therapy training, as well as advanced experiential training in the Netherlands with an emphasis on psilocybin and ketamine. Dr. Christensen is also certified in breathwork, informed by approaches similar to Stanislav Grof's Holotropic Breathwork.

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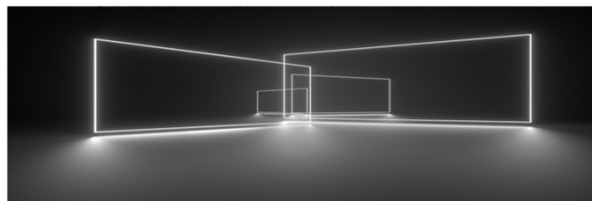
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Refining Skills of Elicitation and Intensification



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INTERACTIVE EXPERIENTIAL CLINICAL HYPNOSIS

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MEMORY SYSTEMS

- **Explicit / Declarative Memory**
 - Conscious, deliberate, effortful recall of information and experiences
 - Dependent on the Medial Temporal Cortex
 - Hippocampal, Parahippocampal & Perirhinal areas
 - Disrupted by stress neurotransmitters and hormones
 - Relatively slow to retrieve, fast to learn, easy to change
- **Semantic Memory** – Factual knowledge
- **Episodic Memory** – Autobiographical
 - Contextual – associated with temporal & spatial information

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MEMORY SYSTEMS

• Implicit Memory

- Nonconscious, unintentional, automatic, does not require attention
- Not dependent on the Medial Temporal Cortex
 - Basal ganglia, sensory cortex, cerebellum, right amygdala
 - Enhanced by stress neurotransmitters and hormones
- Fast to retrieve, difficult to change
- Able to process complex information beyond explicit memory
- Arational learning/information processing
- Like artificial intelligence automatically and continuously extracting relationships from complex experiential information

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IMPLICIT MEMORY

• Probabilistic Classification Learning

- Attempting to learn a set of associations that are not obvious and make predictions based on stimuli presented
- Learning was associated positively with activity in the body and tail of the caudate nucleus and negatively with activity in the hippocampus (Seger & Cincotta, 2005)
- Impaired in patients with Huntington's or Parkinson's disease (Squire & Zola, 1996)



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IMPLICIT MEMORY AND PTSD

• Neuroimaging

- Meta-analysis of neuroimaging studies comparing individuals with PTSD to trauma-exposed controls without PTSD revealed activation differences in (Stark et al., 2015):
 - **Basal Ganglia** (bilateral putamen and pallidum extending to the caudate nucleus on the right)
 - **Left Fusiform Gyrus**
 - Object and face recognition
 - Recognition of facial expressions
 - Critical for interacting in social situations

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IMPLICIT MEMORY AND PTSD

• Chronic unresolved PTSD and implicit memory

(Krikorian & Layton, 1998)

- Healthy 53-year-old male without psychiatric or neurological history
- Buried in sand for 15 minutes, unconscious for two days due to anoxia, two CT scans and EEG WNL
- DX: Anoxic Encephalopathy & PTSD without conscious recall of accident
- Disabled due to depression, anxiety, preoccupation with physical difficulties (mild brachial plexus injury), constant rumination about sudden death due to the earth opening and swallowing him, daily nightmares about being buried
- Treatment: Five years of twice weekly and weekly psychotherapy based on the assumption that he had repressed conscious memories due to the terror of being buried alive, including amobarbital interview and visiting the site

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IMPLICIT MEMORY

• Unrepressed Unconscious (Implicit Memory)

- Probably active in the last term of utero
- Continuous associational learning
- Internal Working Models of Attachment
- Mechanism of change in psychotherapy (Schore, 2019)
 - **Right-brain:** Implicit affect regulation & organization of the self
 - **Experiential** verse conceptual learning
 - Right-brain to right-brain therapeutic interactions

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MODIFICATION OF IMPLICIT MEMORY

• Implicit Memory: The Unrepressed Unconscious

- **Modification of non-verbal associational learning that underlies negative cognitions, beliefs, perceptions, and sensations:**
 - Desensitization (counter-conditioning)
 - Perception (e.g., self-esteem, self-agency, self-other relationships)
 - Non-verbal Expectations (e.g., outcome/self-efficacy)
- **Experiential creation of a new positive non-verbal experience**
- **Creating a Sense of Knowing**
 - Ego-strengthening
 - Associated with affective and motivational shifts

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MODIFICATION OF IMPLICIT MEMORY

- **Creation and Amplification of Sensory Experiences**
 - **Felt sense of:**
 - Safety during safe-place imagery
 - Successful task completion (mastery)
 - Strength or confidence
 - **Creation, awareness, and internalization of new sensory/emotional experiences**
 - **Techniques:**
 - Experiencing positive sensations projected in displacement imagery
 - Time expansion to amplify and maintain positive experiences

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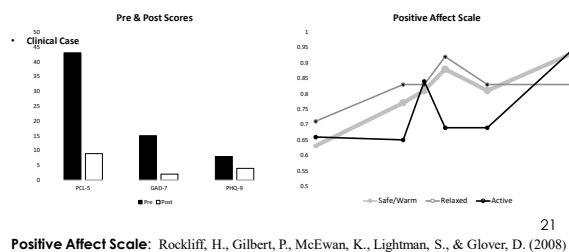
IMPLICIT MEMORY AND PTSD

- **Clinical Case**
 - Married, adult male, early 30s, successfully employed, 17-month-old daughter
 - Severe abuse by grandmother and father prior to two years old, taken by DCF services, placed in foster care, mother left the military and resumed care
 - Earliest memory: Very happy 3-year-old birthday party
 - Sought treatment for reduction in unexplained recurrent episodes of intense depression and suicidal ideation/intention as well as anxiety
 - Multiple prior treatment courses with CBT, DBT, and several different antidepressants without benefit
 - Treatment: 20 sessions over a five-month interval that included approximately five sessions addressing the unexpected death of his father with strong potential for complicated bereavement – Safe-Place Imagery & Ideal Parent Figure protocol

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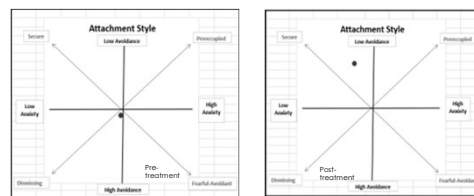
CLINICAL APPLICATIONS



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CLINICAL APPLICATIONS

- **Clinical Case** Experiences in Close Relationships-Short Form



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CLINICAL APPLICATIONS

- **Clinical Case**
 - In addition to the elimination of depressive and suicidal ideation/intention episodes patient also reported the following changes:
 - "I don't feel deep hopelessness."
 - "My entire mindset has changed."
 - "I'm complete."
 - "I don't wait for things to happen. I go out there and get it, I'm going to be successful today."
 - "I don't feel like this is the way I am, all is lost, before I just accepted it."

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CLINICAL HYPNOSIS & ATTACHMENT

- **Permissive hypnosis emulates secure attachment figures**
 - **Utilization approach promotes Attunement/Connection**
 - Awareness and recognition
 - Acceptance of what emerges
 - Fosters a sense of self-acceptance
 - Appreciation of a *benevolent unconscious mind*
 - Availability and presence
 - Responsiveness to what emerges in a helpful manner
 - Fosters Self-Mastery and Autonomy
 - Hypnoprojectives
 - Self-attribution

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PERMISSIVE HYPNOSIS

(BROWN & FROMM, 1986)

- **Emphasizes:**
 - Ego receptivity
 - Subject's discovery of inner resources in effecting the response, coping strategies, and solutions
 - Promotes self-efficacy and mastery
- **Suggestions are often:**
 - Open-ended and projective
 - Tailored to the subject's own attitudes, values & unfolding experience
 - Ego-strengthening
 - Offered as possibilities to be explored
 - Elicits inner exploration & engagement in the hypnotic or problem-solving experience

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PERMISSIVE HYPNOSIS• **Language of Hypnosis (Permissive)**

- **Focus Attention**
 - "Focus your attention on..."
 - "Notice carefully..."
- **Make "You" statements (Mastery)**
 - "You will be able to..."
 - "Now you will find...discover..."
- **Avoid "I" statements ("I want you to")**
 - Unless your presence is part of the intervention

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PERMISSIVE HYPNOSIS• **Language of Hypnosis (Permissive)**

- **Chaining (Contingent Suggestions)**
 - As "A" happens, then "B" happens
- **Establish communication (attunement, promote effortless)**
 - "As you become aware of ..., words will come to mind to describe it, and you will be able to give voice to your description and communicate it to me..."
- **Amplify the subject's experience by feeding it back to him or her**

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PERMISSIVE HYPNOSIS**Structure of Hypnotic Suggestions:**

1. Focusing attention
2. Observing immediate experience
3. Observing something new in the experience / leading the subject
4. **Setting the goal** of the suggestion
5. Repetition and variation
6. Enhancing dissociation and involuntarism
7. Enhancing anticipation of a positive response
8. Adjusting the rate of the response
9. Focusing on a positive response

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PERMISSIVE HYPNOSIS**General Guidelines**

- Speak with a soft prosodic voice (creates neuroception of safety), the melody alone is hypnotic
- If you counted down to deepen trance, always count back up the same amount when realerting
- Remove unwanted or inadvertent suggestions
- Qualify suggestions as needed prior to realerting
 - "Normal and healthy sensations will return" following glove anesthesia or elicitation of numbness for pain control
 - "You will be aware of all information necessary and be sufficiently alert to drive safely and effectively."
- Reunite all parts of the mind prior to realerting if you split the observing and experiencing egos during interventions
 - "And now all parts of the mind will come together as you..."

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PERMISSIVE HYPNOSIS**General Guidelines**

- Be aware of the nature of the hypnotic context
- Anything said will likely be amplified (make positive suggestions)
- Empathic responses become suggestions that may inadvertently amplify negative emotional states
 - Suggest learning in constructive ways at the right pace
 - "And as you reflect on these feelings, you will have all the time you need to learn from them in a constructive/helpful manner at a pace that is just right for you..."
- Appreciate individuals' problem-solving abilities as reflected in their modification of suggestions to achieve suggested goals and reinforce goal attainment
 - "Yes, notice how the mind knew just the right way for you to experience _____ (desired state/experience)"

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ADAPTIVE EXPERIENTIAL THEORY OF HYPNOSIS

(ALLREDGE & ELKINS, 2023)

• Epstein's Cognitive-Experiential Self Theory

- **Dual processing model:** Rational system and Experiential system
- Hypnotizability is associated with increased access to the Experiential system
- **Rational system:** Conscious, effortful, slow, analytic, logical, rational, belief persuaded by evidence
- **Experiential system:** Unconscious, effortless, fast, emotional, intuitive, holistic, solves problems with what is learned automatically from experience, experience is believing
 - Implicit learning and memory
 - AI learning and problem-solving
 - Modified with the creation of a "felt sense."

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IMPLICIT MEMORY

The Unconscious (Weinberger & Stoycheva, 2020)

- Unconscious processing is the **default mode of functioning** – the primary process
- "Unconscious processes come to the fore when the person adopts a **passive, noncritical attitude**, whereas **focus and effort** to figure out what is going on favor consciousness" (p. 301)
- Stereotypy, rigidity, and resistance to change
- Unconscious functioning is **normative**
- The mind/brain is **organized associatively** rather than logically and/or hierarchically – **arational** – pure empiricism
- Learns through experience & focuses on what is salient to the person
- We immediately categorize what is salient: good/bad, approach/avoid

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IMPLICIT MEMORY

The Unconscious (Weinberger & Stoycheva, 2020)

- **Automaticity:** Once mental processes have been sufficiently rehearsed, they begin to operate autonomously secondary to neuroplasticity, circumventing intentionality and awareness
- Mind/brain information processing is **parallel and distributed**
 - Learns in a **normatively unconscious manner** with some preset modes of functioning and within limits in a radically empirical fashion
- **Treatment needs to modify implicit associations** that create schemas, core relational themes, and context effects that shape perception, interpretations of environmental/interpersonal events, and mobilize mental and interactional behaviors
- When implicit associations are not modified, **relapse is inevitable**
- **Normative Implicit Psychotherapy**

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ACCESSING THE EXPERIENTIAL SYSTEM WITH HYPNOSIS

- **Make the conscious mind an observer**
- **Facilitate effortlessness**
 - Notice what comes to mind
 - As that becomes clear to you, words will come to mind to describe it
- **Don't evoke the rational mind to do anything**
 - Now you'll find yourself settling into a safe and protected space or place
 - Now your attention will be drawn to _____
- **Avoid questions**, instruct the conscious mind to observe and describe
- **Avoid telling them to "imagine" during trance**; this is a task for the rational mind
 - You'll find, discover
 - Notice where you find yourself to be
 - Soon, you'll notice
 - You'll find your attention drawn to _____

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INCREASING EXPERIENTIAL FELT SENSE

Normative Implicit Clinical Hypnosis

- Emphasize a hypnoprojective process that draws from the wisdom of the client's unconscious / implicit / experiential mind
- The goal is to create a new experience / felt sense for the client
- Make suggestions with clear goals for the felt sense you want to create
- Repeat suggestion for the desired felt sense
- Focus the client's attention on the experienced felt sense

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INCREASING EXPERIENTIAL FELT SENSE

- **Keep the focus on the desired felt sense**
 - Not the process that got them there; allow that to happen automatically
- **Increase the experience of the felt sense**
 - "Notice more closely how that feels" or "what that's like for you."
 - Say "Notice the (desired feeling)," **NOT** "what comes up."
- **Don't tell them to explore and look for other things**
 - This activates the rational conscious mind and pulls them away from the felt sense
- **Refocus clients on their experience of the desired felt sense and instruct clients to notice it more fully**
- **Amplify the felt sense**
 - "Now you'll find that this feeling of _____ will grow stronger and clearer with each breath and exhale, and saturate the body and mind more completely"

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INCREASING EXPERIENTIAL FELT SENSE

- **Elaborate reported descriptions in the desired direction**
 - Yes, notice how comforting that “softness” is
- **Share obvious metaphors consistent with desired states and their unfolding hypnotic experience**
 - “Water” and “Sun” as sources of life energy
 - “Windvane” naturally pointing/moving in the desired direction
 - Rocking as a form of soothing
 - Mountains as a sense of strength, groundedness
 - Surrounding trees as a protective boundary
 - “Clear sky, day” as a sense of clarity
 - “Feeling free” as a sense of empowerment (decreased vigilance)

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GENERALIZING EXPERIENTIAL FELT SENSE

Generalization and Maintenance

- **Maintain felt sense while engaging in daily life activities**
 - “And now you’ll find that these feelings will remain with you and grow stronger as you see yourself going about your daily activities...”
 - “Notice what it’s like, and as you get a sense for feeling so _____ as you go about your life, words will come to mind to describe it, and you’ll be able to share this with me...” (repeat to amplify and elaborate)
- **Maintain felt sense while engaging in challenging situations**
 - ▶ “And now you’ll find that these feelings of _____ will remain with you and grow stronger as you see yourself _____ (e.g., at work, speaking to a boss, etc.)...”
- **Use time expansion for amplification and maintenance**
- **Use future-time-oriented imagery for maintenance and modification of self-representation**

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FUNDAMENTALS OF EMPOWERMENT

- **Three fundamental states to create for facilitating trauma resolution, attachment repair, and empowerment**
- **Safety** – Neuroception of safety activates the social engagement system that allows for attachment development
- **Ego-strengthening/Mastery** – Self-efficacy & agency
 - Review recent positive coping experiences and focus on the sense of accomplishment/achievement/empowerment they experience
- **Positive emotional states**
 - Amplify states of positive emotions, but be prepared to support pacing

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HYPNOTIC RELAXATION

- Settle comfortably in the chair, allow your eyes to close, and let your body breathe slowly and comfortably...
- **Eye-Roll Induction**
 - As the body breathes in with **One**, Roll the eyes up
 - As the body breathes in with **Two**, Take a deep breath and hold
 - And with **Three**, Relax the eyes, release the breath, and imagine yourself floating downward...There will be something warm and welcome about this sense of floating downward...
- **Increase the Experience of Support**
 - And as the body settles into the chair, notice the sensations of the chair making contact with the body...
 - Notice how securely the chair holds and supports the body...
 - And as you appreciate how securely the body is held and supported, you’ll be able to relax into that support as you come to experience that support more fully, in some way...

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HYPNOTIC RELAXATION

- **Breath Focus**
 - And as the body and mind relax into that support, allow the body to breathe on its own as you observe the rise of the breath as the body breathes in, and the fall of the breath as the body breathes out...
 - Notice the air flowing through the nostrils as the body breathes in...
 - Now, notice the welcome sense of release that occurs as the body breathes out... the body releasing stress, tension, and negative energy with each exhale more and more...

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HYPNOTIC RELAXATION

- **Body Scan**
 - And along with the exhale and that welcome sense of release, put a gentle intention on loosening and relaxing the muscles of the body beginning with those of the lower body, legs, and feet noticing how the sensations there change in some way as those muscles loosen and relax more and more...
 - And as the muscles of the lower body continue to relax on their own, as the body exhales and you experience that welcome sense of release, put a gentle intention on loosening and relaxing the muscles of the back and shoulders... arms and hands, again noticing how the sensations there change in some way...
 - Relaxing now the muscles of the chest, abdomen, waist, and hips...

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HYPNOTIC RELAXATION

- **Body Scan**

- Relaxing now the muscles of the shoulders and neck...the scalp and forehead...the eyes, cheeks, face, and jaw...allowing the teeth, and perhaps the lips, to part slightly as the jaw settles into a comfortable position of rest...

- **Breath Focus and Paced Deepening**

- Now, notice again that welcome sense of release that occurs as the body exhales...
 - And along with each exhale, notice how your sensations and experience change as you move off to a safe and comfortable state of trance to a depth just right for you today...

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HYPNOTIC RELAXATION

- **Cue Controlled Options**

- ... along with that welcome sense of release with each exhale, silently and slowly float the word “relaxed” through the mind
 - “Calm and Confident” for ego-strengthening
 - Draw in positive sensations on inhalation; increase, spread, or settle them in on exhalation.

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HYPNOTIC RELAXATION

- **Establish communication**

- And now, as the sensations of relaxation and comfort (or whatever you are creating) in the body become clearer to you, words will come to mind to describe them, and you will be able to give voice to a description of them and communicate that to me...

- **Amplify response by focusing attention on it**

- Now, notice how these sensations of _____ grow stronger as you focus on them and with each exhale...and when they fill the body and mind to your satisfaction, you can let me know... (or: and when these sensations fill the body to your satisfaction, the index finger on the right hand will become light and buoyant and float up all by itself...)

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HYPNOTIC RELAXATION

- **Ego-strengthening**

- And as you reflect on your experiences with hypnosis today, you'll find that appreciation of your talents and capacity to elicit trance will grow stronger and clearer...

- **Time Distortion to Increase and Maintain**

- And although only a few minutes of clock time will pass, it will seem much longer, certainly long enough for these feelings of _____ to fill the body and mind to your satisfaction as they become so familiar that they will remain with you and grow stronger as time passes... (wait 60-90 seconds)

- **Post-hypnotic Suggestions to Increase and Maintain**

- And it's good to know that each time you practice this hypnotic strategy or one of your choosing, you'll find yourself relaxing and entering trance more quickly and deeply and that these feelings of relaxation and comfort will remain with you more and more as time passes...

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HYPNOTIC RELAXATION

- **Reorient**

- And now you'll find that you no longer need to focus on anything in particular to maintain these feelings of relaxation (or _____) and that these feelings will grow even stronger in some way as you focus on being in the office here today (or at home if telehealth), noticing how securely the chair holds and supports the body. Good...

- **Realert**

- And now, as all these welcome sensations/feelings remain with you...you can return yourself to your fully alert state at a pace that is right for you. And when the eyes open, that will be your way of indicating that you are fully alert, the mind refreshed & clear, all healthy feelings remaining with you.

