SCEH Society for Clinical & Experimental Hypnosis

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Society of ISH

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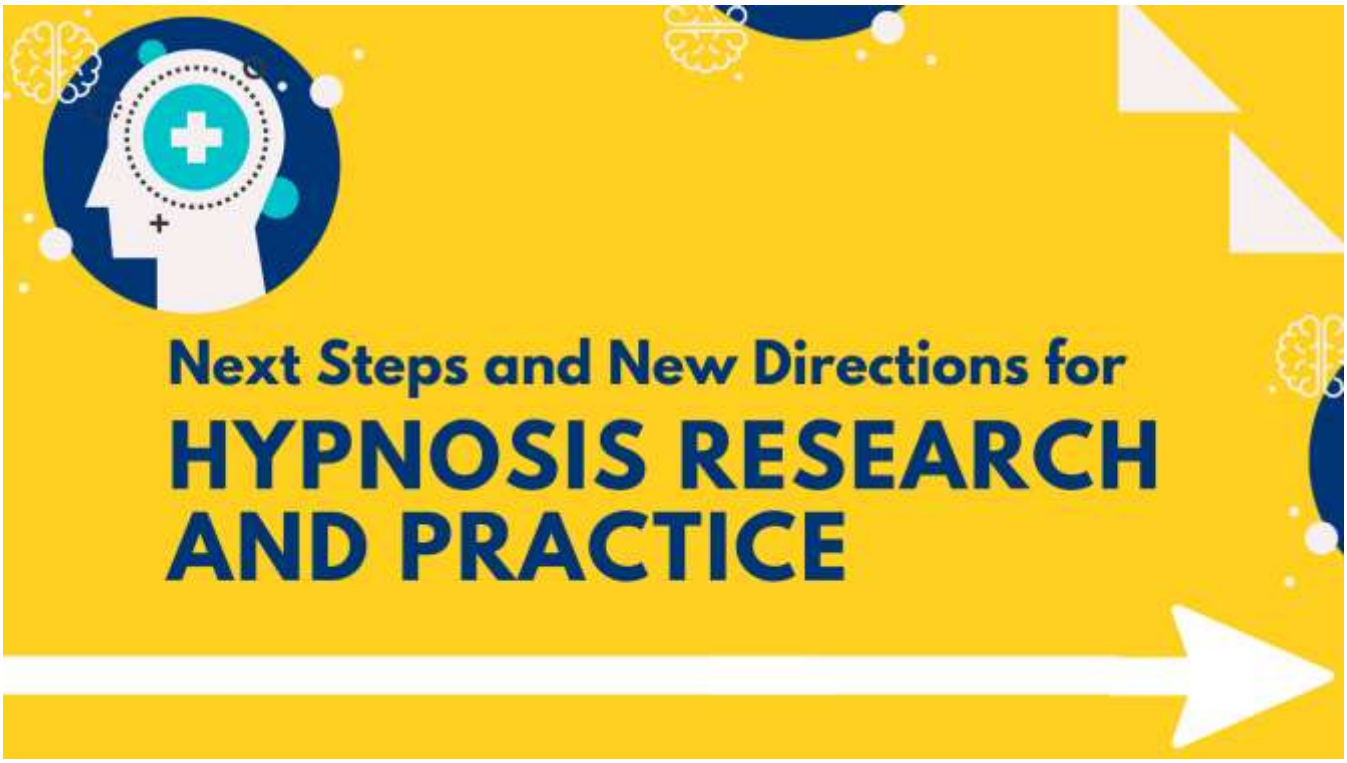

2022 Annual Conference Brochure

Accreditation Statement

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by Amedco LLC and Society for Clinical & Experimental Hypnosis. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Please refer to our website (link below) for the latest conference information.

Acknowledgements

SCEH EXECUTIVE COMMITTEE

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President Elect: Barbara S. McCann, PhD
Secretary: Catherine McCall, MD
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Immediate Past President: Janna A. Henning, JD, PsyD, FT

IJCEH Editor: Gary Elkins, PhD, ABPP, ABPH
Executive Director: Anne Doherty Johnson

2022 CONFERENCE COMMITTEE

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Barbara S. McCann, PhD and Tova Fuller, MD, PhD

Skills /Intermediate Workshops Co-Chairs:
Alexandra Chadderdon, PsyD and Deanna Denman, PhD

Advanced Workshops Co-Chairs:
Nina Mayr, MD and Liz Slonena, PsyD

SCIENTIFIC PROGRAM CO-CHAIRS

Madeline Stein, MA and Afik Faerman, MS

COMMITTEE MEMBERS

Members: Ciara Christensen, PhD

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Introduction

This year's Annual Conference continues SCEH's proud tradition of evidence-based professional development and educational sessions on clinical hypnosis. The Annual Conference provides attendees the opportunity to explore new topics, learn best practices and tools, gain continuing education credits and engage in vibrant debate with instructors and colleagues."

All Presenters and Attendees are asked to familiarize themselves with SCEH Confidentiality Statement for Attendees and Presenters.