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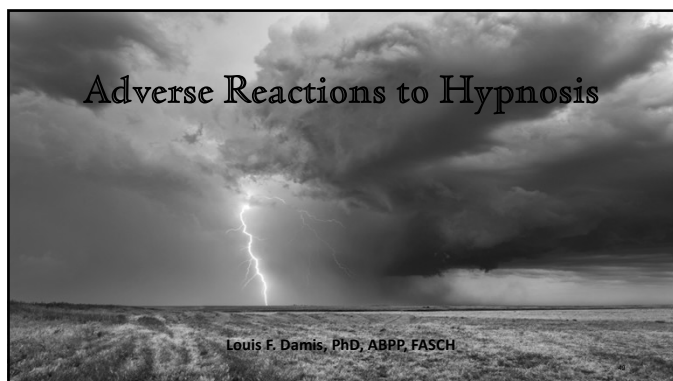
47

RECOMMENDED READING

- Allredge, Cameron T., and Gary R. Elkins. (2023). “Adaptive Experiential Theory of Hypnosis.” *International Journal of Clinical and Experimental Hypnosis* 71, no. 3, 165–75. <https://doi.org/10.1080/00207144.2023.2226178>.
- Brown, D. P. & Fromm, E. (1986). *Hypnotherapy and Hypnoanalysis*. Hillsdale, NJ: Lawrence Erlbaum Associates Publishers.
- Damis, Louis F. (2022). “The Role of Implicit Memory in the Development and Recovery from Trauma-Related Disorders.” *NeuroSci* 3, no. 1 : 63–88. <https://doi.org/10.3390/neurosci3010005>.
- Elkins, Gary R. (2022). *Introduction to Clinical Hypnosis: The Basics and Beyond*. Mountain Pine Publishing.
- Weinberger, Joel, and Valentina Stoycheva. (2019). *The Unconscious: Theory, Research, and Clinical Implications*. Guilford Publications.

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Adverse Reactions to Hypnosis	
<ul style="list-style-type: none"> • Experience of unwanted effects following administration of (Crawford, Hilgard, & Macdonald, 1982; Hilgard, Hilgard, & Newman, 1961; Shor & Orne, 1962): <ul style="list-style-type: none"> – HGSHS – 5% – SSHS: Form C – 29% – SSHS: Form A – 8.5% – HGSHS & SSHS: Form C – 31% 	50

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Adverse Reactions to Hypnosis	
<ul style="list-style-type: none"> • Vast majority of unwanted effects are: <ul style="list-style-type: none"> – Mild and transient – Most occur during initial inductions – Last for only one to several hours after if persistent – Resolve without intervention 	51

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Adverse Reactions to Hypnosis	
<ul style="list-style-type: none"> • Most common complaints: <ul style="list-style-type: none"> • Drowsiness and sleepiness • Dizziness • Headache • Nausea • Cognitive distortions • Confusion/disorientation • Anxiety or panic 	52

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Adverse Reactions to Hypnosis	
<ul style="list-style-type: none"> • Infrequent but more serious events: <ul style="list-style-type: none"> – Spontaneous age regression & abreaction – Unanticipated repressed/dissociated material – Destabilizing dissociative symptoms – Emergence of a problematic ego-state – Psychosis, if pre-psychotic condition – Depression <ul style="list-style-type: none"> • If depression part of the clinical picture • Authoritarian direct removal of somatic symptom – Suicide 	53

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Adverse Reactions to Hypnosis	
<ul style="list-style-type: none"> • Factors contributing to unwanted effects: <ul style="list-style-type: none"> – Stage hypnotists (double the incidence) – Poorly trained professionals – Using hypnosis on disorders not trained to treat – Failure to remove suggestions – Poorly worded suggestions <ul style="list-style-type: none"> • Not qualified adequately – Authoritarian direct symptom removal suggestions – Failure to adequately dehypnotize/realert 	54

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Adverse Reactions to Hypnosis

- **Inadequately dehypnotized/realerted:**
 - Patients and students at workshops tend not to report unwanted symptoms
 - Important to ask
 - If the subject does not fully realert or realerts with an unusual feeling, return her/him to trance and realert more fully and with suggestions to correct the unusual state, e.g., more fully grounded
 - Assure the patient is fully realerted
 - Howard Alertness Scale

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Adverse Reactions to Hypnosis

- **Howard Alertness Scale (Howard, 2017):**
 - Assesses level of alertness prior to and following hypnosis to ensure adequate dehypnotization
 - Have subject observe various dimensions of awareness, sensation, connection, alertness
 - Rates the level of alertness on a scale from 1 (very low) to 10 (very high).

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Howard Alertness Scale

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.

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Howard Alertness Scale

Pre-Hypnosis

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

- Look around you and notice the various things that you see. Notice how the images appear, the clarity, and 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 at 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.

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Howard Alertness Scale

Pre-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, 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				medium				high	very high
low									high

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REFINING SKILLS: ADVANCED ELICITATIONS AND INTENSIFICATIONS WITH DEMONSTRATION


Louis F. Damis, PhD, ABPP, FASCH



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Educational Objectives:

- Observe and identify two advanced inductions.
- Define the concepts of Individualization and Utilization.
- Name at least four commonly used words/phrases to reinforce the patient's hypnotic experience.
- Describe at least two hypnotic techniques for intensification (deepening of trance).



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INTENSIFICATION (DEEPENING)

- **Soothing Light Imagery**
 - Notice that a light of some particularly soothing color is radiating down, filling the room, & surrounding the body...(describe)
 - Notice how this soothing color feels as it makes contact with the surface of the body... and as those sensations become clear to you, words will come to mind to describe them, and you'll be able to communicate them to me...
 - Yes, notice how this soothing color light is drawn into the body with each inhalation and fills the body and mind with a welcome sense of soothing comfort more and more with each breath...

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Intensification (Deepening)

- **Waves of Relaxation**
 - Notice now that waves of relaxation are flowing down, filling the room and surrounding the body with soothing & deep feelings of relaxation...wave after wave...
 - Notice what it's like as these waves of relaxation make contact with the surface of the body...(describe & amplify)
 - Now, you'll find these waves of relaxation flowing into the top of the head and gently pulsing through the body, washing away more and more stress and tension...flowing out the hands and feet... and filling the body with welcome sensations of comfort...



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INDIVIDUALIZATION AND UTILIZATION

- Accept whatever the client experiences, amplify, interpret constructively, or lead in the desired direction
- Interventions should be individualized to each patient's (motivations, interests, values, preferences, capabilities, sensory modalities)
- Identified attitudes and experiences should be utilized, i.e., yawns, body language, objections, etc.

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TRUISMS

- Creating a **yes-set** by stating things that are obviously true, which generates an accepting attitude.
- *"Your feet are on the floor, your hands are resting on your lap, and your body is breathing in and out"* (David Patterson truism)
- *"Most people..." "We all..."*
- *"When we are waiting for the water to boil, a second may seem like an hour, when we are having a good time at a party, an hour may pass like a second."*
- *"Your mind can remember many things..."*

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FRACTIONATION

- **Repeated induction and realtering facilitate deepening each time.**
- **Inductions and full realtering**
- **Counting**
 - "When I say an odd number, like 'one,' let yourself relax more deeply and go down into a more profound state. However, when I say an even number, like 'two,' alert yourself slightly. Let yourself come up a little. But then, as soon as I say the next odd number, 'three,' go down even deeper than before. Go down and down and continue to relax more profoundly until I say the next even number, 'four'..."
 - Gradually emphasize the odd numbers more and allow more time with them
 - Gradually speak the even numbers more softly and more quickly switch to the next odd number

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QUASI-FRACTIONATION

➤ Movement with the Breath

- Following focus on the rise and fall of the breath
- “Notice the sense of **lift** that occurs with the rise of the breath as the body breathes in... the body coming to feel lighter and more buoyant with each inhalation...
- And the sense of **floating** as the body exhales”
- Pair with the inhalation “**lift**” and “**float**” with the exhalation



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Arousal Reduction with Safe Place Imagery and Attachment Repair

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Safety First!

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Safety is the Treatment

Our Polyvagal World (Porges & Porges, 2023)

- “How safe we feel is crucial to our physical and mental health and happiness...”
- When we feel safe (not actually are safe), our nervous systems and entire bodies undergo a massive physiological shift that primes us to be healthier, happier, and smarter; to be better learners and problem solvers; to have fun; to heal faster; and generally, feel more alive...
- When we feel safe, we are capable of generosity, empathy, altruism, growth, and compassion.”

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Safety is the Treatment

Polyvagal Theory: A Science of Safety (Porges, 2022)

- Humans, as social mammals, are on an enduring lifelong quest to feel safe.
- This quest is embedded in our DNA and serves as a profound motivator throughout our lives.
- Social connectedness is a biological imperative.
- Higher behavioral functions, which are frequently intentional, are dependent on the functioning of the more survival-focused foundational systems embedded in the brainstem.
- Intentional self-regulation efforts originating in the cortex are frequently ineffective in downregulating survival-driven reactions to threat, which are dependent on lower brain structures.

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Sensory Pathways To Healing Trauma (Lanius et al., 2025)

- **Sense of Safety**
 - Feeling unsafe limits sensory experience to the lower preconscious level of the brain, causing an individual to react without thinking
 - Identifying safe sensations maximizes the engagement of the cortex, allowing one to experience a fuller range of human potential
 - A sense of safety provides a springboard to freely experience the sensory environment, fostering curiosity, agency, and play

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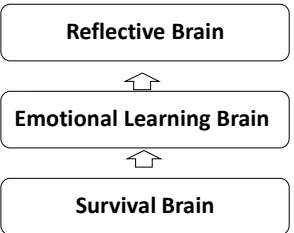
Sensory Pathways To Healing Trauma (Lanius et al., 2025)



Paul D. MacLean's Triune Brain

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Sensory Pathways To Healing Trauma (Lanius et al., 2025)



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Sensory Pathways To Healing Trauma (Lanius et al., 2025)



- Cortex** – The Thinking Brain: executive functions: learning, planning, logic, will, decision making
- Limbic System** – The Emotion Brain: feelings, relationships, nurturing, play
- Brain Stem** – The Survival Brain: vital functions: breathing, heartbeat, startle response, instincts

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Sensory Pathways To Healing Trauma (Lanius et al., 2025)

- **Hypervigilance**
 - Profound sensitivity to almost every sensation
 - The world is an unsafe place, constantly anticipating danger
 - Traps sensory information at the level of the thalamus, preventing connection with the reflective brain to provide integration and context
 - Sensory experiences become locked in the survival and emotional learning brain
 - Thalamocortical deafferentation (Krystal, 1995)
 - Sensory Disintegration
 - Sensory imprints from long-term memory are NOT retrieved from the posterior hippocampus, and connections are not formed with the reflective brain that help with interpretation that guides behavior

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Sensory Pathways To Healing Trauma (Lanius et al., 2025, p. 44)

- *“Ultimately, if you feel unsafe, if your survival brain overshadows your conscious experience, if the sense of your body in the present is significantly altered, your ability to challenge thoughts becomes profoundly diminished.”*
- *“Orienting the traumatized individual to safety in the external and internal worlds at the onset of treatment may be a gateway for cognitively focused treatments to achieve their full potential.”*

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Fostering an Implicit Sense of Safety

- **Safe-Place Imagery**
 - "Now you'll find yourself settling into a safe space or place, a special place, just right for you...Totally safe and protected... And as that becomes clear to you, you can describe it to me..."
 - Feedback their description commenting on feeling safe there
 - "And now you'll find that your attention will be drawn to some aspect of this scene that makes you particularly aware of how safe it feels to be there...and as that becomes clear, you can describe it to me..."
 - Feedback how that makes them feel safe
 - Suggest that each time they notice where they are, how the feelings of safety grow stronger...that the more time they spend there, the safer they will come to feel...

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Fostering an Implicit Sense of Safety

- **Safe-Place Imagery**
 - **Breath-Focus:**
 - "And as the body breathes in, notice the rise of the breath...and as the body breathes out, notice the fall of the breath"
 - "And as the breath switches over from the inhalation to the exhalation, notice the welcome sense of release that occurs...With each exhale the body releases stress, tension, and negative energy as it fills with comfort and soothing more and more..."
 - **Internalization of safety during safe place imagery:**
 - "And as the body breathes in, notice how it draws in these feelings of safety with each inhalation..."
 - "And as the body breathes out, notice how these sensations of safety settle into a deep sense of inner security..."
 - **Desensitization**

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Fostering an Implicit Sense of Safety

- **Safe-Place Imagery**
 - **Cue-controlled safety and security:**
 - "And as the body breathes in and draws in feelings of safety, float the word 'safe' through the mind"
 - "And as the body breathes out and those feelings of safety settle into a deep sense of inner security, float the word 'secure' through the mind"
 - "Safe and Secure" – pair with the patient's inhalation and exhalation

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Safety and Desensitization of Attachment

- **Secure Attachment Metaphors**
 - Elaborate on aspects of safe place scenes with aspects of secure attachment
 - Trees form protective boundaries and watch over you, keeping you safe
 - Harmony and working together in nature
 - Connection with nature
 - Care-giving of animals to their young
 - Sunlight feeds and nourishes
 - The ground supports and nourishes

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Fostering an Implicit Sense of Safety

- **Managing intrusions**
 - Suggest that the scene will change in some way to increase or reestablish safety
 - Instruct them to observe the intrusion and how it changes as the sense of safety grows stronger
 - **Float off to a safer place**
 - It's a good idea to suggest that safe places change to become even safer to create an expectation that things can be good and get better. However, if the scene doesn't change, the client is experiencing the right amount of safety for them at this time.

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Fostering an Implicit Sense of Safety

- **Managing negative expectations about safety**
 - "No place is safe, I've never been safe"
 - It is understandable that they do not feel safe, and this is the reason to work on this, and it will take some time to develop
 - Focus on the immediate sense of safety the patient experiences sitting in your office and gently amplify that
 - **Displacement imagery:** Suggest that they will see someone else who is able to experience a reasonable amount of safety, have them describe that person's scene, notice how that person experiences/feels that sense of safety, that as the focus and learn more fully how this sense of safety feels for that person, they will find that they come to feel it in themselves, and notice and describe how that feels to them

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Fostering an Implicit Sense of Safety

- **Managing negative expectations about safety**
- **Nothing safe comes to mind**
 - Suggest that the unconscious knows about safety and that more ways to experience safety will come to mind in the future and at the right pace for them
- PHS: "Between now and our next session, you'll find yourself thinking about your experiences in trance today and learning from them in a constructive way at a pace that is just right for you"

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Fostering an Implicit Sense of Safety

- **Paced Hypnosis for Safety Development:**
 - **Session 1:**
 - Safe place scene
 - Notice sense of safety
 - **Session 2:**
 - Safe place scene
 - Breathe in safety with inhalation & settle into deep inner security with exhalation
 - **Session 3:**
 - Safe place scene
 - Breathe in safety and settle into a sense of deep inner security
 - Add cue control of "Safe" and "Secure" to inhalation and exhalation
 - **Session 4:**
 - Safe place scene
 - Increase safety (surround the scene with a protective boundary)
 - Breathe safety and security with cue control.
 - **Session 5:**
 - Safe place scene with cue control
 - Generalization to daily activities
- Stay with each protocol until no anxious intrusions occur before moving to the next protocol

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Fostering an Implicit Sense of Safety

- Always begin and end with safe place imagery
- Sandwich any other work between safe place imagery
- If you split the observing and experiencing egos while doing exploratory work, always suggest that all the parts of the mind will come together in the safe place following the exploratory or other work
- Use time-expansion to foster internalization and maintenance
- Take or create opportunities to increase safety in a paced manner to promote mastery and positive outcome expectations
- Return to safe place imagery or use cue-controlled recall periodically through exploratory or trauma processing work

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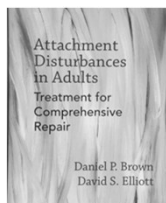
Fostering an Implicit Sense of Safety

- Never assume that a description a client provides you is negative, if uncertain, inquire as follows:
 - "Notice what this is like for you and words will come to mind to describe it to me..."
- Never attempt to amplify or generalize a sensation/experience unless you know that the client has described it as positive
- Avoid asking direct questions as this evokes the conscious mind to take an action, say "notice what _____ is like, and describe it..." **You want the hypnotic experience to unfold for the client and you want to be guided by and gently directing their experience at pace that is right for them**
- Appreciate that they will only experience as much safety as they are ready for and suggest that they can experience it at a pace that is right for them

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ATTACHMENT REPAIR



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ATTACHMENT REPAIR

- The Three Pillars Approach (Brown & Elliott, 2019)
 - I: Ideal Parent Figure Protocol
 - II: Metacognitive Interventions
 - III: Fostering Collaborative Capacity and Behavior

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FUNCTIONS OF SECURE ATTACHMENT

- Protection
 - Safety – the first experience of neuroception
- Attunement
 - Promotes self-reflection and metacognitive abilities
- Soothing and Reassurance
 - Promotes affect regulation
- Expressed Delight
 - Promotes healthy self-esteem
- Encouragement for Exploration
 - Promotes:
 - Separation-Individuation
 - Mastery and self-agency

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ATTACHMENT

- **Ideal Parent Imagery Hypnoprojectives**
(Daniel Brown, 2004, 2005, 2016)
 - Displacement imagery of a child with ideal parents that:
 - Are healthy, happy, and able to be available and present
 - Are so happy to be his/her parent and to be with her/him
 - Know how to protect and keep them safe
 - Are so very interested in the things he/she is interested in
 - Know just the right way to be with them
 - Know their true self and accept and value the person that they are
 - Know just the right way to nurture and support them in becoming the person they are meant to be
 - Know how to help and comfort them

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ATTACHMENT

- Process for displacement imagery
 - Observe and describe how they interact with the child
 - Observe how the child responds, and feels with them
 - Suggest that the patient come to experience similar feelings and a sense of being in the ideal parent imagery scene
 - Switch to first person if client describes themselves in the scene
 - Invite clients to enter the scene if they'd like to
 - Have them notice and describe what it is like to feel it in themselves
 - Imagine separations & reunions maintaining connection
 - Time expansion for internalization and maintenance

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CRITERIA FOR ADEQUATE STABILIZATION

- Establishment of Prerequisite Skills
 - **Neuroception of Safety**
 - Criteria for adequate internalization
 - Absence of anxious intrusions
 - Tolerance of increased safety
 - Readily accessible and generalizable
 - **Established Ideal Parent Figure protocol**
 - Criteria for adequate establishment
 - Able to access scenes without negative reactions
 - Able to experience positive affect associated with ideal parent-figure interactions
 - Addressed most prominent neglect wounds

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Fundamentals of Empowerment

- **Three fundamental states to create for facilitating trauma resolution, attachment repair, and empowerment**
 - **Safety** – Neuroception of safety activates the social engagement system that allows for attachment development
 - **Ego-strengthening/Mastery** – Self-efficacy & agency
 - Review recent positive coping experiences and focus on sense of accomplishment/achievement/empowerment
 - **Positive emotional states**
 - Amplify states of positive emotions, but be prepared to support pacing

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INTERMEDIATE WORKSHOP

INSIGHT-ORIENTED & EXPLORATORY TECHNIQUES

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IDEOMOTOR EXPRESSION OF IMPLICIT MEMORY

- Gouchou, Rensink, & Fels (2012) utilized a Ouija board response to investigate ideomotor expression of implicit semantic memory.
- When subjects did not consciously know answers to questions, the accuracy of their volitional report was 50% but the accuracy of their ideomotor response was 65%

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PURPOSES OF INSIGHT-ORIENTED TECHNIQUES

- Understand and process factors/experiences contributing to specific:
 - Symptoms/behaviors
 - Affects
 - Cognitions/beliefs
- Explore and identify new coping strategies
 - Promote problem-solving and mastery

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PREPARATION FOR INSIGHT/EXPLORATION

- Prior to using insight-oriented and exploratory techniques regarding specific symptoms/issues that may be associated with intense affects or repressed material, it is wise to establish a set of emotion-stabilizing strategies to help contain intense emotions and promote readiness for integration of insights:
 - **Breath Focus** (Sense of release with each exhale)
 - **Safe-Place/Soothing Imagery**
 - **Relaxing/Pleasant Scene Imagery**
 - **Ego-Strengthening** (e.g., calm and confident)

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IDEOMOTOR SIGNALING

- **Finger signals to:**
 - **Confirm attainment of particular states**
 - **Confirm completion of suggested tasks**
 - **Inquire about:**
 - Presence of subconscious motivations/purposes of symptoms
 - Presence of additional information to explore
 - Readiness of the conscious mind to know of subconscious information
 - Answers to various process questions, e.g., readiness to proceed

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IDEOMOTOR SIGNALING

- **Finger signals:**
 - **"Yes/No" format**
 - **Four choice format:**
 - "Yes"
 - "No"
 - "I don't know"
 - "I don't want to say"
 - Chose the fingers or let the unconscious mind choose
 - "Now one of the fingers will become light and buoyant and lift all by itself to signal "yes, no, ..."