Agenda is subject to change. SCEH reserves the right to cancel any workshop or activity due to insufficient registration.

Conference Theme

Our 2022 conference theme, *Next Steps and Future Directions for Hypnosis Research and Practice*, reflects the Society's commitment to research and practice, and how each informs the other. The theme reflects the diverse clinical settings in which our clinical members practice, and the wide range of research questions that arise from those interactions. Important work on elements fundamental to understanding hypnosis, such as the nature of consciousness, beliefs, and suggestion, point to next steps and future directions for advancing our understanding of practical applications of hypnosis. We invite workshop proposals supported by research findings, and scientific program submissions ranging from basic research findings to outcome data broadly relevant to hypnosis.

Who Should Attend

Our events are designed for health care professionals who are eligible for SCEH membership. SCEH membership is available to physicians; dentists; doctoral level speech pathologists and pharmacists; doctoral level practitioners of Traditional Chinese Medicine (accredited by the Accreditation Commission for Acupuncture and Oriental Medicine); those with a masters or higher degree in psychology, marital/family therapy (or couples/family therapy), counseling, nursing, physicians assistants, social work (accredited by the Council on Social Work Education), health coaching, or physical and occupational therapy. Membership will also be available to those with a bachelors or higher degree and licensure as nurses, dental hygienists, paramedics, midwives, or mental health counsellors/associates. Student Affiliate Membership is available to candidates (students, interns or residents) for those degrees noted above. View SCEH membership eligibility requirements.

Conference Times

Please note that all listed times are in Pacific Time (PT). Click here for help converting time zones.

Conference Breaks

See details on break times in the specific agendas for each section.

Getting Prepared for our Virtual Event

We ask all attendees to kindly review this section before the conference so that you will be fully prepared to participate in our online event and can maximize your experience.

Conference Policies for Attendees and Presenters

All attendees must agree to SCEH policies stated on this page of our website and must attest to agreement with them on the event registration form.

Using the Zoom Online Platform

If unfamiliar with the Zoom online meeting platform, please visit the Getting Started page to do a quick practice session and learn more: https://support.zoom.us/hc/en-us/categories/200101697. Use the Zoom desktop app for Windows, Mac OS or Linux for the best experience. Please test your audio and video prior to presentation, by clicking here: https://support.zoom.us/hc/en-us/articles/115002262083-Joining-a-Test-Meeting

Technical Support

SCEH is unable to provide attendees with technical support during the conference. Please be sure to test your connectivity in advance. You are encouraged to log into the meeting at least 15 minutes prior to the start of the Workshop(s) and Scientific Program sessions you are attending, using the links we provide.

Event Start Times

We will open our virtual meeting 5-10 minutes before the start of each day's programming so that you can see that your ZOOM settings are ready to go. We will also take a few minutes at the end of each Workshop to make a few brief, relevant announcements about the conference.

Live Attendance Required for Continuing Education (CE or CME) Credit

You must attend the live event to earn CE or CME. It is your responsibility to complete CE/ CME documentation and submit it by the deadline indicated. See Continuing Education section for more information

Slides and Additional Handouts

Presenter slides and additional handouts may be provided at the discretion of the Presenter. A link to these materials will be shared via the Chat feature during the live presentation.

Questions for Presenters

Workshop Presenters will take attendee questions using the chat feature. Please direct your questions to the Workshop Host who will convey them to the Presenter.

ADA

If you require special accommodations to attend, please contact the SCEH office as early as possible at info@sceh.us.

Logistics Questions about the Conference

Contact us as info@sceh.us.

Conference Schedule at a Glance

	Introductory Workshop (taken as a cohort)	Intermediate/ Skills Workshop (taken as a cohort)	Advanced Workshops (mix & match Advanced & Intermediate/ Skills topics)	Scientific Program (taken as a cohort)	Networking Activities
Wednesday	8:00 AM - 2:00 PM PT	8:00 AM - 1:45 PM PT	8:00 AM – 1:45 PM PT		General Networking Session 3-4 PM PT
Thursday	8:00 AM - 1:30 PM PT	8:00 AM - 1:15 PM PT	8:00 AM - 1:45 PM PT		SCEH Member Meeting 3-4:30 PM PT
Friday	8:00 AM - 1:30 PM PT	8:00 AM - 1:15 PM PT	8:00 AM - 1:45 PM PT		SCEH Awards Celebration
Saturday				8:00 AM - 2:00 PM PT	Student/ ECP Networking Session 3-4 PM PT
Sunday				8:00 AM - 2:00 PM PT	Women's Networking Session 3-4 PM PT

Keynote Speakers

Complete details appear under Scientific Program Agenda and Session Descriptions.

(Listed in order of appearance)

Saturday, October 15, 2022

9:45-10:45 AM PT

Mind-Body Therapies in Health Care Settings: My Journey with Mindfulness-Based Cancer Recovery

Linda E. Carlson, PhD, CPsych, Department of Psychosocial Oncology, University of Calgary, Alberta, Canada

12:00-1:00 PM PT

The Modified States of Consciousness and Clinical Hypnosis: Neuroscience, Taxonomy, and Neurophilosophy of Mind in Humanistic Therapy

Maria Paola Brugnoli, MD, PhD, Pontifical University Regina Apostolorum, Roma, Italy

1:00-2:00 PM PT

Now We Really Know that It Works!

Safe place suggestions significantly reduce impulsivity, stress and anxiety.

Barbara Schmidt, PhD, Institute for Psychosocial Medicine, Psychotherapy and Psychooncology, Jena University Hospital, Jena, Germany

Sunday, October 16, 2022

9:45-10:45 AM PT

Is It Real? Unravelling the neural mechanisms of hypnotic hallucination

Renzo Lanfranco, PhD, Department of Neuroscience, Karolinska Institutet, Solna, Sweden

CONTINUING EDUCATION – CE and CME

Society for Clinical & Experimental Hypnosis
2022 Annual Conference
October 12 – 16, 2022
Live Online

Continuing Education (CE) Language

Society for Clinical & Experimental Hypnosis

2022 Annual Conference
October 12 – 16, 2022
Live Online

Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by Amedco LLC and Society for Clinical & Experimental Hypnosis. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physicians (ACCME) Credit Designation

Amedco LLC designates this live activity for a maximum of 23.50 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- Introductory Workshop in Clinical Hypnosis: maximum of 13.00
- Intermediate/Skills Workshop in Clinical Hypnosis: maximum of 12.50
- Advanced Workshops in Hypnosis: maximum of 13.50
- Scientific Program: maximum of 10.00

Psychologists (APA) Credit Designation

This course is co-sponsored by Amedco and the Society for Clinical & Experimental Hypnosis. Amedco is approved by the American Psychological Association to sponsor continuing education for psychologists. Amedco maintains responsibility for this program and its content. 23.50 hours.

- Introductory Workshop in Clinical Hypnosis: maximum of 13.00
- Intermediate/Skills Workshop in Clinical Hypnosis: maximum of 12.50
- Advanced Workshops in Hypnosis: maximum of 13.50
- Scientific Program: maximum of 10.00

The following state boards accept courses from APA providers for Counselors: AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, MD, ME, MO, NC, ND, NH, NE, NJ, NM, NV, OK*, OR, PA, RI, SC, SD, TN, TX, UT, VA, WI, WY

MI: No CE requirements

The following state boards accept courses from APA providers for MFTs: AK, AR, AZ, CA, CO, CT, DE, FL, GA, IA, ID, IN, KS, MD, ME, MO, NE, NC, NH, NJ, NM, NV, OK*, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WY

The following state boards accept courses from APA providers for Addictions Professionals: AK, AR, CO, CT, DC, DE, GA, IA, IN, KS, LA, MD, MO, MT, NC, ND, NE, NJ, NM, NY (outstate held), OK*, OR, SC, UT, WA, WI, WY
*** OK accepts APA credit for live, in-person activities. For all ethics and/or online courses, an application is required.**

MA / MFTs: Participants can self-submit courses not approved by the MAMFT board for review.

The following state boards accept courses from APA providers for Social Workers: AK, AR, AZ, CA, CO, DE, FL, GA, ID, IN, KY, ME, MN, MO, NE, NH, NM, OR, PA, VT, WI, WY

Social Workers (ASWB) Credit Designation

As a Jointly Accredited Organization, Amedco is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Amedco maintains responsibility for this course. Social Workers completing this course receive 23.50 GENERAL continuing education credits.

- Introductory Workshop in Clinical Hypnosis: maximum of 13.00
- Intermediate/Skills Workshop in Clinical Hypnosis: maximum of 12.50
- Advanced Workshops in Hypnosis: maximum of 13.50
- Scientific Program: maximum of 10.00

The following state boards accept courses offering ASWB ACE credit for Social Workers: AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NC, ND, NE, NH, NM, NV, OH, OK*, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV* , WY

*** WV accepts ASWB ACE unless activity is live in West Virginia, an application is required.**

The following state boards accept courses offering ASWB ACE credit for Counselors: AK, AR, AZ, CA, CO, CT, DC, FL, GA, IA, ID, IL, IN, KS, MA, MD, ME, MO, ND, NE, NM, NH, NV, OK*, OR, PA, TN, TX, UT, VA, WI, WY

*** AL:** Activities without NBCC approval may be approved upon receipt of documentation prior to the activity BEFORE the event. No approvals afterward by the board.

***MI:** No CE requirement

The following state boards accept courses offering ASWB ACE credit for MFTs: AK, AR, AZ, CA, CO, FL, IA, ID, IN, KS, MD, ME, MO, NC, NE, NH, NM, NV, OK*, OR, PA, RI, TN, TX, UT, VA, WI, WY

***MA MFTs:** Participants can self-submit courses not approved by the MAMFT board for review.

***MI:** No CE requirement
*** OK accepts ASWB ACE for live, in-person activities. For all ethics and/or online courses, application is required.**

The following state boards accept courses offering ASWB ACE credit for Addictions Professionals: AK, CA, CO, CT, GA, IA, IN, KS, LA, MO, MT, ND, NM, NV, OK, OR, SC, WA, WI, WV, WY

New York Board for Social Workers (NY SW)

Amedco SW CPE is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0115. 23.50 hours.