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RAPID IDEOMOTOR EXPLORATION

- **Seven Common Causes of Psychosomatic Disorder (COMPISS)**
(Cheek, D. & LeCron, L., 1986; Ewin, D. & Eimer, B., 2006)
 - Explain to the client each of the following possible contributions to his or her symptoms. Then while in trance, state:
 - *As you reflect on your (problem/concern), do you think you are being affected by:*
 1. **Conflict** – *Wanting to do something / but knowing you should do the opposite or something else?*
 2. **Organ Language** – At a subconscious level, metaphors can be internalized literally, e.g., a pain in the neck, stabbed in the back, can't stomach it... *Something that is bothering you but has been unconsciously directed to a specific body part or organ?*

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RAPID IDEOMOTOR EXPLORATION

- **Seven Common Causes of Psychosomatic Disorder (COMPISS)**
 - *As you reflect on your (problem/concern) do you think you are being affected by:*
- 3. **Motivation** – Symptom is a solution, better than something else
As you reflect on _____, do you think it helps or protects you in some way?
- 4. **Past Experience**
Something that happened prior to this that sensitized you?
- 5. **Identification**
A strong emotional attachment to another person who had or has the same symptom?

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RAPID IDEOMOTOR EXPLORATION

- **Seven Common Causes of Psychosomatic Disorder (COMPISS)**
 - *As you reflect on your (problem/concern):*
- 6. **Self-Punishment or Imagined Guilt**
Did something happen before this that you feel guilty about or a need to punish yourself?
- 7. **Suggestion** – Imprinted or fixed idea, either self-generated or stated by another at a time of heightened emotions or emotional vulnerability
Do you think it has something to do with something someone said to you or a thought that you had?

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RAPID IDEOMOTOR EXPLORATION

- **Seven Common Causes of Psychosomatic Disorder (COMPISS)**
(Cheek, D. & LeCron, L., 1986; Ewin, D. & Eimer, B., 2006)
- When you get a “yes” response, ask:
 - *Would it be OK for the conscious mind to know this?*
 - If “no,” *what would be necessary to make this safe to happen?*
 - *Would it be OK to share this information with me?*
 - If “no,” *what would be necessary to make this safe to happen?*

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AFFECT MANAGEMENT STRATEGIES

- **Well-established access to a Felt Sense of Safety**
- **Affect Dial**
- **TV Remote** (Start/stop, change programs, lower volume)
- **Split Observing and Experiencing Egos**
 - “And as you remain in this safe and protected space and continue to experience this sense of safety and security, a part of you can go back in time, to...”
 - **IMPORTANT:** Always reconnect the egos prior to realerting: “And now all the parts of you can come together in this safe and protected place.”
- **Telescoping/Distancing**

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AFFECT, SENSORY, & COGNITIVE BRIDGE TECHNIQUES

- Identify and amplify specific feeling, sensation, or cognition/belief
- Suggest that this feeling, sensation, or belief will act like a bridge and take them back in time to a situation or experience that has something to do with the maintenance or development of it
 - Then trace back further in time to other events and only later go back to the originating event
- **Linking Interpretation:** “And now and in the future, whenever you experience (the symptom), you will recall where it came from”
- **Respect defenses** and suggest that clients will learn from experiences at a pace that is right for them and in a constructive manner
- **Corrective Emotional Experience – Memory Reconsolidation Update**
 - Ideal Parent Figure Protocol applied to identified scene

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HYPNOPROJECTIVES

- A method for having subjects symbolize inner resources or solutions that are not available to their conscious mind or explore/gain insight about an issue, feeling, belief, etc.
- Use **Graded Posthypnotic Suggestions** for insight
 - “The more you reflect on the images you saw today, the more you will learn/understand/be informed by them in a constructive manner and at a pace that is just right for you.”
- Use the **Displacement** approach to overcome negative self-efficacy
 - “Now you will see a short program about someone who has discovered a way to ...” After two successful scenes: “about someone quite similar to yourself”

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HYPNOPROJECTIVE TECHNIQUES

- TV/Theatre Technique
- Library
- Crystal Ball
- Old House
- Old Painting
- Hypnotic Dream
- Anagrams
- Clouds

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EGO STRENGTHENING AND EMPOWERMENT

Ciara Christensen PhD

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Learning Objectives

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

- Identify three benefits of incorporating ISRRM into hypnotic work with clients/patients.
- Identify two hypnotic techniques used in ISRRM
- List two client benefits of incorporating self-hypnosis into their ISRRM practice.

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value of ego strengthening

- The positive value of ego strengthening and therefore its use in any hypnotic encounter has perhaps the most agreement.
- In fact, most clinicians would, without hesitation, agree that ego strengthening is an essential ingredient of hypnosis and for self hypnosis.

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History of ego strengthening

- Historically, there has been an evolution in the ways therapists have viewed ego strengthening. In both shamanic and ancient temple healings, the interaction of the afflicted individual with the healer priest was considered to be of the utmost importance (Ellenberger, 1970).

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History of ego strengthening

Or said another way,

The patient's ego was, presumably, so sufficiently strengthened by their encounter with this magical, powerful figure that it could participate in the cure.



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History of ego strengthening



- Claire Frederick and Shirley McNeal mention, the concept of a necessary, special relationship between the patient and the therapist healer became known, as rapport.

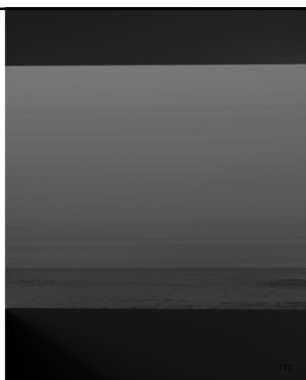
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History of ego strengthening

Janet (1897) was of the impression rapport was a "necessary gateway" for healing to occur in therapy.

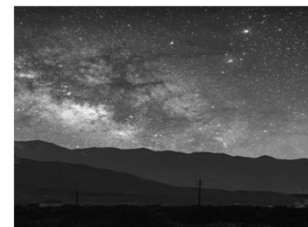
According to Janet, rapport was the emergence of the patient's dependency needs that became focused on the therapist.



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History of ego strengthening

- Through the relationship, with the therapist as the guide and a person to **transfer** troublesome material to - the patient would uncover deeper understandings, and ego strength



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History of ego strengthening

Building on Janet's work this can also be traced to Freud, who theorized we need to strengthen the function of the ego to mediate the impulsive id and critical superego so we can be more functional & happy

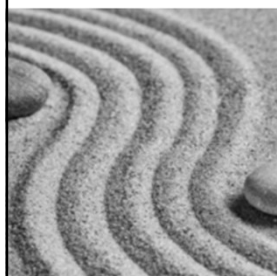
Over time, this concept has evolved - as giving suggestions to strengthen a person's internal sense of self & awareness of inner resources



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Why use ego-strengthening?



- Ego-strengthening is intended to:
- Instill hope, optimism, positive expectancy
- Increase a person's sense of competence and confidence and resourcefulness
- Bring awareness to a person's coping abilities & reinforce them
- Reduce fear, helplessness, hopelessness, or despair
- Reinforce a positive self-image & self-reliance

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Ego-Strengthening


Role of Positive Affect

- **Positive Emotions are generators of therapeutic change** (Fitzpatrick & Stalikas, 2008)
- **Broaden-and-Build theory** (Fredrickson, 2000)
- Positive emotions loosen the constrictive hold of negative emotions
- Broaden an individual's momentary thought-action repertoire and build personal resources for coping
- Contentment and joy speed recovery from the cardiovascular effects of negative emotions (Fredrickson & Levenson, 1998)

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Hartland- Ego-strengthening in hypnosis



- John Hartland, MD (1965) Believed no one would give up symptoms until they felt strong enough to do so.
- Gave 8-minutes of ego-strengthening suggestions & found it shortened treatment time, reduced anxiety, and increased pts. confidence in their coping abilities.

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Ego-Strengthening

"Ego-strengthening is the most important thing a therapist can do and when it is done successfully, it acts as an integrating mechanism that bridges the gap between insight and the actualization of change...in short-term and long-term therapy."


McNeal & Frederick, 1993, 1999

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When to use ego-strengthening?

Everyone can benefit, but ego-strengthening is especially useful for clients struggling with:

- Anxiety, depression, trauma
- Feeling hopeless or powerless
- Feelings of shame, guilt, low self-worth & self-confidence
- Fear re: medical procedure



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Ego-Strengthening

- **Ego-strengthening is necessary for:**
 - Actualization of desired behavioral/interpersonal changes
 - Effective self-care
 - Prerequisite for effective trauma processing and integration

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Ego-Strengthening

External Techniques

- **Hartland's (1966) therapist's repetitive suggestions for health:**
 - You will feel more alert, more energetic, physically stronger and fitter each day and will tire less easily
 - Your mind will feel calmer and you can think more clearly
 - You will be less easily disturbed, more relaxed, filled with greater confidence and more optimistic with each day

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John Hartland's Suggestions (1966)

- Every day... you will become so deeply interested in whatever you are doing... in whatever is going on around you... that your mind will become completely distracted away from yourself... you will no longer dwell nearly so much upon yourself and your difficulties... and you will become much less conscious of yourself... much less preoccupied...
- Every day... your nerves will become stronger and steadier... your mind calmer and clearer... more composed... more placid... more tranquil... Every day... you will become emotionally much calmer... much more settled...
- And as you become... and as you remain... more relaxed... and less tense each day... so... you will develop much more confidence in yourself... more confidence in your ability to do... whatever you ought to be able to do... without fear.
- Hartland, J. (1966) Medical and dental hypnosis. Londra, Bailliere, Tindall, Cassell.

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Ego-Strengthening internal techniques

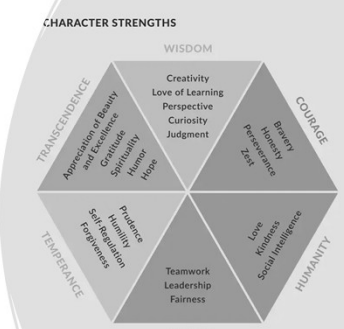
- States of safety
- Connection
- Comfort
- Calm
- Well-being
- Resourcefulness
- Creativity
- Courage



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Character strengths & virtues

- Martin Seligman and Chris Peterson (2004) VIA Survey of 24 Character Strengths
- Seligman's research shows that when a person recognizes these innate strengths, they can use them more intentionally to overcome challenges and find fulfillment in life.




Peterson & Seligman (2004) VIA Survey of Character Strengths

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Begin suggestions with words like:

- Acknowledging
- Discovering
- Adapting
- Accessing
- Remembering
- Recalling
- Applying
- Learning
- Creating
- Building
- Enhancing
- Recognizing
- Affirming



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Use Truisms


Point out abilities, experiences, or strengths that the patient can't deny:

1. There are many times in life in which something that you've mastered something that initially weren't sure how to do such as when (you learned to write your name... ride a bike... Drive a car... Or whatever is meaningful to your client)
2. You have more wisdom, power, compassion because of what you've been through. It's not the way you wanted to get it, but you've got it. And no one can take that away from you.
3. You have have done so much [or worked so hard] and have been able to (get yourself here today... put food on the table for your family, overcome obstacles)
4. You really care about people and have helped many people in your life...
5. And there have been many times in life you have wondered how you were going to do something, and step-by-step you managed to make it happen.

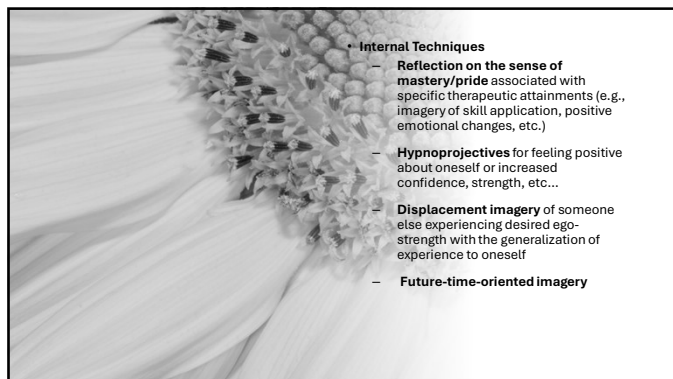
Barber, T. X. (1990) in D. C. Hammond's Handbook of Hypnotic Suggestions, p. 118; Connelly, J. (2014).

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When people reconnect with their own resources, inarguably present in their history, it is often a moving and transformative experience for them (Yapko, 2015)



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- **Internal Techniques**
 - **Reflection on the sense of mastery/pride** associated with specific therapeutic attainments (e.g., imagery of skill application, positive emotional changes, etc.)
 - **Hypnoprojectives** for feeling positive about oneself or increased confidence, strength, etc...
 - **Displacement imagery** of someone else experiencing desired ego-strength with the generalization of experience to oneself
 - **Future-time-oriented imagery**

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Hypnoprojectives for feeling positive about oneself or increased confidence, strength, etc.

“Now you’ll find yourself settling into a safe and protected space or place where you’ll feel particularly good about yourself in some way... (describe scene)”

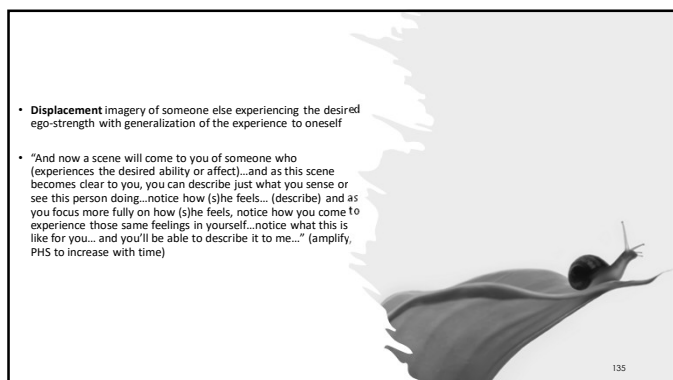
“Now you’ll find your attention drawn to something or some aspect of this scene related to a positive characteristic of yourself...” (describe it, notice its positive aspect(s))

“And as you observe more closely (state the positive aspects), you’ll find yourself recognizing and experiencing those aspects in yourself...Notice what that’s like... and you’ll be able to describe it to me.”

“And now, although only a few minutes of clock time will pass it will seem much longer, long enough for this experience of to grow stronger and clearer as it becomes so familiar that it will remain with you and continue to grow stronger as time passes.”

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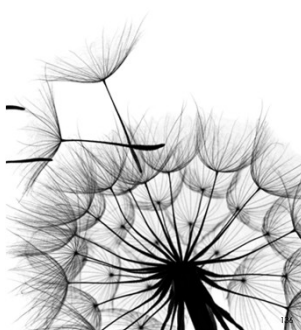
- **Displacement** imagery of someone else experiencing the desired ego-strength with generalization of the experience to oneself
- “And now a scene will come to you of someone who (experiences the desired ability or affect)...and as this scene becomes clear to you, you can describe just what you sense or see this person doing...notice how (s)he feels... (describe) and as you focus more fully on how (s)he feels, notice how you come to experience those same feelings in yourself...notice what this is like for you... and you’ll be able to describe it to me...” (amplify, PHS to increase with time)

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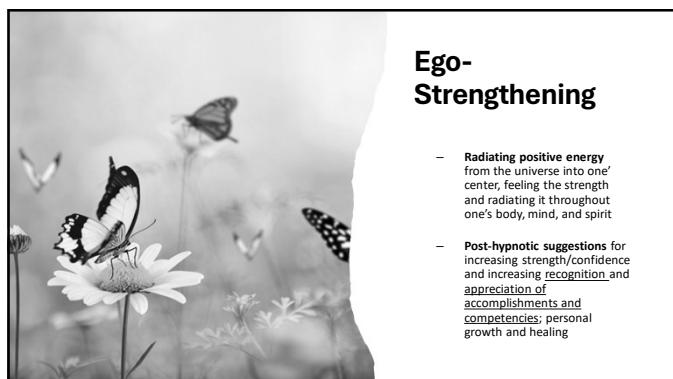
Future-time-oriented imagery

- “Now you’ll find that you can see yourself at some time in the future when this (ego strength) is with you all the time, has become automatic and natural... notice what it’s like to go about your life feeling this way all the time...(have client describe, amplify)...and it’s good to know that with each passing day, you are getting closer to feeling this way all the time...”



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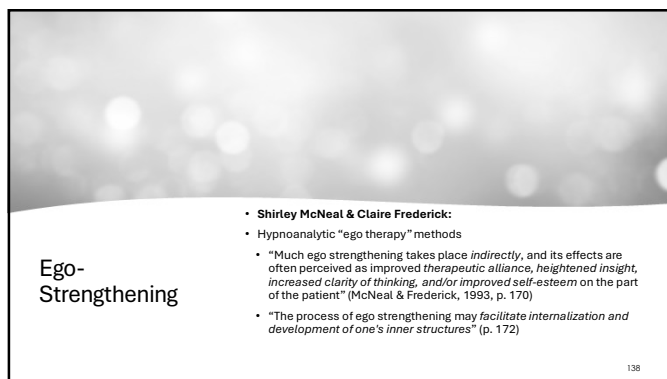


Ego-Strengthening

- **Radiating positive energy** from the universe into one’s center, feeling the strength and radiating it throughout one’s body, mind, and spirit
- **Post-hypnotic suggestions** for increasing strength/confidence and increasing recognition and appreciation of accomplishments and competencies; personal growth and healing

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Ego-Strengthening

- **Shirley McNeal & Claire Frederick:**
- Hypnoanalytic “ego therapy” methods
- “Much ego strengthening takes place *indirectly*, and its effects are often perceived as improved *therapeutic alliance, heightened insight, increased clarity of thinking, and/or improved self-esteem* on the part of the patient” (McNeal & Frederick, 1993, p. 170)
- “The process of ego strengthening may *facilitate internalization and development of one’s inner structures*” (p. 172)

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• Connecting with one's Inner Strength
(Frederick & McNeal, 1999)


"Think back to a time when you made it through a very difficult experience and wondered how you got through it. It was your deep inner strength that pulled you through. It's been with you from the very beginning and will always be with you. Notice now how you can sense that deep inner strength within you... notice what it feels like...and how it grows stronger and clearer as you focus on it..."

- Have the patient describe it, and amplify it ("notice how it grows stronger with each inhalation and fills the body and mind more completely with each exhalation")
- Suggest that it will continue to be clear to them and will help them move forward in constructive ways whenever needed


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Affirm progress



"Starting now, you can begin to focus more on your strengths and positive aspects... you can become more aware of your ability to overcome obstacles... your caring and love for people... your growing ability to be at ease and enjoy life..."




"More and more you will find yourself better able to become the person you want to be... as you can be... as you will be."

Barber, T. X. (1990) in D. C. Hammond's *Handbook of Hypnotic Suggestions*, p. 118; *ASCH Standards of Training* (2019).


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Affirm hypnosis skills




Isn't it nice to know that there is such a peaceful place in you?



You can be pleasantly surprised by the strengths that you were not aware you possessed.



As you learn the skills of creating this comfort... it will help you... calmly, comfortably and easily through your upcoming procedure... and experience rapid recovery afterwards... to restore optimal function... and balance... and comfort...



...and I wonder how interesting it might be... to discover... how your mind... and body find just the right way to...

ASCH Standards of training (2019), p. A-55

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Desired future self/best possible self



- Age progression technique
- Studies have shown immediate increases in optimism, positive affect, well-being, & even physical health with lasting effects.
- Viktor Frankl used to survive concentration camps


Armstrong, C. (2019); Frankl, V. (2006). Loveday, Lovell, & Jones (2016)

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Peaceful place qualities

1. Recall a time when you saw something in nature that was "beyond beautiful" or a moment of awe... or flow.
2. Deepen their absorption in that moment.
3. Suggest the "place" or "moment" didn't drop those feelings inside them— it brought to their awareness where they have peace, joy, awe, excitement inside of them... and it's still there. It's part of their essence.




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Anchors- Breath-symbol imagery & other ideas

1. Identify 3-4 internal qualities or strengths that your client would like to access within themselves (Ex: *Calm, confident, strong*)
2. Imagine your mind working that way... Imagining what that would feel like, look like, sound like...
3. Now let's create a symbol that will represent your mind working that way... Calm, confident, strong... perhaps a wild animal or something in nature (Connelly, 2014)



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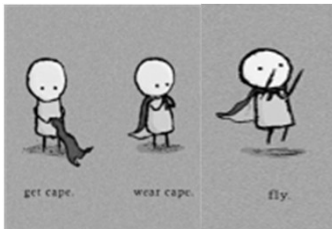


Anchor the resource state

- Helpful to “anchor” person’s desired state so they can call it back up whenever they want or need it
- Anchors usually involve a sensory oriented activity you can associate with the desired state:
 - Rubbing or pressing thumb and forefinger together
 - Symbolic metaphor
 - External object like a stone
 - Phrase, song, mantra
 - Physical movement or gesture

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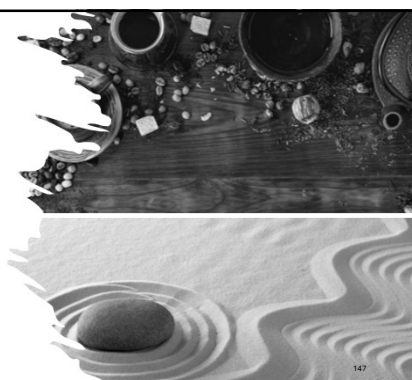
Final thoughts on ego strengthening



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Final thoughts on ego strengthening

- In closing..
 - What are some ego strengthening techniques you enjoy using and why?



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Small Group Practice 1

Hypnotic Neuroception of Safety



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Small Group Practice 1

- **Elicitation: Increased Support**
 - Allow yourself to settle comfortably in the chair and close your eyes
 - Notice the sensations of the chair making contact with the body...
 - Notice how securely the chair holds and supports the body...
 - And as you appreciate how securely the body is held and supported by the chair, you'll be able to relax into that support as you come to experience that support more fully in some way...

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Small Group Practice 1

- **Elaboration: Breath Focus**
 - Allow the body to breathe on its own as you observe the rise of the breath as the body breathes in, and the fall of the breath as the body breathes out...
 - Notice the sensations you experience as the body breathes in as the breath rises, and out as the breath falls...now, allow the breath to become a little slower and more natural with each exhale...
 - And as the breath switches over from the inhalation to the exhalation, notice the welcome sense of release that occurs and how the body relaxes more and more...

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Small Group Practice 1

- **Paced deepening**
 - Along with the exhale and that welcome sense of release, notice how your sensations and experiences change as you move off to that familiar, safe, and comfortable state of trance. Gently, going deeper with each exhale to a depth of trance that's just right for you today...
- **Safe-Place Imagery**
 - And as you reach a welcome depth of trance, you'll find yourself settling into a safe space or place, a special space or place just right for you, totally safe and protected... And as that becomes clear to you, words will come to mind to describe it, and you'll be able to share it with me...
 - Yes, notice how safe it feels to be _____ (the space or place they described)

151

Small Group Practice 1

- **Identify aspects that increase the sense of safety**
 - And now you'll find that your attention will be drawn to some aspect of this scene that makes you particularly aware of how safe it is to be there...and as that becomes clear to you, you will be able to describe it to me...
- **Amplify**
 - Each time you notice _____ (this aspect) or _____ (where they are), you'll find these feelings of safety grow stronger and clearer, and the more time you spend here, the safer you will come to feel...

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Small Group Practice 1

- **Embellish the characteristics of the safe place scene**
 - Notice how this ____ (describe the place or space) is your special place (or space), how it is ____ (e.g., secluded, hidden from the rest of the world, where only you or those you want with you can be) ...
- **Identify higher-order experience (optional first time)**
 - Notice what it's like to experience these welcome feelings of safety and security in _____ (describe space or place) so fully throughout your body and mind... And words will come to mind to describe this, and you'll be able to share this description with me...
- **Blend and Internalize (facilitate implicit memory)**
 - Yes, notice how these feelings/sense of safety and (higher-order experience) grow stronger and clearer with each breath and exhale as they fill the body and mind to your satisfaction...

153

Small Group Practice 1

- **Cue-controlled safety and security:**
 - And as the body breathes in and draws in these feelings of safety, float the word 'safe' through the mind...
 - And as the body breathes out and those feelings of safety settle into a deep sense of inner security, float the word 'secure' through the mind...
 - "Safe and Secure" (pair with the patient's inhalation and exhalation)
 - Notice how each time the words safe and secure float through the mind, the feelings of safety and deep inner security grow stronger and clearer...

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Small Group Practice 1

- **Time distortion for maintenance**
 - And now, although only a few minutes of clock time will pass it will seem much longer, long enough for the feelings of safety and deep inner security to grow stronger and clearer as they become so familiar that they will remain with you and continue to grow stronger as time passes... (wait for 60-90")
- **Generalization imagery (not the first time using safe-place imagery)**
 - Now you'll find that these feelings of safety and deep inner security will remain with you as you see yourself going about your daily activities...notice what it's like to feel so safe and secure as you go about your activities (option of describing and blending)
- **Blend (if you elicited a higher perspective) and Internalize (facilitate implicit memory)**
 - Notice how these feelings of safety grow stronger and clearer with each breath and exhale, filling the body and mind to your satisfaction...

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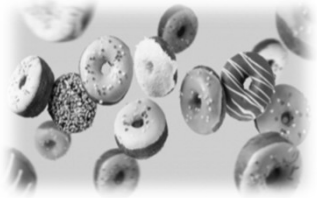
Small Group Practice 1

- **Generalization and reorientation**
 - And now, as these welcome feelings of safety and deep inner security remain with you, notice how securely the chair holds and supports your body as you focus on being at home today, feeling your feet making contact with the floor, noticing the sounds around you...
- **Realert**
 - And now you'll find that you can return yourself to your fully alert state at a pace that's right for you, and when your eyes open, that will be your way of indicating that you are fully alert, the mind refreshed and clear, all healthy feelings remaining with you and ready to learn...

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Management of Habits



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158

Effectiveness of Hypnosis

- ▶ **Pediatric Habit Cough**
 - ▶ **Anbar, R. & Hall, H. (2004)**
 - ▶ Self-hypnosis for relaxation and ignoring cough-triggering sensation
 - ▶ 51 children and adolescents
 - ▶ 78% more resolved during or immediately after treatment
 - ▶ 12% more resolved by one month following treatment

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Effectiveness of Hypnosis

- ▶ **Pediatric & Adolescent Trichotillomania**
 - ▶ **Kohen, D. (1996)**
 - ▶ Five cases of developmentally matched treatment
 - ▶ Self-control model
 - ▶ Self-monitoring
 - ▶ Dissociative hypnotic techniques
 - ▶ Self-hypnosis

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Effectiveness of Hypnosis

- ▶ **Weight Management**
 - ▶ **Kirsch, Montgomery, & Sapirstein (1995)**
 - ▶ Meta-analysis of CBT vs. CBT + hypnosis
 - ▶ Hypnosis significantly improved outcome – 70% receiving hypnosis did better
 - ▶ Hypnosis associated with continued weight loss after treatment
 - ▶ **Hypnotizability is positively related to outcome**
 - ▶ M. Barabasz & Spiegel, (1989)
 - ▶ Jupp, Collins, McCabe, & Walker (1986)

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Effectiveness of Hypnosis

- ▶ **Weight Management**
 - ▶ **Milling, Gover, & Moriarty (2018)**
 - ▶ **Meta-analysis of CBT vs. CBT + hypnosis**
 - ▶ Small effect size at the end of treatment (0.25, $p \leq .05$)
 - ▶ **Large effect size at follow-up** (0.80, $p \leq .001$)
 - ▶ Hypnosis significantly improved outcome – 60% did better at the end of the treatment
 - ▶ 79% did better at follow-up
 - ▶ **Meta-analysis of hypnosis vs. control condition**
 - ▶ Large effect size at the end of treatment (1.58, $p \leq .001$)
 - ▶ Large effect size at the longest follow-up (0.88, $p \leq .001$)

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Effectiveness of Hypnosis

- ▶ **Weight Management**
 - ▶ **Delestre, Lehericy, Estella, et al. (2022)**
 - ▶ **HYPNODIET**
 - ▶ Randomly assigned 70 adults with a BMI of 30-40 kg/m²
 - ▶ 8 nutrition education workshops and the same with hypnosis and self-hypnosis
 - ▶ After 8-month follow-up significant reduction in:
 - ▶ Eating Disinhibition scores
 - ▶ Susceptibility to Hunger scores
 - ▶ Weight ($p = .052$)
 - ▶ BMI ($p = .028$)

Hypnosis sessions:

- Induction guiding patients to feel safe
- Nature metaphor for change
- Reorientation
- PHS for comfort and use of self-hypnosis

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Effectiveness of Hypnosis

163

► **Weight Management**

► **Bo, Rahimi, Goitre et al. (2018)**

- 120 adults with a BMI of = 35-50 kg/m² randomly assigned
- Exercise, behavioral recommendations, and individualized diets; Intervention group also receive 3 self-hypnosis sessions
- At the end of 1-year trial:
 - Similar reductions in weight
 - Habitual hypnosis users:
 - Reduced caloric intake and weight
 - Lower C-reactive protein values
 - Higher Satiety scores
 - Better Quality of Life

Self-hypnosis use before each meal or food-compulsion occasion for about 3 minutes:

- 10 sec induction
- 2 mins safe-place thinking
- Muscle relaxation & mental well-being
- 30 secs to reorient/realert

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Effectiveness of Hypnosis

164

► **Weight Management**


► **Nutu & Zagrean (2024)**

- 50 adults with a BMI of > 26 kg/m²
- 12 CBT sessions with hypnosis and self-hypnosis
- After 6-month follow-up significant reductions in:
 - BMI
 - Uncontrolled eating
 - Depression
 - Low self-esteem
 - Reductions in emotional eating, stress, & anxiety

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Behavioral Management of Weight

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Brownell, Kelly. *The Learn Program for Weight Management*. American Health Publishing Company, 2004.

165

Behavioral Management of Weight

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► **The LEARN Program (Brownell, 2004)**

- Have a dietary plan based on appropriate nutrition
 - Eat regular meals and healthy snacks to avoid excessive hunger and maintain metabolism
- Keep a diet diary
- Stimulus Control
 - Keep food out of sight
 - Only bring appropriate quantities into the house
 - Eat at the table, without TV, eat slowly & mindfully, take moderate portions
- Plan for eating out, get the menu in advance, and plan your order
 - Have half the meal wrapped to take home before it gets to the table

Brownell, Kelly. *The Learn Program for Weight Management*. American Health Publishing Company, 2004.

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Behavioral Management of Weight

167

► **Primary skills related to weight loss and maintenance:**

► **Meta-analysis by Jacob et al. (2018)**

- CBT was more effective than Behavioral Therapies in promoting:
 - Cognitive Restraint & reduced Emotional Eating
 - Flexible Cognitive Restraint but not Rigid Cognitive Restraint
- **Phelan, et al. (2020)**
 - Weight loss maintainer at 3.3 years (≥ 9.1 kg in Weight Watchers) made more frequent use of
 - Healthy dietary choices *
 - Self-monitoring *
 - Psychological coping *
 - Willingness to ignore food cravings
 - Greater habit strength for healthy eating *

* Contributed independently in a multiple discriminant analysis (49.5% of the variance)

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Behavioral Management of Weight

168

► **Hartman-Boyce, et al. (2018) Cognitive-Behavioral Strategies**

- **Greater weight loss was associated with:**
 - **Motivational Support**
 - "I told others about my weight loss goals to help me stick to them."
 - **Planning and Monitoring**
 - Information seeking: nutrition, calories, portion sizes
 - **Dietary Impulse Management:**
 - Distraction, acceptance, awareness
- **Frequent use of 7 or more of 9 essential strategies "most of the time":**
 - Food and weight targets, motivation, meal planning, monitoring, healthier food choices, keeping unhealthy food out of the house, impulse management strategies to employ when cues to eat are presented, and self-weighing.

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Effectiveness of Hypnosis 169

- ▶ **Smoking Cessation**
 - ▶ **Ekanayake & Elkins (2025)**
 - ▶ Systematic review on hypnotherapy and smoking cessation
 - ▶ **Conclusions:**
 - ▶ Efficacy of hypnotherapy is positive
 - ▶ Positive impact studies had longer average treatment durations and a greater number of hypnotherapy sessions

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Effectiveness of Hypnosis 170

- ▶ **Smoking Cessation**
 - ▶ **Elkins, Marcus, Bates, Rajab, & Cook (2006)**
 - ▶ Hypnotic Relaxation Therapy
 - ▶ Intensive approach
 - ▶ 40% cessation at 26 weeks, biologically verified
 - ▶ **Spiegel, H., 1970; Green & Lynn, 2000)**
 - ▶ 20% or less when biologically verified

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Effectiveness of Hypnosis 171

- ▶ **Smoking Cessation**
 - ▶ **Hasan, Zagarins, Pischke, et al. (2014)**
 - ▶ Random assignment of patients hospitalized for cardiac or pulmonary illness to Nicotine Replacement (NRT), 90-minute hypnosis with standardized relaxation and smoking cessation recording, or both
 - ▶ Hypnotherapy patients were more likely to abstain than NRT patients at 12 and 26 weeks after hospitalization
 - ▶ Hypnosis and Hypnosis/NRT were three times more likely than NRT participants to abstain at 26 weeks post-discharge
 - ▶ **Emphasized:** Good health & healing, dissociate pleasant affectivity from nicotine, building self-worth, and urge control to resist smoking

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Smoking Cessation 172

- ▶ **Self-Regulation Skills**
 - ▶ Self-Monitoring (WRAP Sheet)
 - ▶ Quota Method
 - ▶ Nicotine fading
 - ▶ Identify alternative strategies
 - ▶ Set Quit Date
 - ▶ Address grief issues

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Smoking Cessation 173

▶ **WRAP Sheet**

Wrap Sheet

Time	Situation	Purpose Served	Desire 1 - 10
1.			
2.			
3.			
4.			
5.			
6.			

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Peniston Protocol 174

- ▶ **Substance Abuse Disorders** (20+ years of Alcoholism)
 - ▶ **The Peniston Protocol (Peniston, E. & Kulkosky, 1989)**
 - ▶ Autogenic Training and Rhythmic Breathing (6-7 sessions)
 - ▶ Thermal biofeedback to warm hands and feet to 95° F
 - ▶ 15 30-minute Alpha-Theta sessions 5X/wk with instruction to keep mind quiet, body relaxed, & sink down into a state of reverie
 - ▶ Visualize:
 - ▶ Abstinence/alcohol rejection scenes
 - ▶ Scenes of normalization of their personalities
 - ▶ Relapse rates at 13-month follow-up (confirmed)
 - ▶ Treatment 20%
 - ▶ Control 80%

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Peniston Protocol

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- ▶ **Substance Abuse Disorders** (20+ years of Alcoholism)
 - ▶ **The Peniston Protocol** (Peniston, E. & Kulkosky, 1989, 1990)
 - ▶ Significant positive changes in depression (BDI) and aspects of personality (MMPI-2, 16-PF, & MCM)
 - ▶ **Callaway, T. & Bodenhamer-Davis, E. (2008)**
 - ▶ 74-98-month follow-up on Peniston, E. & Kulkosky (1989, 1990)
 - ▶ 81% (n=13) of treated participants were abstinent
 - ▶ **Pekala, Kumar, Elliot, Masten, Moon, & Salinger (2004)**
 - ▶ 261 Veterans in SA Residential Rehab Treatment Program
 - ▶ Use of self-hypnosis audiotapes 3-5x/wk was associated with highest levels of self-esteem, serenity, and least anger/impulsivity compared to minimal practice and control groups. No differences in relapse rate at 7-week follow-up
 - ▶ Hypnosis as means of attaining constructive altered states of consciousness/serenity

175

Transtheoretical Model of Change

176

- ▶ **Precontemplation**
 - ▶ Unmotivated, see no need for change
- ▶ **Contemplation**
 - ▶ Awareness and acknowledgment of the problematic behavior with serious consideration to change
- ▶ **Preparation**
 - ▶ A person can easily acknowledge that a behavior is problematic and can make a commitment to correcting it
- ▶ **Action**
 - ▶ People in this stage are willing to receive assistance and are making changes. Considering potential hurdles to overcome and developing plans to manage them
- ▶ **Maintenance**
 - ▶ Individuals have maintained behavior change for more than six months

Prochaska JO, DiClemente CC, Norcross JC. (1992). In search of how people change. Applications to addictive behaviors. *American Psychologist*, 47(9), p.1102-14.

176

Stages Of Change

177

- ▶ **Pre-contemplation**
 - ▶ Hypnoprojectives for motivation
 - ▶ Ego-strengthening
- ▶ **Contemplation/Preparation**
 - ▶ Motivation and ego-strengthening
 - ▶ Assess triggers, self-monitor
 - ▶ Desensitization of triggers
 - ▶ Coping response enumeration

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Stages Of Change

178

- ▶ **Action**
 - ▶ Application and rehearsal of coping strategies
 - ▶ Problem-solving/Mastery of proximal barriers to change
 - ▶ Ego-strengthening
- ▶ **Maintenance**
 - ▶ Relapse Prevention training
 - ▶ Future-time oriented imagery
 - ▶ Booster sessions
 - ▶ Ego-strengthening

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Stages Of Change

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Precontemplation

179

Motivational Enhancement

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- ▶ Now you'll see a scene of someone who over time has discovered a reason for _____ and has begun to genuinely feel ready to make changes... and you'll be curious to see just what this person has discovered and how it helps him or her
- ▶ Now, another scene will come to you involving a different person who discovered an even more compelling reason to take his _____ problem seriously and begin to take the steps necessary to move forward in a constructive way
- ▶ Now, a scene of someone quit like yourself...
- ▶ And now, as you reflect on these images, notice how these reasons were helpful to these people and how they inform you about ways that you can become genuinely motivated
- ▶ **Explore "resistance"/inhibiting factors if necessary**

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Motivational Enhancement

181

► Future-time Oriented Imagery*

- Now you will find that you can see yourself at some time in the future when you have discovered just the right reasons for _____ and genuinely find yourself ready for change
 - A time when you have made the desired changes... notice what you see yourself doing, just how it feels to be this way... how you come to feel those positive feelings in yourself right now...
 - Look back and reflect on what was helpful to you, the first steps you took, etc....
- Post-hypnotic suggestion for learning constructively and getting closer and closer to that time of feeling genuinely motivated and ready for change

*Component of all successful empirical studies.