- Introductory Workshop in Clinical Hypnosis: maximum of 13.00
- Intermediate/Skills Workshop in Clinical Hypnosis: maximum of 12.50
- Advanced Workshops in Hypnosis: maximum of 13.50
- Scientific Program: maximum of 10.00

New York Board for Mental Health Counselors (NY MHC)

Amedco is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed mental health counselors. #MHC-0061. 23.50 hours.

- Introductory Workshop in Clinical Hypnosis: maximum of 13.00
- Intermediate/Skills Workshop in Clinical Hypnosis: maximum of 12.50
- Advanced Workshops in Hypnosis: maximum of 13.50
- Scientific Program: maximum of 10.00

New York Board for Marriage & Family Therapists (NY MFT)

Amedco is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed marriage and family therapists. #MFT-0032. 23.50 hours.

- Introductory Workshop in Clinical Hypnosis: maximum of 13.00
- Intermediate/Skills Workshop in Clinical Hypnosis: maximum of 12.50
- Advanced Workshops in Hypnosis: maximum of 13.50
- Scientific Program: maximum of 10.00

New York Board for Psychology (NY PSY)

Amedco is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0031. 23.50 hours.

- Introductory Workshop in Clinical Hypnosis: maximum of 13.00
- Intermediate/Skills Workshop in Clinical Hypnosis: maximum of 12.50
- Advanced Workshops in Hypnosis: maximum of 13.50
- Scientific Program: maximum of 10.00

WORKSHOP PROGRAM OVERVIEW

SCEH workshops teach participants hypnotic theory and practical techniques for immediate use in professional practice. Workshops are scientifically based and of the highest teaching quality. Most workshops include demonstrations and/or practica or other experiential components. Workshops meet accepted Standards of Training in Clinical Hypnosis and count toward SCEH Certification.

SCEH offers **Introductory**, **Intermediate/Skills** and **Advanced** level clinical hypnosis workshops.

- ***Introductory (Basic) Workshop in Clinical Hypnosis***
  (Taken as a cohort)
  CE/CME: 13

- **Intermediate/Skills Workshops *in Clinical Hypnosis***
  (Taken as a cohort, or Advanced Workshop registrants can choose from a selection of sessions.)
  This workshop can be used toward intermediate certification or simply to refresh hypnotic skills.
  CE/CME: 12.5

- ***Advanced Workshops in Hypnosis***
  (Choose from a selection of concurrent sessions or mix and match with Intermediate/Skills Workshop sessions.)
  CE/CME: Varies by workshops selected

100 - Introductory Workshop in Clinical Hypnosis

Wednesday, October 12, 2022 through Friday, October 14, 2022

Co-Chairs: Barbara S. McCann, PhD and Tova Fuller, MD, PhD

Faculty: Casey Applegate-Aguilar, MA, MS, LPCC, LSAA, ACHt, CIMHP; Vivek Datta, MD, MPH; Tova Fuller, MD, PhD; Janna A. Henning, JD, PsyD, FT; Cassondra Jackson, MA; Catherine McCall, MD; Barbara S. McCann, PhD; Donald Moss, PhD and Liz Slonena, PsyD

Introductory (Basic) Workshop Overview

This class is taken as a cohort over three days. This workshop meets accepted Standards of Training in Clinical Hypnosis and count toward SCEH Certification. Upon completion, clinicians will be able to begin to use hypnosis,

For hundreds of years, hypnosis has been a powerful tool that has allowed medical and psychological providers a means to assist patients or clients to effect meaningful changes in mental and physical health. This course follows established Standards of Training to provide students with a basic background and understanding to begin using hypnosis within the context of their own scope of practice.

In addition to reviewing a brief history of hypnosis, this course will introduce students to the steps to facilitate a hypnotic state along with various types of suggestions for positive therapeutic change. Emphasis will be placed on how to integrate these skills into clinical practice or apply to research models.

CE/CME: 13

Introductory Workshop Agenda and Learning Objectives

NOTE: All times are listed in Pacific Time (PT). *Click here for help converting time zones.*
Agenda subject to change.

Wednesday, October 12, 2022 -- 8:00 AM-2:00 PM PT

Introduction to Clinical Hypnosis (8:00-8:30 AM PT; Barbara S. McCann, PhD)

- Provide at least one commonly accepted definition of clinical hypnosis.
- Explain three hypnosis terms and how they apply to the clinical hypnosis experience.
- Define two commonly held misperceptions concerning hypnosis and give an accurate rebuttal for each.

Neurophysiology of Hypnosis (8:30-9:15 AM PT; Tova Fuller, MD, PhD)

- Describe how hypnosis affects the autonomic nervous system and the stress response.
- Detail three implications of neurophysiological research on the practice of clinical hypnosis.

Anatomy of the Hypnotic Experience (9:15-10:00 AM PT; Cassondra Jackson, MA);

Includes video demonstration of induction, re-alerting, and debriefing

- Describe the steps in a formal hypnotic encounter.
- Identify two characteristics of trance exhibited by the subject.
- Define three changes the facilitator made during the re-alerting phase of trance.