181

Motivational Enhancement

182

► Revivification of prior times of motivation or success

- Identify and amplify positive affective experience
- Ego-strengthening through this positive experience
- Graded PHS for increase

182

Stages Of Change

183

Contemplation & Preparation

183

Hypnotic Habit Control Protocol

184

- Ego-strengthening and generalization of relaxation to the home and work environments
- Hypnotic Identification of Triggers & High-Risk Situations
- Increase awareness of triggers
 - Visualize self going about daily life with increasing recognition of the very first signs of an urge/desire to _____ and awareness of the situations, thoughts, and feelings associated with the urge or desire
 - Post-hypnotic suggestion (PHS) for increasing awareness of events, thoughts, and feelings immediately preceding the desire to _____
- Desensitization of Triggers & High-Risk Situations

184

Hypnotic Habit Control Protocol

185

► Hypnotic Coping Enhancement

- Desensitization
- Start with displacement imagery for response enumeration
 - Now, an image will come to you of someone who has discovered a strategy for coping effectively with _____, and you'll be curious to see just what he/she has learned...notice how she/he feels as he/she applies _____ (feed back positive experiences to increase self-efficacy & outcome expectations)
 - Repeat with a different person who has discovered a different, even more effective strategy
 - In the subsequent scene, use 'someone quite like yourself.'

185

Stages Of Change

186

Action

186

Hypnotic Habit Control Protocol

187

- ▶ **Performance enhancement imagery**
 - ▶ Now you will be able to see yourself applying _____ effectively _____... notice what this is like...(feed back positive feelings/cognitions)
 - ▶ **PHS:** Enhance awareness of the very first signs of high-risk situations and link spontaneous thoughts of and use of coping strategies to them

187

Stages Of Change

188



Maintenance

188

Relapse Prevention Model

(Marlatt and Gordon, 1985)

189

- ▶ **Distinguish:**
 - ▶ Slip
 - ▶ Lapse
 - ▶ Relapse/Collapse
- ▶ **Response to slip is more important than slip itself**
- ▶ **Abstinence Violation Effect (AVE)**
 - ▶ Dichotomous thinking undermines motivation
- ▶ **Modification of positive outcome expectations** for habit in high-risk situations
 - ▶ **Modification of cravings** by focusing on long-term consequences for both smoking & eating (Kober et al. (2009))
- ▶ **AIDs –Apparently Irrelevant Decisions**

189

Relapse Prevention Training

(Marlatt and Gordon, 1985)

190

- ▶ **Identify High-Risk Situations**
- ▶ **Identify coping responses and rehearse application**
- ▶ **Relapse Prevention Training**
 - ▶ Imagine a slip
 - ▶ Experience the cognitive/affective components
 - ▶ Recall and apply coping strategies
 - ▶ Amplify mastery (ego-strengthening)
 - ▶ PHS for recall of mastery, motivating constructive behaviors, at the very first sign of trigger/high risk

190

Hypnotic Habit Control Protocol

191

- ▶ **Maintenance:**
 - ▶ **Relapse Prevention Training**
 - ▶ **Modification of self-representation**
 - ▶ **Future-time-oriented imagery** of self at time of goal achievement, observe what it feels like as one sees themselves going about his or her life and identifying themselves as an individual of normal weight, non-smoker, non-drinker, controlled drinker, etc.

191

Insight Techniques

192

- ▶ **Hypnodynamic Exploration**
 - ▶ If hypnobeavioral intervention fails
 - ▶ If **success deteriorates** and does not respond to hypnobeavioral strategies any longer
 - ▶ If a **plateau** in performance is reached when it is reasonable to expect continued improvement
 - ▶ **Explore** the meaning of weight, habit, or substance abuse
 - ▶ Reasons for holding back with hypnoprojectives
 - ▶ Adaptive function
 - ▶ **Ideomotor exploration of the unconscious**

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Hypnotic Habit Control

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Questions?

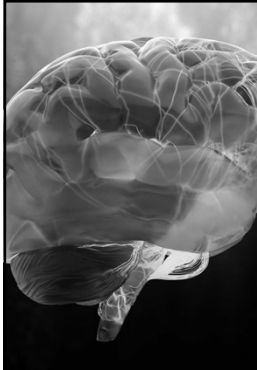
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Pain Modulation and Myofascial Pain Syndrome

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DRDAMIS@LOUISDAMISPHD.COM

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Pain Management


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- **Definition of Pain**
- "Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage."
- International Association for the Study of Pain; Merskey & Bogduk, 1994

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- **Components of Pain Experience:**
 - **Sensory-Discriminative**
 - Somatosensory cortex
 - Quality, location, intensity, duration of pain
 - **Motivational –Affective**
 - Reticular and Limbic Systems
 - Unpleasantness
 - **Cognitive-Evaluative**
 - Neocortical or Higher CNS processes
 - Meaning, planning, future implications
 - **Motor**
 - Bracing/Guarding
 - Preparation for action

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Prerequisite for Hypnotic Pain Management

- **Appropriate Medical Evaluation and Treatment**
- **Do not try to modify an existing or new pain without medical clearance**

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Acute versus Chronic Pain

<p>Acute Pain</p> <ul style="list-style-type: none"> • Pain serves a useful warning (signal) function • Pain is a symptom of an underlying disease or injury • Pain ends after the injury heals or the disease runs its course 	<p>Chronic Pain</p> <ul style="list-style-type: none"> • Pain no longer serves a useful warning function and becomes the target of treatment • Pain may be symptomatic of underlying disease or exist in absence of disease • Pain persists longer than 3-6 months or persists long after injury has healed
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Acute versus Chronic Pain

<p>Acute Pain</p> <ul style="list-style-type: none"> • Seek a medical cure and focus on the Medical Model • Assume the <i>Sick Role</i>, temporarily relieving self of responsibilities and increasing dependence on others • Assume a <i>Passive Role</i>: Rest, decrease activity • "Let pain be your guide" in determining your activities • Take pain medications "as needed," pain-contingent manner 	<p>Chronic Pain</p> <ul style="list-style-type: none"> • Seek to optimally manage pain & maximally participate in life by coping better and accepting the presence of some pain • Adopt a biopsychosocial model appreciating how one's thoughts, emotions, behaviors and relationships can affect pain/health • Assume active role and increase activities in a paced manner • Take medications in a time-contingent manner
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Pain Management

- **Consequences of Prolonged Use of Acute Pain Strategies:**
 - Increased feelings of frustration & helplessness when cure not found
 - Potential negative (iatrogenic) effects of invasive procedures
 - Unconscious adaptation to the Sick Role
 - Self and others inadvertently reinforcing pain and disability
 - Increased physical deconditioning
 - Increased fear-avoidance conditioning
 - Increased dependence on and use of pain medications – mini-withdrawals lead to increasing belief of need for Rx
 - Anger at health care providers who begin to reject you, "there's nothing else that I can do for you" / Countertransference issues
 - Increased negative outcome/self-efficacy expectations, depression, anxiety, self-esteem deficits, withdrawal/isolation


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Pain Management

- **Four-Stage Model of Pain Management**
 - **Arousal Reduction**
 - Cognitive management
 - Physical relaxation
 - Self-hypnosis training
 - **Identify Effective Pain Modulation Strategies**
 - **Application / Generalization**
 - Desensitization
 - Rehearsal
 - Open-eyed trance
 - **Modification of Self-Representation**
 - Relapse prevention training
 - Future time-oriented imagery




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Pain Management

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- **Psychophysiological Factors in Chronic Pain**
 - **Muscle Overuse** due to:
 - Symptom-Specific Stress Activation
 - Poor Muscle Recovery
 - Deficient Awareness/Discrimination of Tension
 - Negative Reinforcement for Increased Tension
 - **Increased CNS/Cortical Pain Response** due to:
 - Respondent (Classical) Conditioning
 - Fear-Avoidance Conditioning
 - **Operant Conditioning (Positive Reinforcement)**
 - 4Xs greater magnetoencephalographic response to pain stimulus in the region of chronic pain when a solicitous spouse present



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Pain Management

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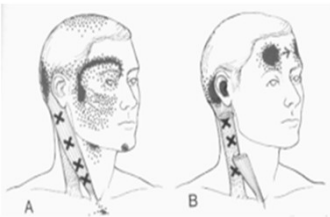
- **Psychophysiological Factors in Chronic Pain**
 - **Increased CNS/Cortical Pain Response** due to:
 - Failure to Extinguish Effects of Positive Reinforcement in Patients with Chronic Pain
 - Cortical Reorganization of Somatosensory Cortex
 - Dissociation of Cortical/Subcortical Control of Respondent Conditioning
 - **Maintenance of Myofascial Pain** due to:
 - SNS Innervation of Trigger Points
 - SNS/Noiceptive Dysregulation of Stretch Receptors Disrupting Efficient Use of Muscles
 - **Operant Factors in Disability**

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Pain Management

- **Myofascial Pain**
 - SCM Trigger Point Referred Pain Patterns

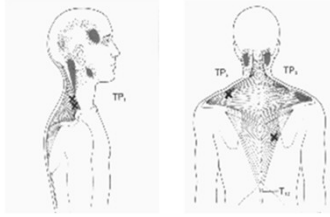


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Pain Management

- **Myofascial Pain**
 - Upper Trapezius Trigger Point Referred Pain Patterns



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Pain Management

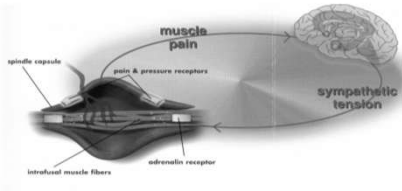
- **Myofascial Pain**
 - Psychological stress increases trigger point (TP) activity
 - TP activity was elevated by mental arithmetic stressors while adjacent muscles remained silent (McNulty, Gevirtz, Hubbard, & Berkoff, 1994; Lewis, Gevirtz, Hubbard, & Berkoff, 1994)
 - TP activity can be reduced by relaxation techniques
 - Gerstenkorn, Jacobs, Gevirtz, & Hubbard (1996):
 - TP activity was dramatically reduced by use of a previously learned autogenic relaxation technique
 - Banks, Jacobs, Gevirtz, & Hubbard (1998):
 - Chronic pain patients
 - Autogenic relaxation significantly reduced TP activity in the trapezius muscles

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Pain Management

- **Myofascial Pain**
 - Gevirtz & Hubbard, 2003




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Treatment of Myofascial Pain

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- **Apply pressure for 8-60 seconds**
 - Tennis ball
 - Thera Cane
- **Massage Therapy**
- **Trigger Point Injections**
- **Good Ergonomics to reduce repetitive strain**
- **Movement, stretching, frequent breaks**
- **Relaxation Practice to turn off the stress response**
- **Recommended reading**
 - *Pain Relief with Trigger Point Self-Help* (2011) by Valerie DeLaune




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Cognitive Strategies

212

- **Recognize that the body responds to psychological stressors as if they are physical stressors and remind yourself (and the body) that they are not**
- **Counter "all or nothing" thinking and find the middle ground**
 - What is good and available to you, even if it is not everything that you had or want
- **Counter "catastrophic" thinking with what is more**
 - Accurate
 - Balanced (versus Possible)
 - Probable (versus Possible)
- **Counter of mental "negativity bias" by appreciating positive experiences and looking for what's good in our lives**
 - Promote constructive neuroplasticity (see works by Rick Hanson)
- **Identify and use simple coping statements**
 - "It's going to be all right."
 - "This flare-up of pain will pass."
 - "I can handle it."



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Applications of Hypnosis

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Assessment

- Have patient visualize antecedent/triggers
- Increase awareness of triggering situations

Motivation

- Discovery of positive reasons for change
- Exploration of obstacles/resistance

Coping Enhancement/Desensitization

- Hypnoprojectives for response enumeration
- Rehearse in fantasy application & generalization
- Link coping to first signs of ...
- Open-eye trance for generalization

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Applications of Hypnosis

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Maintenance of Changes

- **Relapse Prevention**
 - Identify situations and activities associated with increased pain
 - Desensitize these situations or activities
 - Imagine flare-ups, application of coping, and pain reductions

Modification of Self-Representation

- Future time-oriented imagery of pain-free states

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Hypnosis and Pain

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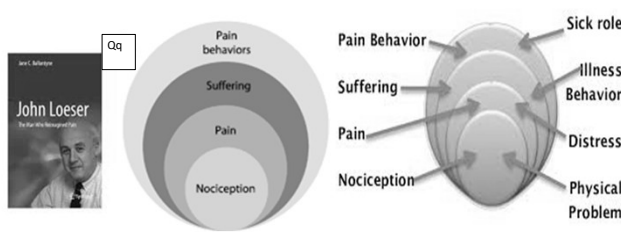
- **Mechanisms of Pain Control**
 - **Modification of Descending Noxious Inhibitory Control System (DNIC)**
 - RIII spinal reflex in response to painful stimulation was suppressed by hypnotic analgesia but not in a nonhypnotic suppression condition (Kierman, Dane, Phillips, & Price, 1995)
 - **Meta-analyses**
 - 18 studies revealed a moderate to large effect size for hypnoanalgesia and equivalent effectiveness in reducing both clinical and experimental pain (Montgomery, DuHamel, & Reed, 2001)
 - 42 studies found medium effect sizes, 0.60 & 0.61, for pain reduction post-study and at follow-up, moderated by hypnotizability (Milling et al., 2021)
 - 3632 participants: analgesic effects for all pain outcomes, strongly influenced by suggestibility (highs 42%, mediums 29% reductions) and direct suggestion (Thompson et al., 2019)
 - 530 participants: moderate decrease in pain intensity and interference; moderate to large effect size for 8 sessions or more, nonsignificant for fewer than 8 sessions (Langlois, et al., 2022)

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Hypnosis and Pain

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Hypnosis and Pain

- Mechanisms of Pain Control**
 - Neuromatrix Theory of Pain** (Melzack, 2001)
 - Acute Pain** – Reasonably explained by sensory mechanisms
 - Chronic Pain** – No longer accounted for by discernable injury or pathology
 - Body-Self Neuromatrix** is a widely distributed neural network that can be shaped by experience to generate pain in the absence of nociceptive input
 - Pain Pathways** (De Ridder et al., 2022)
 - ▶ **Lateral:** Somatosensory cortex, pain sensation, "painfulness"
 - ▶ **Medial:** dACC, Anterior Insula, pain affect, "suffering"
 - ▶ **Descending Inhibitory Circuit:** pgACC → PAG → RVM
 - Suffering can exist without pain; Pain without suffering
 - Interactions with the Salience, Default Mode Network (Self), and Executive systems account for aspects of chronic pain

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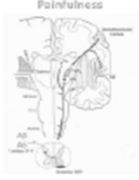
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Hypnosis and Pain

- Mechanisms of Pain Control**
 - Pain Pathways (De Ridder et al., 2022)

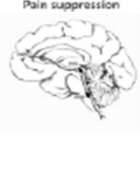
▶ Lateral Pathway
Painfulness



▶ Medial Pathway
Suffering



▶ Inhibitory Pathway
Pain suppression



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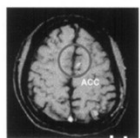
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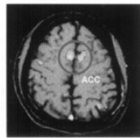
Expectation of pain enhances response to non-painful stimulation in Anterior Cingulate Cortex (ACC), Parietal Operculum/Posterior Insula: Event-related fMRI study

Sawamoto, Honda, Okada, et al., J. Neuroscience, 2000, 20:7438-7445

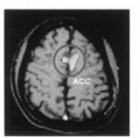
Non-painful Stimulation Alone



Non-Painful Stimulation with Expectation of Pain



Painful Stimulation



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Specificity of hypnotic suggestions in moderating pain sensation vs. pain unpleasantness

Raineville, Hofbauer, Bushnell, Duncan, & Price, 1997

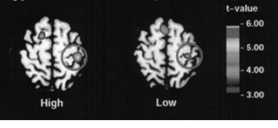
Hofbauer, Raineville, Duncan, & Bushnell, 2001

A. Hypnotic modulation of pain unpleasantness



High Low

B. Hypnotic modulation of pain intensity



High Low

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Hypnosis for Pain Control

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Pain Control Strategies

(Brown & Fromm, 1987)

- Avoidance / Distraction**
 - Internal distraction: Pleasurable fantasy, mental work, safe-place imagery
 - External distraction
 - Time distortion: Shorter duration of pain
 - Displacement of pain to some other place in the body




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Hypnosis for Pain Control

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- Alleviation**
 - Direct or indirect suggestion for alleviation of pain:
 - Radiating relaxation from other parts of the body into painful areas to soothe, comfort, & dissolve pain
 - Imagining pain as a color and changing the color
 - Assigning a pain intensity rating, increasing & then decreasing that number
 - Observing the naturally occurring changes in pain sensations and suggesting that one learns to allow pain to decrease
 - Suggested numbness
 - Application of an imagined analgesic substance

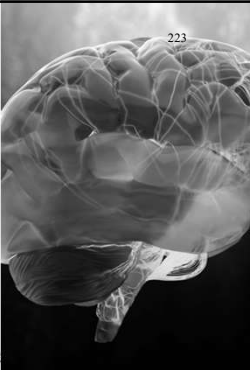


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Hypnosis for Pain Control

- **Alteration:**
 - Cognitive alteration: Temporary amnesia, altering the meaning
 - Perceptual reinterpretation: Imagining pain as some other sensation
 - Dissociation: Separating oneself from the pain as if it were not happening to oneself
- **Awareness:**
 - Observing and modifying one's reactions to the sensory experience of pain
 - Applying full awareness to the pain experience to gain insight into the nature of the pain experience




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Desensitization & Generalization

- **Desensitization of Fear-Avoidance Conditioning**
 - **Establish an anchor for cue-controlled relaxation**
 - Repeat the words "relaxed and calm" in coordination with slow diaphragmatic breathing (begin with exhale)
 - Focus on comfortable sensations (use time distortion and amplification)
 - **Desensitization & Applied Relaxation**
 - While in a relaxed/comfortable state, have clients imagine themselves maintaining that relaxed/comfortable state as they engage in movements in an efficient and appropriate manner
 - Using just the necessary amounts of muscle tension
 - Allowing non-essential muscles to remain loose or relaxed
 - Utilizing appropriate and balanced postures



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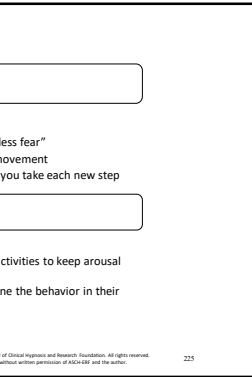
Desensitization & Generalization

Desensitization & Applied Relaxation (cont.):

- Have the client notice how it feels to engage in movements in this comfortable/efficient/appropriate manner
 - Example of client's observation: "feels lighter, less energy required, less fear"
- Link image of relaxed/efficient/appropriate movement to aspects of movement
 - See yourself relaxing and finding an even more balanced posture as you take each new step

Generalization:

- Link relaxation/coping cues to naturally occurring events/behaviors
- Rehearse frequent elicitation of brief relaxation interposed between activities to keep arousal level down
- Apply this imagery to many activities of daily living having client imagine the behavior in their real-life environment
- Open-eyed trance



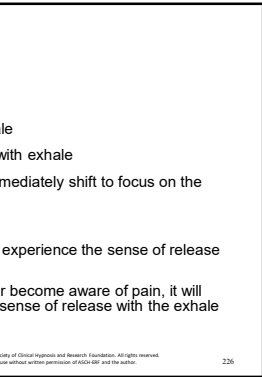
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Hypnosis for Pain Control

- **Relax into Pain Strategy**
 - Establish increasing relaxation with each exhale
 - Observe sensations of relaxation intensifying with exhale
 - At the peak of inhalation, observe pain and immediately shift to focus on the sensation of release with the exhale
 - Continue focus on release for two exhales
 - At the peak of inhalation, observe pain as you experience the sense of release with the exhale
 - "Now and in the future, each time you notice or become aware of pain, it will automatically come to mind to experience the sense of release with the exhale and relax into pain."




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Glove Anesthesia

- **Glove anesthesia**
 - Suggest that his or her attention will be drawn to one of the hands
 - And as that becomes clear to you, notice the sensations there (and describe them)
 - Suggest that the sensations change as they observe them and as the arm and hand relax deeper and deeper
 - Options:
 - Suggest that the hand is inside a leather glove that blocks sensations, that the hand no longer feels anything, and that it fills with a sense of numbness
 - With the client's permission to touch their hand, suggest that when they feel that touch, it will be as if the hand was injected with an anesthetic and that they will feel the numbness spreading from that point of touch throughout their hand
 - Once the numbness has fully developed, have them move the hand to the part of the body desiring relief and transfer the numbness into that part of the body



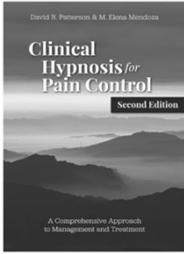
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Clinical Hypnosis for Pain Control

- **Module 1: Biopsychosocial Assessment**
- **Module 2: Education & Motivational Interviewing**
- **Module 3: Meditation & Mindfulness**
- **Module 4: Cognitive Interventions**
- **Module 5: Hypnosis**
- **Module 6: Exercise & Activity**
- **Module 7: Treating Depression, Anxiety, Grief, & PTSD**
- **Module 8: Resolving Insomnia**



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Small Group Practice 2

Bridge Technique for Ego-strengthening



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Small Group Practice 2

▪ Component Skills

- Simple elicitation
- Facilitating sensory awareness (deepening)
- Create a color bridge for ego-strengthening
- Establish communication (attunement, deepening)
- Amplify sensations/feelings
- Identify higher-order experience
- Blend and internalize (facilitate implicit memory)
- Time distortion for maintenance
- Generalization to alert state
- Reorient/Realert

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Color Bridge for Ego-Strengthening

▪ Elicitation: Increased Support

- ▶ Allow yourself to settle comfortably in the chair and close your eyes
- ▶ Notice the sensations of the chair making contact with the body...
- ▶ Notice how securely the chair holds and supports the body...
- ▶ And as you appreciate how securely the body is held and supported by the chair, you'll be able to relax into that support as you come to experience that support more fully in some way...

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Color Bridge for Ego-Strengthening

▪ Elaboration: Breath Focus

- ▶ Allow the body to breathe on its own as you observe the rise of the breath as the body breathes in, and the fall of the breath as the body breathes out...
- ▶ Notice the sensations you experience as the body breathes in as the breath rises, and out as the breath falls. Now, allow the breath to become a little slower and more natural with each exhale...
- ▶ And as the breath switches over from the inhalation to the exhalation, notice the welcome sense of release that occurs and how the body relaxes more and more...

▪ Paced deepening

- ▶ Along with the exhale and that welcome sense of release, notice how your sensations and experiences change as you move off to that familiar, safe, and comfortable state of trance. Gently going deeper with each exhale to a depth of trance that's just right for you today...

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Color Bridge for Ego-Strengthening

▪ Identify color for bridge

- ▶ And as you reach a welcome depth of trance, a color associated with positive feelings or emotions will come to mind. And when that color is clear to you, you will be able to describe it to me...
- ▶ Yes, it's _____ (repeat the color)

▪ Create a bridge and go to a positive experience

- ▶ Now, as that color becomes clearer and stronger for you, it will act as a bridge taking you back in time to a time when you felt very good about yourself, perhaps a very positive experience associated with feeling happy, proud, accomplished, or confident....
- ▶ The (state color) is growing stronger now, taking you back to a time when you felt very good about yourself. And as this becomes clear to you, you can nod your head to indicate that you have recalled this positive experience....

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Color Bridge for Ego-Strengthening

- **Identify the positive feelings associated with this experience:**
 - ▶ Yes, notice how good it feels, and words will come to mind to describe these feelings, and you'll be able to share with me what's appropriate for this group setting ...
- **Amplify positive emotional state**
 - ▶ Yes, and notice how _____ (repeat his or her description of the positive emotional state or cognition) grows stronger and clearer with each breath as you focus on it, and how it comes to fill the body and mind to your satisfaction...

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Color Bridge for Ego-Strengthening

- **Time distortion for maintenance**
 - And now, although only a few minutes of clock time will pass, it will seem much longer, long enough for the feelings of _____ (repeat his or her description of the positive emotional state or cognition) to grow stronger and clearer as they become so familiar that they will remain with you and continue to grow stronger as time passes... (wait for 60")

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Color Bridge for Ego-Strengthening

- **Identify higher-order experience**
 - ▶ Notice what it's like to experience these welcome feelings of _____ so fully throughout your body and mind... And as words come to mind to describe this, you'll be able to share this description with me...
- **Blend and internalize (facilitate implicit memory)**
 - ▶ Yes, notice how these feelings/sense of _____ and _____ (higher order experience) grow stronger and clearer with each breath and exhale as they fill the body and mind to your satisfaction...

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Color Bridge for Ego-Strengthening

- **Generalization and reorientation**
 - ▶ And now, as these welcome feelings of _____ remain with you, notice how securely the chair holds and supports your body as you focus on being at home today, feeling your feet making contact with the floor, noticing the sounds around you...
- **Realert**
 - ▶ And now you'll find that you can return yourself to your fully alert state at a pace that's right for you, and when your eyes open, that will be your way of indicating that you are fully alert, the mind refreshed and clear, all healthy feelings remaining with you and ready to learn...

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Small Group Practice 3

Utilizing Techniques for Pain Management



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Learning Objectives:

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

- Demonstrate as the facilitator and personally experience as the recipient a hypnotic trance.
- Utilize a hypnotic strategy for pain management.

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Small Group Practice 3: Pain Management

Steps:

1. Elicitation:
2. Elaboration:
3. Radiation of Relaxation and Dial Technique
4. Generalize and maintain
5. Reorient and realert

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Pain-Management

As we do not want to be treating our colleagues' pain in a practice session, consider one of the following options for analog practice of pain management techniques:

- **Radiate Relaxation:** Facilitate deep relaxation and have them notice where they feel the relaxation the strongest. Amplify it as they notice the sense of release with the exhale. Have them describe the sensation of relaxation and then suggest that this welcome sensation of relaxation will grow stronger and clearer as they focus on it. Then suggest that as this relaxation and comfort grows stronger, it will radiate and fill the body more and more to their satisfaction. Have them notice how the sensations in their body change as these feelings of relaxation and comfort fill the body more and more.

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Pain-Management

- **Dial Technique:** Instruct your Participant to imagine a dial indicating the level of comfortable warmth in their hands. This dial is numbered from 1 to 10, with higher numbers associated with increased sensations of warmth. Have them notice what number this dial points to, indicating the level of warmth in their hands. Then instruct them to change the settings on the dial in their desired direction and observe how their sensations change. When completed, state that all their normal, healthy sensations will return.

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Pain-Management

Steps:

1. Elicitation: Use a brief hypnotic elicitation (induction). Perhaps an eye-roll or eye fixation induction.
2. Elaboration:
Now, just allow the body to breathe on its own as you observe the sense of release that occurs with each exhale, the body and mind relaxing more and more with each exhale...
3. Paced deepening:
Notice how your sensations and experience change as you move off to a safe and comfortable state of trance, gently moving deeper with each exhale, and settling into just the right depth of trance for you today. And when you reach a welcome depth of trance, you can let me know...

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Pain-Management

Steps:

Radiation of Relaxation:

4. Now, as you feel that welcome sense of release with each exhale, put a gentle intention on allowing the muscles of the body to relax deeper and notice how the sensations in the body change...
5. And as these sensations of relaxation become clear to you, notice where in the body you experience them the most, and you'll be able to share that with me...
6. Now, as you focus on the sensations of relaxation in your _____, words will come to mind to describe those sensations, and you'll be able to share that description with me...
7. Yes, notice how these sensations of _____ in the _____ grow stronger and clearer as you focus on them and with each exhale...
8. And as these welcome feelings of relaxation grow stronger, notice how they spread through the body and how the sensations in the body change as it relaxes deeper and deeper in ways that are just right for you...

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Pain-Management

Steps:

Dial Technique:

9. Now, you'll find that you can see or sense a dial with numbers from 1 to 10 on it. This dial represents the degree of warmth you feel in your hands, with the higher numbers indicating greater warmth. Once you get a sense for this dial, notice the number it's at, indicating the present level of warmth in your hands, and you can describe that to me...
10. Now, turn the dial up or down one number in the direction of your choice, and notice how the sensations of warmth in the hands change. Ways that promote the change you selected may come to mind, perhaps the sensation of sunlight warming the hands or a pleasant breeze cooling them...
11. Notice what this is like and turn the dial to another number in the direction of your choice, and describe how the sensations change and the number the dial is at...
12. Now, as this dial disappears, a welcome sense of warmth or coolness will remain with you, and all normal sensations will return to your hands...

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Pain-Management

Steps:

Generalize and maintain:

13. And now you'll find that you no longer need to focus on anything in particular to maintain these welcome feelings of relaxation and warmth, and that they will grow even stronger as you focus on being back in your chair at home.

Reorient and realert:

14. And as you become more aware of your present surroundings, you can return yourself to your fully alert state at a pace that's right for you, and when your eyes open, that will be your way of indicating that you are fully alert, your mind refreshed and clear, all healthy feelings remaining with you and ready to learn.

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Utilization Of Metaphors in Hypnosis

CLINICAL WORKSHOP

LEVEL 2

February 5-8

2026

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Learning Objectives

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

- Describe three benefits of utilization in the creation of metaphors.
- Describe one way in which metaphors can reduce resistance

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The Use of Metaphors and Stories

Metaphors and Stories for most people are devices of the poetic imagination, a matter of creating something extraordinary -

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The Use of Metaphors and Stories

We look to fairy tales and myths to infer deep truths regarding the psyche.

Not only do stories (Greek mythology, myths, fairy tales, folk tales, and legends) embody deep truths, they also offer the means for transforming the pain of psychological wounding into creativity.

**Rank, Jung, Freud, Erickson, Pennebaker, etc.

*** think about "**Coping Enhancement with Displacement Imagery**: Suggest that the patient will see a scene of someone who has learned to cope effectively with pain and to observe what she/he discovered. Then repeat this with a scene of someone who has discovered an even more effective strategy, and then another scene with someone quite like himself or herself (your patient) that has found an effective way to cope with pain..."

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Benefits of Metaphors and Stories

Metaphors and stories are valuable :

*open a window to the past -
provide a mirror to the present -
present a vision of the future -*

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Benefits of Metaphors and Stories

They often can be utilized effectively in the therapeutic context.

- brevity,
- captivating themes,
- use of imagination.

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The work of the eyes is done. Go now and do the heart-work on the images imprisoned within you.

~ Rainer Maria Rilke

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Metaphors and Stories

ONCE UPON A TIME...

... they are like an invitation into the phenomenon of hypnosis where listeners are entranced, attention is focused, time is distorted, and the client can share the challenges, problem solving strategies, and goal attainment of the fictional hero.

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Metaphors and Stories

Or tunes ...

- Jaws → impending threat
- Star Wars → character identity

The cue primes:
 Expectation
 Meaning before thought
This happens faster than words form:
 The body responds before the mind
 Imagery appears
 The story "arrives" already formed

Just like the Jaws theme or the Star Wars theme, a well-placed metaphor doesn't explain—it activates. The story arrives and the body has familiarity ...

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Metaphors and Stories

- Get the conscious mind out of the way.
- Can be imaginative stories that suggest that one thing is another thing (that is not literally true)
- Can help us understand complex or abstract ideas, make connections, or evoke emotions or images

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Metaphors and Stories

And these interactions have the potential to unlock so much for individuals, especially people who feel stuck – because, as Yapko also explains:

- it has been said before that once we have heard a story we can never unhear it, that in having heard it, something may have been changed forever.

...Hope


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Metaphors and Stories

Brené Brown defines hope as:
a cognitive process, not an emotion, made up of three key components:

- having goals,
- developing pathways to achieve those goals,
- possessing agency—the belief in your ability to pursue them.

Hope is a skill learned through struggle, requiring persistence, flexibility, and the willingness to tolerate disappointment while continuing to take action towards a better future.



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Metaphors and Stories

As therapist we are listening for – what skill/resource is **underdeveloped** or what skill/resource is **undeveloped** – starting here can inform tx focus.

For example, when assessing the structural components of depression from a hypnotic perspective, it is easy to see how the preoccupation with the past (the hashing and rehashing of negative history) could be seen as a dysfunctional age regression of sorts. Similarly, the detailed and emotional projection of past and current hurts into the future could easily be viewed as dysfunctional type of age progression (Yapko, 2001 pgs. 64-65).

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Metaphors and Stories

Questions that offer building blocks for generating and initiating a treatment plan.
These questions can be divided into 3 categories: goals, prospective solutions, and resource-recovery (Reid, D., 2012 pgs. 171-172).

goals

- What do you want to accomplish with treatment
- what will be different for you
- what will change look like for you
- what would be a minimally accepted outcome
- when will you know hypnosis is helpful
- what will you see, feel, experience how important is it for you to achieve your goals

prospective solutions

- what have you tried to do to improve past or current problems
- what hasn't been helpful
- what was helpful/why is it not helpful now
- **miracle question:** if you woke up one morning and realized the problem disappeared, what would be your first clue that something happened

resource - recovery

- when have you been how you want to feel
- what was going on to help you in that moment
- when have you overcome obstacles in life, what did you do

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Metaphors and Stories


“Consider painting as a metaphor for therapy.”

The tools of a painter are brushes, a palette of colors, and a surface on which to apply the paint. Painters explore how these tools can be used to create something unique and inspirational.

Hypnotic training prompts therapists to use the possibilities of “their medium” to use their palette of colors, for therapeutic advantage.

The many colors therapists have at their disposal include gesture, posture, physical proximity, the tempo, tone, direction of voice, etc.


... Within such parameters, artists strive to take expressive realization into a new realm...” (Zeig, 2011, pg. 12)



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Metaphors and Stories

Metaphors and Stories are therapeutic tools, and like most tools are meant to awaken potential and possibilities; they are not designed to trick or manipulate the client into giving up their symptoms.

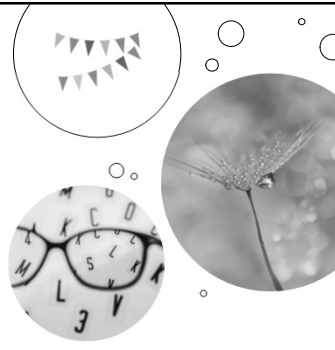


“Calm down Jenkins. It's simply a metaphor!”

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Taking your glasses off and putting them on again is a reminder that perception fluctuates.

With hypnosis we just use different and more interesting stimuli.



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Metaphors and Stories

- When we listen carefully, we can think about which stories/metaphors we might want to draw from that we can use to facilitate problem solving, enhance independent decision-making strategies, explore different outcomes, (and the list goes on) all of which can be incorporated in the "here and now" clinical moments.

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Metaphors and Stories


For instance, if a patient says, "my depression is a heavy stone" –

- Myth of Sisyphus –
 - Sisyphus never thought to sit down with the stone and renegotiate the contract. That's one advantage of therapy
 - The old story says the stone is punishment. Another says it's raw material. And a third suspects the stone has been waiting for your curiosity, not your endurance

Metaphors need not be limited to verbal techniques actions can also serve as metaphors. A visual metaphor can be powerful because it creates an image in the person's mind. For example, when working with the depressed client, I might sit up in my chair as straight and tall as possible and say, "one of your goals is to feel like this." (Zeig, J. 2018, pg. 148).

Erickson reminds us to offer tasks to consolidate and practice learning. Suggested tasks can have symbolic meaning. (Zeig, J. 2018, pg. 171).


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Topics for Metaphors and Stories

- Managing emotions
- Decreasing anxiety, fears, phobias
- Improve mood, decrease depression
- Increase hope and optimism
- Enhance empowerment, self-esteem, self-efficacy
- Challenging times
- Changing patterns of behavior
- Enhance health and hasten healing

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Recap - Benefits of Metaphors and Stories

Help communicate ideas

- Provides a different perspective
- To embed directives
- Facilitate understanding
- Helps us bypass "resistance"
- Helps the patient form new associations
- Introduces doubt/alternatives about old patterns or beliefs
- Normalizes or makes the issue approachable
- Provides an alternative model
- Emphasizes (therapist's) treatment goals
- Helps people to recognize themselves
- Induce therapeutic change

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As tools for teaching -


Stephen King in his book On Writing, notes stories and metaphors improve comprehension because they enable people to "see an old thing in a new and vivid way."

Pennebaker -

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Metaphors, Stories, & Tales

- Metaphors:** Communication with the Conscious and Unconscious Minds
- Conscious Mind Processes**
 - The Words
 - The Story
 - The Likes
- Unconscious Mind Explores**
 - Broader Meaning
 - Personal relevance
 - Solutions



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Metaphors, Stories, & Tales

When it comes to designing metaphors – options are limitless...

..crafting metaphors and utilizing hypnosis?

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Metaphors and Stories

Questions that offer building blocks for generating and initiating a treatment plan.

These questions can be divided into 3 categories: goals, perspective solutions, and resource-recovery (Reid, D., 2012 pgs. 171-172).

goals

- What do you want to accomplish with treatment
- what will be different for you
- what will change look like for you
- what would be a minimally accepted outcome
- when will you know hypnosis is helpful
- what will you see, feel, experience how important is it for you to achieve your goals

perspective solutions

- what have you tried to do to improve past or current problems
- what hasn't been helpful
- what was helpful/why is it not helpful now
- **miracle question:** if you woke up one morning and realized the problem disappeared, what would be your first clue that something happened

resource - recovery

- when have you been how you want to feel
- what was going on to help you in that moment
- when have you overcome obstacles in life, what did you do

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Clinical Goal	Phenomena to Elicit	Tools	Function
Pain Modulation	Dissociation, analgesia, time distortion	Observer self, fractionation	Distance helps reduce suffering; foster agency
Trauma Stabilization	Containment, dual awareness	Resource installation, witness position	Enhance safety
Depression	Flexibility, meaning shift	Metaphor, symbolic reframing	Relationship to experience reorganizes
Anxiety / Panic	Autonomic regulation	Breath utilization, anchoring	Predictability calms the system
Self-Efficacy	Agency, competence, choice	Ego strengthening, future pacing, ideomotor signaling	Confidence matched with successful experience
Habit / Performance	Automaticity	Anchoring, rehearsal	Reduce effort; increase reliability

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Clinical Goal	Phenomena to Elicit	Metaphoric Frame	Tools	Function
Pain Modulation	Dissociation, analgesia, time distortion	"Stepping back from the sensation," "Lowering the volume on a demanding voice," "Watching without being consumed"	Observer self, fractionation	Distance reduces suffering; agency returns
Trauma Stabilization	Containment, dual awareness	"A room with boundaries," "Looking through glass—close enough to see, far enough to breathe," "Holding the story without drowning in it"	Resource installation, witness position	Enhance safety
Depression	Flexibility, meaning shift	"A weight that slows you for a reason," "A stone that shapes rather than crushes," "An invitation to move at a different pace"	Metaphor, symbolic reframing	Relationship to experience reorganizes
Anxiety / Panic	Autonomic regulation	"A surge that rises and falls," "Letting the breath lead instead of the alarm," "Staying without chasing"	Breath utilization, anchoring	Predictability calms the system
Self-Efficacy	Agency, competence, choice	"Finding your footing," "Remembering how you've done hard things before," "Trusting what already knows the way"	Ego strengthening, future pacing, ideomotor signaling	Confidence through successful experience
Habit / Performance	Automaticity	"Letting the body remember," "Effort gives way to fluency," "Moving without micromanagement"	Anchoring, rehearsal	Reduce effort; increase reliability

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Clinical Goal	Phenomena to Elicit	Metaphoric Frame	Context Cue / Conditioning Link	Tools	Function
Pain Modulation	Dissociation, analgesia, time distortion	"Stepping back," "Lowering the volume," "Watching without being consumed"	Distance imagery link cues for relief	Observer self, fractionation	Distance reduces suffering; agency returns
Trauma Stabilization	Containment, dual awareness	"Looking through glass," "A room with boundaries," "Holding without drowning"	Boundaries link cues for safety	Resource installation, witness position	Enhance safety
Depression	Flexibility, meaning shift	"Stone that shapes," "Slowing for a reason," "Different pace"	Reframed link cues flexibility	Metaphor, symbolic reframing	Relationship reorganizes
Anxiety / Panic	Autonomic regulation	"Wave rising and falling," "Breath leads the way"	Breath rhythm link cues calm	Breath utilization, anchoring	Predictability calms the system
Self-Efficacy	Agency, competence, choice	"Finding footing," "Remembering how you've done hard things"	Recall of link success cues confidence	Ego strengthening, future pacing	Confidence grows through experience
Habit / Performance	Automaticity	"Body remembers," "Effort gives way to fluency"	Repetition link cues automatic action	Anchoring, rehearsal	Reduce effort; increase reliability

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Adding hypnosis -

Contextual Cues (...giving feedback to our senses e.g. visual, auditory, tactile, olfactory)

Yes – We Already Do This

We already know this phenomenon. Cues that are paired (a lot) repeatedly - with day-to-day experiences; automatic behaviors tend to follow.