Break (10:00-10:15 AM PT)

Principles and Process of Rapport, Attunement, Induction, and Re-alerting (10:15-10:45 AM PT; Barbara S. McCann, PhD)

- Describe three effective ways to build and reinforce rapport.
- Describe at least four observable physiological and four psychological/ behavioral signs of trance.
- Discuss the importance of removing suggestions.
- Demonstrate at least three methods of re-alerting.

SMALL GROUP PRACTICE I: Induction and Re-alerting (10:45-11:30 AM PT; Barbara S. McCann, PhD)

- Practice induction and re-alerting

Group Hypnosis Experience (11:30 AM-12:00 PM PT; Barbara S. McCann, PhD)

- Experience clinical hypnosis and identify three aspects of their individual experience of trance.

Break (12:00-1:00 PM PT)

Hypnotic Phenomena (1:00-1:30 PM PT); Barbara S. McCann, PhD); includes video demonstration of hypnotic phenomena and trance logic

- Explain five different hypnotic phenomena.
- Describe how the concept of trance logic and other hypnotic phenomena can be used therapeutically.
- List three principles of eliciting phenomenon.
- Define abreaction and describe how it can be addressed therapeutically.

SMALL GROUP PRACTICE II: Eliciting Hypnotic Phenomena (1:30-2:00 PM PT; Barbara S. McCann, PhD)

- Elicit hypnotic phenomena without the use of induction. Choose from (1) magnetic hands; (2) eyelids getting heavier; or (3) finger lock.

Thursday, October 13, 2022 --8:00 AM-1:30 PM PT

Deepening of Hypnotic Experience (8:00-8:15 AM PT; Casey Applegate-Aguilar, MA, MS, LPCC, LSAA, ACHt, CIMHP)

- Describe three methods of deepening.
- Demonstrate the ability to intensify the hypnotic experience in ways best tailored to their patient/client.

SMALL GROUP PRACTICE III: Deepening the Hypnotic Experience (8:15-9:00 AM PT; Casey Applegate-Aguilar, MA, MS, LPCC, LSAA, ACHt, CIMHP)

Strategies for Managing Resistance (9:00 -9:45 AM PT; Vivek Datta, MD, MPH)

- Describe three types of resistance.
- Identify four strategies for bypassing or working through resistance.

Break (9:45-10:00 AM PT)

Ego Strengthening (10:00-10:15 AM PT; Liz Slonena, PsyD)

- Define what is meant by ego strengthening and how it might be used in clinical practice.
- Identify three different types of ego strengthening.
- Describe at least three strategies for ego strengthening in clinical hypnosis practice.

SMALL GROUP PRACTICE IV: Ego Strengthening (10:15-11:00 AM PT; Liz Slonena, PsyD)

Self-Hypnosis: How and What to Teach Patients (11:00-11:15 AM PT; Catherine McCall, MD)

- Define self-hypnosis and explain the difference between self-hypnosis and heterohypnosis.
- Describe at least three therapeutic applications of self-hypnosis in clinical practice.
- Demonstrate how to teach self-hypnosis to a patient.

SMALL GROUP PRACTICE V: Teaching Self-Hypnosis (11:15 AM -12:00 PM PT; Catherine McCall, MD)

Break (12:00-1:00 PM PT)

Formulation of Suggestions (1:00-1:30 PM PT; Barbara S. McCann, PhD)

- Explain at least two ways hypnotic communication creates positive expectancy.
- Discuss Erickson's Principle of Individualization and Utilization as it pertains to language and suggestion.
- Name at least four commonly used words/phrases to reinforce the patient's hypnotic experience.
- Differentiate between direct and indirect suggestion.

Friday, October 14, 2022 -- 8:00 AM-1:30 PM PT

Introducing Hypnosis to the Patient/Client (8:00-8:15 AM PT; Janna A. Henning, JD, PsyD, FT)

- Summarize at least three key points about hypnosis to discuss in a non-technical manner with a client or patient/client.
- Review important elements and recommended procedures in obtaining informed consent regarding the use of hypnosis clinically.

SMALL GROUP PRACTICE VI: Introducing Hypnosis to the Patient/Client (8:15-9:00 AM PT; Janna A. Henning, JD, PsyD, FT)

Treatment Planning, Strategy and Technique Selection in Clinical Hypnosis (9:00-9:15 AM PT; Barbara S. McCann, PhD)

- Execute a thorough case assessment to elucidate the information necessary to develop a quality treatment plan.
- Design a treatment plan for a patient/client who presents with anxiety.
- List four 4 hypnotic techniques/ applications that may be best suited to achieve the specific therapeutic goal in the case presented.

GROUP DISCUSSION: Treatment Planning, Strategy and Technique Selection in Clinical Hypnosis (9:15-10:00; AM PT Barbara S. McCann, PhD)

Break (10:00-10:15 AM PT)

Hypnosis with Children (10:15-11:00 AM PT; Casey Applegate-Aguilar, MA, MS, LPCC, LSAA, ACHt, CIMHP)

- Identify three developmental characteristics that make children particularly hypnotizable.
- Describe how hypnotic approaches vary according to the developmental age of the child.
- Describe the therapeutic benefits and applications of using hypnosis with children.

GROUP DISCUSSION: Integrating Hypnosis into Clinical Practice (11:00-11:45 AM PT; Barbara S. McCann, PhD)

- Describe situations of uncertainty that might occur as clinical hypnosis is included in practice and identify strategies for managing/resolving such.
- List three uses of hypnosis to your discipline that you have been taught and are ready to apply and three applications of hypnosis that require more training.
- Describe three ways you will begin to incorporate hypnotic communication, hypnosis and hypnotic techniques into your practice.

Break (11:45 AM-12:45 PM PT

Ethical Principles and Professional Conduct (12:45-1:15 PM PT, Donald Moss, PhD)

- Describe two ethical-legal issues.
- Discuss standards for professional conduct in using hypnosis clinically.
- Discuss the fallibility of memory.

Membership and Certification in SCEH and ASCH (1:15-1:30 PM PT; Donald Moss, PhD)

- Discuss ASCH and SCEH clinical hypnosis standards of training, levels of training, and requirements for ASCH and SCEH certification.
- Describe available opportunities for further training, membership and certification.

Workshop Concludes (1:30 PM PT)

Bibliography

- Elkins, G. R. (Ed.). (2017). *Handbook of Medical and Psychological Hypnosis: Foundations, Applications, and Professional Issues*. Springer Publishing Company.
- Hammond, D.C. (1990). *Handbook of Hypnotic Suggestion and Metaphors*. Norton.
- Jensen, M. O. (Ed.). (2017). *The Art and Practice of Hypnotic Induction: Favorite Methods of Master Clinicians*. Denny Creek Press.

- Kuttner, L. (2020). Pediatric Hypnosis: Treatment that Adds and Rarely Subtracts. *International Journal of Clinical and Experimental Hypnosis*, *68*(1), 16-28. https://doi.org/10.1080/00207144.2020.1685329
- Yapko, M.D. (2019). Trancework: An Introduction to the Practice of Clinical Hypnosis. 5th Edition. Routledge.
- Elkins, G. (2014). Hypnotic Relaxation Therapy: Principles and Applications. Springer.

Intermediate/Skills Workshop(s)

Wednesday, October 12 through Friday, October 14, 2022

Skills Workshop Co-Chairs: *Alexandra Chadderdon, PsyD and Deanna Denman, PhD*

Faculty: *Louis F. Damis, PhD, ABPP, FASCH; Gary Elkins, PhD, ABPP, ABPH; Carol Ginandes, PhD, ABPP; Lindsey C. McKernan, PhD, MPH; Nicholas Olendzki, PsyD; Shelby Reyes, PhD and Elizabeth E. Slonena, MSCP, PsyD*

Skills 200 – Intermediate/Skills Workshop taken as a cohort. If you wish to take the Intermediate/Skills Workshops to satisfy Intermediate level requirements for certification, please note that you must take all the Intermediate/Skills Workshops as a cohort, requiring full attendance for the duration of the Intermediate/Skills Workshops, Wednesday through Friday.

Advanced Workshop participants may mix and match with Advanced Workshops.

Note scheduled breaks:

- *9:30-9:45 AM PT*
- *10:45-11:30 AM PT*
- *12:00-12:15 PM PT*

Intermediate/Skills Workshops Overview

Intermediate/Skills Workshops consist of sessions that feature a variety of hypnotic techniques, for induction, deepening, and therapeutic application. These Workshops are designed to refresh and expand skills. They are offered at the intermediate level, and will serve for persons seeking certification. They will also provide useful opportunities for advanced professionals to refine hypnotic technique.

CE/CME: 13

Intermediate/Skills Workshops – Program Agenda

Wednesday thru Friday	**Skills 200 - Intermediate/Skills Workshop taken as a cohort.**
Wednesday	
8:00 AM-1:30 PM PT	**Skills 201 - Hypnosis for Treatment of Trauma** (Damis)
Thursday	
8:00-9:30 AM PT	**Skills 202 - Working Through Challenges in Problem-Focused Hypnosis** (McKernan)
9:45-10:45 AM PT	**Skills 203 - Assessment of Hypnotizability** (Elkins)
11:30 AM-1:15 PM PT	**Skills 204 - Hypnosis Application for Anxiety Disorders** (Reyes)
Friday	
8:00-10:15 AM PT	**Skills 205 - Mindful Hypnotherapy: Principals and Experiential Practice** (Slonena and Olendzki)
11:00 AM-1:15 PM PT	**Skills 206 - Seeding Metaphors to Fertilize and Grow Therapeutic Changes** (Ginandes)

Intermediate/Skills Workshops – Session Descriptions and Learning Outcomes

Wednesday through Friday, October 12-14, 2022

200 - Intermediate/Skills Workshops Taken as a Co-hort

For agenda, see times, workshop topics and faculty listed below.