Jaws
Star Wars
Happy Birthday

These cues don't explain anything although they evoke senses -

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Are we kind of like dogs salivating when the bell rings?
Sort of - our bells can be stories, metaphors, tones of voice, and images.

...The place in the client that is *un/under-developed*,
our listening changes— and when we think about adding hypnosis, it seems important to also think about which cues to pair, and why they matter.

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Adding hypnosis -

- Deepening the Trance:
 - suggest feeling heavier with each
 - feeling lighter with each
 - encourage Anchor (allows for control to deepen or lighten trance)

Let's look at an example -

Underdeveloped capacity:
Self-efficacy "I want to feel more confident at my job..."

Listening For
The Missing Signal
No one has told her she is ineffective.
Feedback says the opposite.

oAnd yet—
she cannot *feel* her impact while she is having it.

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Once we hear this:

- We don't need more evidence (she is not using/able to access what she hears)
- We don't need better affirmations (she is not using/able to access what she hears)
- We need a repeatable cue paired with *felt agency*.

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Suggestions: For What and How?

THINK ABOUT THE OUTCOME OR POSITIVE GOAL THE INTERVENTION NEEDS	WHAT CURRENT SKILLS DOES THE CLIENT HAVE OR ADDITIONAL RESOURCES THEY MIGHT NEED	WHAT STORY CAN HELP THEM IDENTIFY WITH THE PROCESS AND OUTCOME

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Putting it together:

As you settle back for a moment, notice being on your horse, not riding hard, not pushing just that moment where your horse already knows you're there.

There's a subtle shift, isn't there? Not in force... but in *connection*.

Notice you don't pull the reins, you adjust your posture, your weight, your timing. And now notice how your horse responds to you, not because you're louder, rather because you're using your body to help send and receive cues. Your horse trusts cues you send and you trust when you send cues your horse listens. Notice and experience what your body does when your horse responds to your cues.

That moment, where you feel *my horse heard me* -notice that feeling in your body when your horse received and listened to your cue, stay with that feeling...

Later moved to -

And now, just notice the sound of your own voice, the way it finishes a sentence. That pause... is like the moment your horse shifts beneath you, when your horse responded to your cue, and you noticed how you felt in your body when you felt your horse responded to you. This moment, when you felt your horse responded to you can be a link to a quiet confirmation, a signaling to your body, when you feel this shift, feelings of 'connected to myself and connected to my surroundings' become stronger. Just like with your horse, you'll feel it in your body before your mind gets involved...

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Examples

Metaphors for Change
Metaphors can be used to represent the process of change in a way that makes it more relatable and less intimidating for clients.
Example: Compare the process of personal growth to the metamorphosis of a butterfly. Just as a caterpillar transforms into a beautiful butterfly, clients can transform and emerge from their struggles with newfound strength and beauty.

Metaphors for Relaxation
Metaphors can evoke a sense of relaxation and calmness, helping clients enter a hypnotic state more easily.
Example: Using a gentle ocean wave metaphor to guide clients into a deep, soothing state of relaxation. Describe the rhythmic ebb and flow of the waves as their stress and tension gradually wash away.

Metaphors for Problem Resolution
Metaphors can reframe problems and highlight their potential solutions.
Example: If a client struggles with anxiety, you can use the metaphor of a tangled ball of yarn. Explain that together, you'll gently untangle the knots, one by one, until their anxiety is manageable and clear.


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Examples

Metaphors for Self-Exploration
Metaphors can encourage clients to explore their inner thoughts, feelings, and experiences.
Example: Describe the mind as a vast, uncharted forest. Each tree represents a thought or memory, and together, you'll navigate this forest to discover hidden treasures and insights.

Metaphors for Confidence Building
Metaphors can boost a client's self-esteem and confidence.
Example: Compare a client's inner strength to a dormant volcano. As they harness their inner power, they'll gradually awaken, and their confidence will erupt like molten lava, unstoppable and transformative.

Metaphors for Pain Management
Metaphors can be employed to help clients alleviate physical or emotional pain.
Example: If a client is experiencing chronic pain, use the analogy of an icy river gradually thawing in the warmth of the sun. As they focus on the warmth and melting, they can reduce their perception of pain.







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Examples

Metaphors for Inner Healing
Metaphors can represent the process of healing and recovery.
Example: Portray the client's body as a garden. Together, you'll nurture this garden, remove the weeds (negative thoughts or behaviors), and plant the seeds of positivity and well-being.




Metaphors for Personal Transformation
Metaphors can illustrate the journey of personal transformation.
Example: Use the analogy of a caterpillar spinning its cocoon and emerging as a butterfly to symbolize the client's personal growth and positive change.

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Examples




- **Teacher/Teaching:**
 - "Sometimes it's important to *correct* things and even *erase* them when it seems important to do so."
 - "There are so many *lessons* in life. Sometimes you *plan* them, sometimes, they are *just taught*."
- **Plumber:**
 - "Unclogging a *blockage* allows things to *flow* some much better. Just *clearing the way*."
 - "What would it be like if you could *just flush* away those problems. *Down the drain*."

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Utilization and individuation – subtle or obvious Comparisons




- Love the ocean and need help falling asleep?
 - "fish swimming deeper and deeper and deeper into the ocean's depths"
- Love vacation at a lake house?
 - "early morning fog lifting over the crystal clear water to reveal..."
 - "as lost as a fish swimming in muddy water"
- A ship is safe in the harbor, but that's not what it is for

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Let's Do it



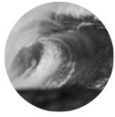

- Current/Past Client Presentation
- What are the metaphors/stories to be applied
- "The most effective metaphors come from listening carefully to the language and backstory of your patient.... design a metaphor that might resonate with your patient." (Willmarth & Vinson, 2022)
- Check out the Red Book (Hammond, 1990)

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How to Create a Metaphor

- Gather information (patient's world)
- Create a sensory representation relevant to problem
- Search
- Create space and movement within the structure
- Create a sensory experience
- Use what is possible to move from the present state to the desired state
- Construct and tell the story – in tramework this can be permissive exploration
- Create choices, a pathway to an active solution

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Thinking Metaphorically

"Problems are like _____"

- Describe how problems "are like _____"
- e.g., "Problems are like a cloud. They come in many shapes and sizes. They can be unexpected and frightening and they are also temporary"

Therapy is like _____.

Life is like _____.



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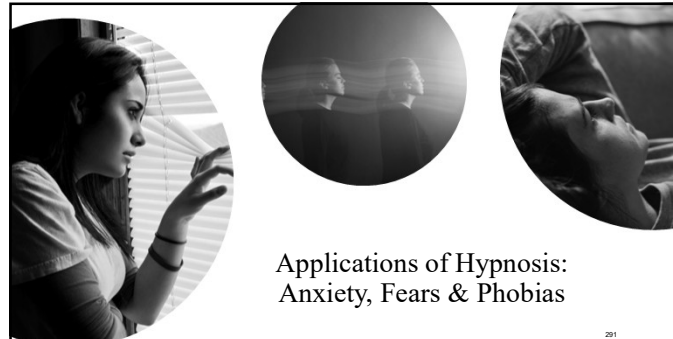
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Applications of Hypnosis: Anxiety, Fears & Phobias

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Learning Objectives

- Describe one benefit of normalizing anxiety to the patient/client.
- Identify three techniques to address anxiety with clinical hypnosis in their practices.
- Formulate three suggestions used in a hypnotic anxiety technique
- Describe two physiological features of panic.

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ANXIETY & PHOBIAS

- Types and Sources of Anxiety
 - Specific Phobia
 - Specific learning history/vicarious learning/preparedness
 - External triggers/Trauma
 - Panic Attacks
 - Random neurophysiological cascade
 - Internal triggers/Trauma
 - Generalized
 - Disposition/Cortical Hyperarousal
 - Working Models/Trauma
 - Reactions to Positive Internal/External Changes

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HYPNOTIC DESENSITIZATION

- Widely applicable to situations and stimuli associated with negative experiences beyond phobic responses, including:
 - Where fear is inhibiting behaviors
 - Where negative attitudes and outcome expectations have developed
 - Where a history of hurt and anger may be blocking the experience of more positive emotions

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HYPNOTIC DESENSITIZATION

• Preparation and Desensitization

- Train Hypnotic Relaxation: Body scan, waves of relaxation, "relaxed/calm," etc...
- Breath focus – observe sense of release with each exhale
- Rehearse cue-controlled relaxation, amplifying and deepening relaxation with each cue presentation – "relaxed" with each exhale, noticing the sense of release
- Introduce phobic stimulus immediately prior to the relaxation cue and then substitute phobic stimulus for the relaxation cue with the suggestion that relaxation will deepen each time he or she thinks of or experiences the phobic stimulus, and that relaxation will automatically occur each time he or she thinks of or experiences the phobic stimulus

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HYPNOTIC DESENSITIZATION

- **Graduated exposure**
 - See phobic stimulus at a distance/telescoping
- **Displacement Imagery**
- **Coping Desensitization**
 - **Displacement imagery** of someone else who copes effectively with situation
 - Observe what is helpful to him or her
 - Observe how she or he feels doing it
 - Notice how you can feel the same sensations and imagine yourself doing what he or she is doing

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HYPNOTIC DESENSITIZATION

• Augment Desensitization with:

- Identification of **copng self-statements**
 - Rehearse them independent of the target situation to increase conviction/skill in use of them
 - Apply as coping desensitization to target situation
- **Rapid Eye Movements (EMDR)**
- **EMDR:** Integrate protocol following initial desensitization if appropriate

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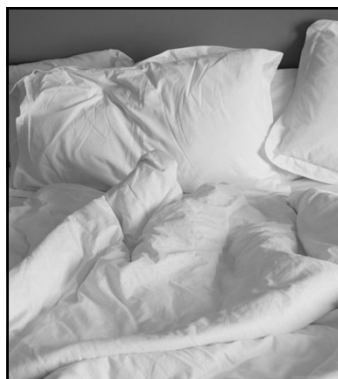
HYPNOTIC DESENSITIZATION

• Pendulation / Touch & Return

- Establish arousal reduction
 - Safe-place imagery
 - Meditative breath focus
- Pendulate or Touch & Return

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Sleep Promotion

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Louis F. Damis, PHD,
ABPP, FASCH

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Learning Objectives

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

- Describe three cognitive-behavioral factors contributing to insomnia.
- Describe the application of three hypnotic techniques to improve sleep.
- Screen for sleep apnea and appreciate the role of clinical hypnosis.

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Sleep Promotion

- **Primary Insomnia**
 - Predominant complaint is nonrestorative sleep for at least 3 months associated with difficulty initiating or maintaining sleep, or early morning awakening,
 - Sleep onset latency > 30 minutes
 - Wake after sleep onset >30 minutes
 - Sleep efficiency < 85%
 - Sleep disturbance causes sign. impairment in social/occupational functioning or marked distress

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Sleep Promotion

- **Primary Insomnia**
 - Disturbance does not occur exclusively during course of:
 - Narcolepsy, Breathing-Related Disorder, Circadian Rhythm Sleep Disorder, or Parasomnia
 - Other mental disorder (e.g., depression, anxiety, or delirium)
 - Disturbance is not due to the direct physiological effects of a substance (e.g., drug abuse, medication)

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Sleep Promotion

- **Types of Primary Insomnias**
 - Psychophysiological Insomnia
 - Arousal level problems
 - Subjective Insomnia
 - Sleep state misperception
 - Idiopathic Insomnia
 - Childhood onset
- **Sleep Apnea Hypopnea**
(Breathing-Related Sleep Disorder)
 - Sleep apnea (obstructive, central, mixed; AHI >5/hr. mild, >15 mod, >30 severe)
 - Chronic sleep fragmentation with unawareness and daytime fatigue
 - STOP-BANG Sleep Apnea Questionnaire
 - Epworth Sleepiness Scale
 - Insomnia Severity Index

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Sleep Promotion

- **Secondary Insomnias**
 - Assoc. with Movement Disorders
 - **Restless Legs Syndrome**
 - Onset insomnia
 - **Periodic Limb Movements (Nocturnal Myoclonus)**
 - Maintenance Insomnia, more often in first third of night
 - Common in renal disease and circulatory problems
 - Assoc. with Disorders of the Sleep-Wake Cycle (Circadian Rhythm Sleep Disorder)
 - **Delayed Sleep Phase Type**
 - **Shift Work Type**
 - **Jet Lag Type**

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Sleep Promotion

- **Secondary Insomnias**
 - Assoc. with Parasomnias
 - **Sleep Terror Disorder**
 - **Nightmare Disorder**
 - **Sleepwalking Disorder**
 - **REM Sleep Behavior Disorder**
 - Sleep Paralysis

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Sleep Promotion

- **Specific Mechanisms**
 - Tension Hypothesis
 - Cognitive Arousal Hypothesis
 - Unrealistic expectations
 - Attempts to control the sleep process
 - Performance anxiety
 - Conditioned arousal: Internal and/or External
 - Wakeful Mentation Hypothesis
 - Sensory-Motor Rhythm Hypothesis (SMR, 13-15 Hz)
 - Low Daytime Arousal Hypothesis
 - Reduced response to sensory stimuli interferes with activation of sleep mechanisms which are triggered by reduction in arousal

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Sleep Promotion

- Perpetuating Mechanisms
 - Initiating versus Maintaining Factors
 - **Precipitating events:**
 - Acute insomnia associated with adjustment or medical disorders
 - **Maintaining factors:**
 - Maladaptive habits
 - Excessive arousal (day and/or night)
 - Dysfunctional cognitions
 - Daytime inactivity
 - 3P Model Factors (CBT-I):
 - Predisposing
 - Precipitating
 - Perpetuating

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Sleep Promotion

- Medication Issues
 - Benzodiazepines effective for short-term Tx
 - Negative side-effects:
 - Daytime sedation
 - Memory impairment
 - Risk of falls in elderly
 - Diminished sleep quality
 - Tolerance and conditioned tolerance
 - Rebound insomnia increases psychological dependency
 - As much as 60% increase from baseline, severe anxiety

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Sleep Promotion

- Medication Issues
 - Withdrawal Recommendations:
 - Gradual taper at rate of one therapeutic dose/week
 - Stabilize on single medication & allow every night
 - Switch to long-acting compound to reduce rebound
 - Gradually reduce to minimal dosage
 - Introduce drug-free nights on weekends first
 - Make medications time-contingent & break insomnia-contingent use
 - Allow patient to choose when to begin taper and drug-free nights

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Sleep Promotion

- **Brief Directive Intervention**
(Brown & Fromm, 1987)
 - Start treatment with:
 - Hypnotic relaxation training
 - Relax so deeply that you fall off to sleep
 - Post-hypnotic suggestion: Link deepening state of relaxation to cues of bed, contact with pillow, lying in horizontal position, and falling off to sleep without awareness
 - Stanton (1989) Hypnotic relaxation was superior to stimulus control and placebo in reducing SOL.
 - If this does not work, move to multimodal intervention
 - If that does not work, move to the hypnodynamic model

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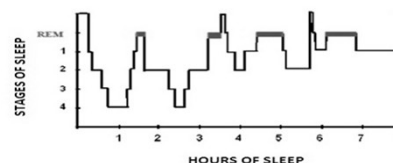
Sleep Promotion

- **Multimodal Intervention**
 - Education:
 - Stages of sleep
 - Medication issues
 - Sleep hygiene and habits
 - Cognitive Modification
 - Exaggerated importance of sleep
 - Focusing on negative consequences of poor sleep

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Stages of Sleep



Stage 1 – Presleep
 Stage 2 – Sleep Onset
 Stages 3 (3 & 4) Deep Sleep: Physical Restoration
 REM (Rapid Eye Movement)/Paradoxical Sleep: Dreaming and memory consolidation

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Sleep Promotion

■ Multimodal Intervention

- Stimulus Control / Sleep Hygiene Procedures
 - Employ 30-minute wind-down period
 - Go to bed only when dozing off/drowsy
 - Get out of bed if not asleep in approximately 20 minutes
 - Use the bed only for sleep, relaxation practice, and sexual activities
 - Avoid daytime naps (power naps ≤30 mins. OK)
 - Use a set wake-up time and do not spend extra time in bed (sets circadian rhythm)
 - Do not watch the News on TV during the wind down period
 - Do not engage in exercise prior to bedtime

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Sleep Promotion

■ Multimodal Intervention

- Stimulus Control / Sleep Hygiene Procedures
 - Take time to reflect on day's activities in the early evening
 - Make lists of activities and plans for the next day prior to bed
 - Use snacks to avoid hunger
 - Adjust room temperature to a comfortable level; cooler is better
 - Compensate for loud noises
 - Minimize alcohol intake, none before bed
 - Do not use tobacco or caffeine

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Sleep Promotion

■ Multimodal Intervention with Hypnosis

- Hypnotic Relaxation Training
 - Body scan, breathing focus, waves of relaxation, "relaxed and calm"
 - Use hypnoprojectives to optimize relaxation
 - Rehearse cue-controlled relaxation, amplify and deepen relaxation with each cue presentation
 - Incorporate ego-strengthening suggestions for appreciation of accomplishments with relaxation training and confidence in the ability to relax effectively
 - Generalization imagery of oneself relaxing at home (not in bed, yet), at work if hyperarousal is present
 - Self-hypnosis training

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Sleep Promotion

■ Multimodal Intervention with Hypnosis

- Identification of Arousal Factors
 - Image of self in bed observing thoughts, feelings, and sensations of pre-sleep state
 - notice what you next become aware of
- Desensitization of Conditioned Arousal
- Graduated exposure
 - See bed at a distance
 - Displacement: see someone sleeping comfortably
 - Make phobic stimulus cue for relaxation
 - Rehearse deepening of relaxation to relaxation cue with exhale several times
 - Think of bed, later being in bed, at peak of inhalation and then release with exhale
 - Now you will find that you are able to deepen your relaxation each time you think of or see an image of your bed

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Sleep Promotion

■ Multimodal Intervention with Hypnosis

■ Coping desensitization

- Displacement imagery of someone who has discovered a way to sleep comfortably and deeply...Notice how he or she feels...
- Repeat several times: A different person who has discovered an even more effective way...
- Reflect on images and see how they inform you of how you can sleep more easily, deeply
- Post-hypnotic suggestion for continued learning
- Application of strategies in imagery in the same way
 - Notice what this is like for you
 - Ego-strengthening

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Hypnotic Desensitization

■ Preparation and Desensitization

- **Train Hypnotic Relaxation:** Body scan, waves of relaxation, "relaxed/calm," etc...
- **Breath focus** – observe the sense of release with each exhale
- **Rehearse cue-controlled relaxation**, amplifying and deepening relaxation with each cue presentation – "relaxed" with each exhale, noticing the sense of release
- **Introduce the phobic stimulus immediately prior to the exhale/relaxation cue and then substitute the phobic stimulus for the relaxation cue** with the suggestion that the relaxation will deepen each time he or she thinks of or experiences the phobic stimulus
- PHS: Now and in the future, relaxation will automatically occur each time you think of or experience the phobic stimulus

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Sleep Promotion

- **Multimodal Intervention with Hypnosis**
 - **Performance Enhancement**
 - **Coping enhancement** hypnoprospectives of someone else who has effectively learned to relax comfortably in bed – notice how that person feels, notice how you come to feel those same sensations to the point at which you can imagine yourself just as comfortable and lying in the bed – apply to other stressors, also
 - **Cognitive Modification:** Imagery of applying constructive self-statements as derived from coping hypnoprospectives or identified in nonhypnotic interventions, rehearse in trance first, and then associate with bed/sleep environment

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Sleep Promotion

■ Multimodal Intervention with Hypnosis

■ Performance Enhancement

- Imagery of applying a wind-down period, becoming drowsy and ready for sleep, seeing self approaching bed with increasing desire to get in bed and relax even more deeply, noticing how relaxation deepens upon entering bed, relaxing into the support, and enjoying these sensations, sleep happens by itself and you drift off into a state of deep restorative sleep, relaxing again if you should be awakened and returning to this welcome state of deep restorative sleep. (And as you sleep deeply, you'll always be aware of anything of importance to your safety or well-being.) Once the body and mind have had sufficient rest and restoration, or if you need to be up at a specific time, you will awaken in the morning refreshed and comfortable, ready for your day's activities.