Wednesday, October 12, 2022

4.5 CE/ CME

8:00 AM - 1:30 PM PT

201 - Hypnosis for Treatment of Trauma

Louis F. Damis, PhD, ABPP, FASCH

This workshop presents an overview of a phase-oriented approach to treating trauma, including aspects of attachment repair, emphasizing the necessary client capacities to effectively process and resolve adverse childhood and other trauma-related experiences. This approach's stabilization and skill-building components will include psychophysiological and hypnotic techniques for establishing the neurophysiological substrate for trauma resolution and attachment repair. Whereas this will be an overview of hypnotic trauma recovery strategies, participants will be able to apply basic hypnotic stabilization skills with their traumatized clients. This workshop will include didactic presentations, a demonstration, and a practice session.

Learning Objectives

1. Describe the three components of the phase-oriented treatment of trauma.
2. List two strategies for establishing a neurophysiological substrate for trauma processing and attachment repair.
3. Describe the importance of prioritizing neglect repair and related implicit memory modification hypnotic strategies.
4. Describe two specific clinical hypnosis strategies for each phase of trauma recovery.
5. In practice sessions, demonstrate increased knowledge and comfort in applying hypnotic skills in treating trauma.

Intermediate/Skills Workshop, continued

References

- Brown, D. P., & Elliott, D. S. (2016). *Attachment Disturbances in Adults: Treatment for Comprehensive Repair*. W. W. Norton & Company.
- Brown, D. P., & Fromm, E. (1986). *Hypnotherapy and Hypnoanalysis*. Lawrence Erlbaum Associates.
- Brown, D., Scheflin, A. W., & Hammond, D. C. (1998). *Memory, trauma treatment, and the law* (pp. xii, 786). W. W. Norton & Co.
- Damis, L. F. (2022). The Role of Implicit Memory in the Development and Recovery from Trauma-Related Disorders. *NeuroSci*, *3*(1), 63–88. https://doi.org/10.3390/neurosci3010005
- Ford, J. D., & Courtois, C. A. (2020). *Treating Complex Traumatic Stress Disorders in Adults, Second Edition: Scientific Foundations and Therapeutic Models*. Guilford Publications.
- Porges, Stephen W., and Deb A. Dana. (2018). *Clinical Applications of the Polyvagal Theory: The Emergence of Polyvagal-Informed Therapies (Norton Series on Interpersonal Neurobiology)*. W. W. Norton & Company.

Thursday, October 13, 2022

1.5 CE/CME

8:00 - 9:30 AM PT

202 - Working Through Challenges in Problem-Focused Hypnosis

Lindsey C. McKernan, PhD, MPH

Although time-limited, problem-focused hypnosis is not always simple or straightforward. In this 90-minute workshop, we will discuss and explore difficult cases and clinical scenarios that may lead to feeling stuck or overwhelmed when navigating short-term treatment. We will focus on cases of high complexity such as those with co-occurring medical and psychological complaints. We will discuss and practice strategies to 1) expand and adjust suggestions for complex presentations 2) alter inductions when patients struggle with imagery or experience and 3) use exploratory approaches during hypnosis to identify and work through stuck points. The goal of the workshop is to provide concrete tools and strategies to promote responsivity and flexibility in problem-focused hypnosis. These strategies will be demonstrated and practiced using case material from the presenter and attendees. This workshop is intended for an intermediate audience, where some hypnosis experience is preferable.

Learning Objectives

1. Create and demonstrate a framework for suggestion generation using the biopsychosocial model.
2. Identify two inductions to explore with cases, practicing at least one in session.
3. Describe the use of metaphor to address internal conflicts related to the presenting problem.

Bibliography

- Yapko, M (2018). Trancework: An Introduction to the Practice of Clinical Hypnosis. New York: Routledge
- Jensen, M. P. (Ed). (2019). Hypnosis for acute and procedural pain management: Favorite methods of master clinicians. Kirkland, WA: Denny Creek Press.
- Elkins, G. (Ed). (2017). Handbook of medical and psychological hypnosis: Foundations, applications, and professional issues. New York: Springer.

1 CE/CME

9:45 – 10:45 AM PT

203 - Assessment of Hypnotizability

Gary Elkins, PhD, ABPP, ABPH, Baylor University

Assessment of hypnotizabilty can provide important information regarding case conceptualization, treatment planning, and mechanisms of hypnosis interventions. In addition, assessment of hypnotizability may be a useful means of introducing hypnosis through experiential means and may have therapeutic benefits. The Elkins Hynotizability Scale (EHS) can be integrated into clinical practice. The clinical form (EHS-CF) takes about 20 minutes to administer. The EHS has very validity and is one of the most reliable measures of hypnotizability with test-retest reliability (.93). In this workshop, participants will gain knowledge about hypnotizability, methods of clinical and formal assessment, and use of the EHS Clinical Form. Foundational research and implications for clinical practice will be presented. Participants will learn how to administer and score the EHS-CF and integrate into their clinical practice.