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Sleep Promotion

- **Multimodal Intervention with Hypnosis**
 - Relapse Prevention Training
 - After improvement is attained, have the patient imagine an episode of symptom recurrence and apply effective coping strategies
 - Post-hypnotic suggestion: Link first signs of sleep difficulty to spontaneous recall and application of sleep enhancement skills
 - Hypnodynamic Intervention
 - Hypnoprospectives regarding the meaning/purpose of not sleeping
 - Ideomotor exploration of unconscious reasons/issues
 - Bridge technique to identify prior experiences contributing to sleep difficulty
 - **Ego-State Therapy**
 - Reframe the symptom as a valuable strategy to accomplish some goal
 - Invite part that understands the reasons for sx to come forward and explain

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Treatment Planning

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ASCH Intermediate Workshop
May, 2026

2026 ASCH Intermediate Workshop

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Learning Objectives

- Discuss 3 issues in incorporating hypnosis in treatment
- Describe the TTM process of incorporating hypnosis in behavioral health work
- Provide 3 effective ways to introduce hypnosis in treatment
- Discuss 4 issues of hypnotic (un)responsiveness and client readiness

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Ways of Incorporating Hypnosis in Therapy

1. Client request, *e.g.*, "Help me with my GI problems!"
2. Therapist initiation, *i.e.*, "Have you ever considered hypnosis to manage this problem?"
 - Either way, therapist and client must be in agreement
 - Sound, solid therapeutic relationship is a must
cf., a sense of safety (polyvagal theory)
The social influence factors (Strong)
- Get to know the client as a person, *i.e.*, biopsychosocial framework
- If you do not know how to treat this client without using hypnosis, do NOT use hypnosis.

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Potential Issues in Hypnosis Use in Therapy

1. Appropriateness, *i.e.*, Is hypnosis indicated for the disorder? *e.g.*, smoking cessation vs. MCI
2. Client hypnotic responsiveness and motivation
 - Formal vs. informal assessment
 - Demystification of hypnosis (*i.e.*, loss of control, secret divulging, non-alerting)
3. Secondary gains
4. Therapy/client "readiness"
 - 6 stages of the Transtheoretical Model

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Transtheoretical Model of Change

- Stage 1: Non-contemplation (No interest in behavior change)
- Stage 2: Contemplation (Interest in behavior change in the next 6 months)
- Stage 3: Planning (Willingness to make *overt* behavior change in the next month)
- Stage 4: Action (Behavior change made in the past 6 months)
- Stage 5: Maintenance (Behavior change maintained for more than 6 months)
- Stage 6: Termination or relapse
- Source: Szupszynski & de Ávila (2021)

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Problem Identification and Goal Setting: A Review

- Specific and concrete assessment, *i.e.*, "Give me a good example of the problem you wish to overcome?"
 - Focus on "the first" "the latest" and "the worst"
 - "Exceptions", *i.e.*, successful management experience
- Appropriate, feasible goal setting
 - The "miracle question"
- Communication and mutual agreement of the goals
- Explication of hypnotic advantages

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Basic Principles of Hypnotic Therapy

- Empathy
- The "3-P" Rules
- Motivation
- Utilization
- Language


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Introducing Hypnosis as a Treatment Modality

1. Pre-induction, *i.e.*, expectancy set to reduce anxiety and enhance compliance
2. Trance *induction*, NOT therapy yet
3. Fractionation and teaching self-hypnosis
4. Hypnotic treatment proper, *i.e.*, trance *utilization*
5. Encourage home practice and self-hypnosis, *i.e.*, self-management

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Questions & Answers



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Selected Biography (1)

Porges, S. W. (2022). Polyvagal Theory: A science of safety. *Frontiers in integrative neuroscience*, 16, 871227.

Strong, S. R. (1991). Social influence and change in therapeutic relationships. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology: The health perspective* (pp. 540–562). Pergamon Press.

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Selected Biography (2)

Del Rio Szupszynski, K. P., & de Ávila, A. C. (2021). The Transtheoretical Model of Behavior Change: Prochaska and DiClemente's Model. In K. P. D. R. Szupszynski & A. C. de Ávila (Eds.), *Psychology of substance abuse: Psychotherapy, clinical management and social intervention* (pp. 205-216). Springer.

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ASCH Workshop
May, 2026

Integrating of Clinical
Hypnosis into Your
Practice

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Workshop Goals

- ▶ Discuss issues in incorporating hypnosis in treatment
- ▶ Describe the process of incorporating hypnosis in behavioral health work
- ▶ Provide effective ways to introduce hypnosis in treatment
- ▶ Discuss issues of hypnotic (un)responsiveness and client readiness

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Ways of Incorporating Hypnosis in
Therapy

1. Client request, *e.g.*, "Help me quit smoking!"
2. Therapist initiation, *i.e.*, "Have you ever considered hypnosis to manage this problem?"
 - ▶ First, the therapist and client must be in agreement
 - ▶ Sound, solid therapeutic relationship is a must
 - ▶ Finally, Get to know the client as a person, *i.e.*, biopsychosocial framework

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Potential Issues in Hypnosis Use in Therapy

1. Appropriateness, *i.e.*, Is hypnosis indicated for the disorder? *e.g.*, smoking cessation *vs.* MCI
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Transtheoretical Model of Change

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- Stage 4: Action (Behavior change made in the past 6 months)
- Stage 5: Maintenance (Behavior change maintained more than 6 months)
- Stage 6: Termination or relapse
- Source:* Prochaska, Redding, & Evers (2008)

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Problem Identification and Goal Setting: A Review

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Introducing Hypnosis as a Treatment Modality

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5. Encourage home practice and self-hypnosis, *i.e.*, self-management

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Questions & Answers



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CONSENT FOR CLINICAL HYPNOSIS & DOCUMENTATION

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 407-697-8584

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INFORMED CONSENT FOR THE USE OF CLINICAL HYPNOSIS IN TREATMENT

- CLIENT EDUCATION:
 - IMPERFECT NATURE OF MEMORY
 - LIMITS, CHANGES, LOSSES
 - RECONSTRUCTIVE VS. REPRODUCTIVE PROCESSES
 - SOURCE MISINFORMATION MEMORY ERROR
 - POSSIBILITY OF PSEUDOMEMORIES
 - HYPNOSIS AND MEMORY
 - HYPNOTIC RECALL IS UNRELATED TO ACCURACY

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INFORMED CONSENT FOR THE USE OF CLINICAL HYPNOSIS IN TREATMENT

- CLIENT EDUCATION:
 - SET REALISTIC EXPECTATIONS
 - IF NEW MEMORIES ARE RECOVERED, LIKELIHOOD OF MIXTURE OF ACCURATE AND INACCURATE INFORMATION
 - CAUTION CLIENTS IN INTERPRETING PERCEIVED RECOVERED MEMORIES
 - FOSTER OPENNESS TO NEW INFORMATION THAT MAY SIGNIFICANTLY ALTER MEANING
 - REPRESSION AS A PROCESS
 - AVOID PREMATURE CLOSURE

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INFORMED CONSENT FOR THE USE OF CLINICAL HYPNOSIS IN TREATMENT

- CLIENT EDUCATION:
 - POSSIBLE OUTCOMES:
 - INCREASED CONFIDENCE IN RECALL
 - DISBELIEVE RECALL
 - NOT SURE
 - PSEUDOMEMORY (FALSE MEMORY)
 - THERAPIST GUIDELINES:
 - CREATE ACCURATE EXPECTATIONS IN CLIENTS
 - APPROXIMATE FREE-RECALL
 - DO NOT INTRODUCE NEW INFORMATION
 - INCLUDE IN PSYCHOTHERAPIST-PATIENT CONTRACT (SIGNED)³⁴⁵

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INFORMED CONSENT FOR THE USE OF CLINICAL HYPNOSIS IN TREATMENT

- CONSENT
 - PSYCHOTHERAPIST-PATIENT AGREEMENT
 - PROGRESS NOTE

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Use at your own risk. These are not legally approved statements, and you should review use of any part of them with an attorney knowledgeable of the laws and rules in your state of practice.

Statement for Psychotherapist-Patient Agreement:

Clinical Hypnosis: If you elect to use hypnosis in the course of your treatment, please do so in consideration of the following information. Hypnosis is a form of treatment that may prove beneficial in terms of clinical improvement but may also have certain risks associated with its use. These risks may include the experience of intense unwanted feelings, thoughts, or memories that are often a natural and important part of the therapy process. In addition, memory is imperfect and research has shown that there is no guarantee that all information revealed during or after hypnosis is factually accurate. Consequently, should you recall events that are grounds for legal actions, please be aware that many courts of law will not admit hypnotically refreshed memories as testimony. Therefore, without corroborating evidence to support your recollections, the use of hypnosis may be associated with the loss of some legal rights. If you have any concerns about possible legal situations, you are advised to consult with an attorney about the use of hypnosis prior to engaging in such services.

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Use at your own risk. These are not legally approved statements, and you should review use of any part of them with an attorney knowledgeable of the laws and rules in your state of practice.

Statement for Progress Note when you obtained consent:

Focus of Session Today: Reviewed the nature of hypnosis and dispelled common misconceptions. Informed the patient of the imperfect nature of memory and the potential loss of legal rights associated with hypnotically refreshed memories. I stated that the purpose of this discussion was to alert him/her to the fact that images occurring during the use of hypnosis could be perceived as memories and that such perceived recollections could not be considered definitively accurate representations of reality. Moreover, I informed him/her that additional purposes of this discussion were to permit him/her to consent to the use of hypnosis in a fully informed manner, to prevent disruption of relationships based on possible erroneous interpretations of images, and to reduce the likelihood of memory misinterpretations. Reviewed common memory errors including source misinformation. The patient: did not report any concerns about these procedures, reported prior use of hypnosis, consented to the use of hypnosis in treatment, did not consent.; Reviewed the application of hypnotic techniques to specific treatment targets.

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DOCUMENTATION

- INDIVIDUAL SESSIONS
 - GOAL FOR USE OF HYPNOSIS
 - METHODS UTILIZED
 - ELICITATION, INTENSIFICATION, UTILIZATION, REALERTING
 - CLIENT'S REACTIONS, VERBALIZATIONS, RESPONSE
 - SUGGESTION QUALIFIERS AND REVERSALS
 - RETURN TO FULLY ALERT STATE AND ADDITIONAL INTERVENTIONS IF NEEDED

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DOCUMENTATION

- **EXAMPLE:**
 - HYPNOSIS: EYE-ROLL INDUCTION, BREATH FOCUS, BODY SCAN, SAFE PLACE IMAGERY (BEACH, NO ONE PRESENT, SOUND OF THE WAVES/SEA GULLS, SMELL OF SALT AIR), BREATH-FOCUS FOR AMPLIFICATION AND INTERNALIZATION OF SAFETY, TIME EXPANSION FOR GENERALIZATION AND MAINTENANCE, PHS FOR GRADED INCREASE IN SAFETY, REORIENTATION TO SUPPORT OF CHAIR AND OFFICE, SELF-PACED REALERTING WITH CUE FOR EYES OPEN FULLY ALERT STATE. PATIENT REPORTED ALERTNESS LEVEL OF 9/10 THAT WAS GREATER THAN 8/10 REPORTED PRIOR TO HYPNOSIS.

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DOCUMENTATION

- **REFERENCES**
 - HAMMOND, D. CORYDON. *CLINICAL HYPNOSIS AND MEMORY: GUIDELINES FOR CLINICIANS AND FOR FORENSIC HYPNOSIS*. SEATTLE, WA: AMER SOCIETY FOR CLINICAL HYPNOSIS, 1995.
 - BROWN, DANIEL, ALAN W. SCHEFLIN, AND D. CORYDON HAMMOND. *MEMORY, TRAUMA TREATMENT, AND THE LAW. MEMORY, TRAUMA TREATMENT, AND THE LAW*. NEW YORK, NY, US: W W NORTON & CO, 1998.

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Ethical Principles, Informed Consent, Professional Conduct, Organizations, Certification

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Ethical Practice of Hypnosis

- **Hypnosis**
 - Regression in the service of the ego
 - Increased suggestibility
 - Less vigilant and able to stand up for themselves
 - Increased contact with the unconscious
- **Greater responsibility** to protect clients from harm caused by suggestions and their own strong affects
- Always facilitate coping, mastery, autonomy, and freedom from fear

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Ethical Practice of Hypnosis

- **Guidelines for ethical practice of hypnosis**
 - Give to the patient, do not take away
 - Its not for the therapist to forbid or restrict or to attempt to shape the patient in his/her own image
 - Always strive to foster autonomy
 - Do not attempt to regress a patient to a former life
 - Patients will respond to time period the therapist is interested in and confabulate
 - Do not attempt to induce a person to make an immoral or criminal act
 - Do not coerce a person into destroying themselves
 - Suggested headache to wife and relief by taking overdose

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Ethical Practice of Hypnosis

- **Guidelines for ethical practice of hypnosis**
 - Record all posthypnotic suggestions verbatim and assess for impact in subsequent sessions
 - Uncover without piercing defenses too quickly
 - Suggest that *"when you return to the waking state, you will be able to bring up with you as much as you will be able to face"*
 - Do not demand that the patient talk about everything uncovered during trance
 - Respect the autonomy and the wisdom of the patient's own protective unconscious
- Do not support training of those without knowledge of psychology and psychopathology, e.g., Police Officers

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Ethical Practice of Hypnosis

- **Guidelines for ethical practice of hypnosis**
 - Do not use age regression indiscriminately or without adequate preparation
 - Do not use age progression with depressed or suicidal patients
 - Only use age progression with ego integrative suggestions of healthy growth and coping.
 - Do not support training of those without knowledge of psychology and psychopathology
 - Police Officers
 - Lay hypnotists
 - Patients that may attempt to use it on others
 - Specify that hypnosis is only for their use

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Issues of Informed Consent

- **Information**
 - Nature of clinical hypnosis
 - Possibility of pseudomemories
 - Possible loss of legal rights
- **Potential Benefits**
- **Potential Risks**
- **Treatment Alternatives**
- **Voluntary Nature of Hypnosis Use**
 - Option to discontinue and use alternative treatment strategies

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Code of Ethics

- The intent of ethics is to be a system of moral and professional code of conduct
- Know the code of ethics of your primary professional affiliation

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ASCH Code of Conduct

- Representation of one's hypnosis services to the public
- Practicing within the bounds of one's license, discipline, and competencies
- Responsibility for public education
- Continuing education
- Informed consent
- Teaching hypnosis to others (only licensed professionals or students in professional training programs)

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Hypnosis Ethical Issues

- Issue of lay hypnotist (stigma, image)
- Only use hypnosis in areas you would be prepared to treat without hypnosis
- Hypnotic relationships are professional relationships, even in context of workshops

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Practitioner-Client Relationship

- The contract
- Friendship vs. Professional Relationship
- Paternalism vs. Autonomy
- Boundaries and Dual Relationships
- Responsibility and Authority
- Disagreement concerning treatment
- Referrals

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Pitfalls Specific to Hypnosis

- Misdiagnosis
- Touch
- Heightened Transference
- Availability of unconscious material
- Legal issues- memory debate

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ASCH Membership and Certification

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ASCH Membership

- Full Member
 - No specific degree requirement
 - Licensed or certified to practice independently in the state in which one practices
 - Eligible for membership in a professional association consistent with one's professional degree
 - ASCH-approved Basic hypnosis course of 20 hours




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ASCH Membership

- Associate Member:
 - Meet all the requirements of Full Membership but have not yet completed the Level 1 workshop
- Resident/Intern Member:
 - Full-time Interns or Residents or completion of the degree and practicing under a licensed professional for hours towards licensure.
- Student Affiliate:
 - Graduate student in a regionally accredited program in a healthcare discipline and completed at least one semester of coursework
- Fellow:
 - Full Member plus:
 - Minimum of five years in ASCH membership
 - Significant contributions to ASCH and/or the field of hypnosis

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Certification in Clinical Hypnosis



- Ensures certified individuals are health care professionals licensed in their state/province to provide medical, dental, and psychotherapeutic services
- Certification distinguishes professional clinicians from lay-persons / lay hypnotists
- Certified individuals are encouraged to work toward the highest level of certification in hypnosis
- Indicates the person has had peer-reviewed education and training and has met the minimum requirements established by the Standards of Training Committee
- Certification does NOT imply "competence."

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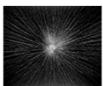
Certification in Clinical Hypnosis



- Appropriate degree
- Appropriate license or certification by the state or province in which you practice independently
- Association membership consistent with degree
- ASCH-approved Basic and Intermediate hypnosis course (40 hours total)
- 20 hours of Consultation Training by an Approved Consultant(s)
- Two years of experience using hypnosis in practice since the completion of a Level 1 workshop

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Approved Consultant



- Subsumes the above Certification criteria, plus:
- Minimum of 40 hours of ASCH approved Advanced workshop training
- Five years experience using hypnosis in practice
- Minimum of five years of membership in an ASCH-recognized hypnosis society/association
- Completion of the 10-hour ASCH Teaching and Consultation Workshop (TCW)

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Diplomate in Clinical Hypnosis

American Board of Psychological Hypnosis (ABPH)*

- Doctoral degree recognized by the APA
- Membership or eligibility for membership in the American Psychological Association
- Licensed or certified and possess or be eligible for ABPP Diplomate in clinical or counseling psychology
- Minimum of five years of acceptable experience with hypnosis
- Demonstration of advanced competency in the form of a video/audio tape of a session, a written and referenced case report of the session highlighting your theoretical model, a 3-4-hour oral defense of your case, and any other topics the committee chooses to review

*Diplomates available in Medicine (ABMH), Psychology (ABPH), Dentistry (ABHD), Nursing (ABHN), and Social Work (DAHBSW or DAHB)


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Professional Organizations

- ASCH - The American Society of Clinical Hypnosis www.asch.net
- SCEH - Society for Clinical and Experimental Hypnosis www.sceh.us
- ISH - International Society of Hypnosis
 - www.ish-web.org
- The Milton Erickson Foundation
 - www.erickson-foundation.org
- The American Psychological Association
 - Division 30: Psychological Hypnosis www.apa.org
- Component Sections of ASCH
 - Florida Society of Clinical Hypnosis www.fsch.org

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**Congratulations!
Great Job!**



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