Learning Objectives

1. Define hypnosis and hypnotizability.
2. Demonstrate administration and scoring of the EHS.
3. Describe how to integrate the EHS into clinical practice.

Bibliography

- Elkins, G. (2017). Handbook of medical and psychological hypnosis: Foundations, applications, and professional issues, New York, NY: Springer Publishing Co.
- Elkins, G., Johnson, A. K., Johnson, A. J., & Sliwinski, J. (2015). Factor Analysis of the Elkins Hypnotizability Scale. *International Journal of Clinical and Experimental Hypnosis*, 63(3), 335–345. https://doi.org/10.1080/00207144.2015.1031550
- Kekecs, Z., Bowers, J., Johnson, A., Kendrick, C., & Elkins, G. (2016). The Elkins Hypnotizability Scale: Assessment of reliability and validity. *International Journal of Clinical and Experimental Hypnosis*, 64(3), 285–304. https://doi.org/10.1080/00207144.2016.1171089

1.5 CE/CME

11:30 AM -1:15 PM PT

204 - Hypnosis Application for Anxiety Disorders

Shelby Reyes, PhD, Osher Center for Integrative Medicine, Vanderbilt University Medical Center

This session will explore the clinical components of anxiety to establish the various points at which hypnosis can be utilized as an intervention technique. The purpose of this session will be to discuss a variety of different types of inductions and suggestions, for generalized anxiety, situational anxiety, specific phobias, and anxiety related medical conditions. There will also be time given to practice generating in-the-moment suggestions utilizing case examples and working in small groups.

Learning Outcomes

1. Identify the psychological and physiological components that make up anxiety disorders.
2. Identify research literature that demonstrates efficacy for the utilization of hypnosis in the treatment of anxiety disorders.
3. Identify at least five different types of techniques or hypnotic suggestions that can be utilized to treat generalized anxiety and phobias, along with their rationale.
4. Engage in suggestion generation based on case material and practice at least one hypnotic technique for anxiety disorders.

Bibliography

- Daitch, C. (2011). *Anxiety disorders: The go-to guide for clients and therapists*. New York, NY: Norton.
- Daitch, C. (2018). Cognitive behavioral therapy, mindfulness, and hypnosis as treatment methods for generalized anxiety disorder. *American Journal of Clinical Hypnosis*, *61*(1), 57-69.
- Facts & Statistics. (n.d.). Retrieved June 17, 2022, from https://adaa.org/about-adaa/press-room/facts-statistics.
- Fowers, A., & Wan, W. (2020, May 26). A third of Americans now show signs of clinical anxiety or depression, Census Bureau finds amid coronavirus pandemic. Retrieved September 13, 2020, from https://www.washingtonpost.com/health/2020/05/26/americans-with-depression-anxiety-pandemic/?arc404=true.
- Golden, W. L. (2012). Cognitive hypnotherapy for anxiety disorders. *American Journal of Clinical Hypnosis*, *54*(4), 263-274.
- Hammer, C. M., Scholz, M., Bischofsberger, L., Hammer, A., Kleinsasser, B., Paulsen, F., & Burger, P. H. (2021). Positive effects of medical hypnosis on test anxiety in first year medical students. *Innovations in Education and Teaching International*, 1-11.
- Hammond, D. C. (2010). Hypnosis in the treatment of anxiety-and stress-related disorders. *Expert review of neurotherapeutics*, *10*(2), 263-273.
- Hirsch, J. A. (2018). Integrating hypnosis with other therapies for treating specific phobias: a case series. *American Journal of Clinical Hypnosis*, *60*(4), 367-377.
- Holdevici, I., & Crăciun, B. (2013). Hypnosis in the treatment of patients with anxiety disorders. *Procedia-Social and Behavioral Sciences*, *78*, 471-475.

- Khan, R., & Dar, R. (2021). Management of Death Anxiety through Hypnosis in Pre-Surgical Patients. *Pakistan Journal of Clinical Psychology*, *20*(2).
- Melis, P. M., Rooimans, W., Spierings, E. L., & Hoogduin, C. A. (1991). Treatment of chronic tension-type headache with hypnotherapy: A single-blind time controlled study. *Headache: The Journal of Head and Face Pain*, *31*(10), 686-689.
- Mubarokah, R. I., Prasetya, H., & Respati, S. H. (2020). The Effectiveness of Hypnotherapy to Reduce Anxiety in Pre-Caesarean Section Women. *Journal of Maternal and Child Health*, *5*(1), 12-18.
- Palsson, O. S., & van Tilburg, M. (2015). Hypnosis and guided imagery treatment for gastrointestinal disorders: experience with scripted protocols developed at the University of North Carolina. *American Journal of Clinical Hypnosis*, *58*(1), 5-21.
- Roberts, R. L., Rhodes, J. R., & Elkins, G. R. (2021). Effect of Hypnosis on Anxiety: Results from a Randomized Controlled Trial with Women in Postmenopause. *Journal of Clinical Psychology in Medical Settings*, 1-14.
- Talebiazar, N., Choobianzali, B., Hassanpour, A., Goli, R., Shakorzadeh, S., & Ghalandari, M. (2022). The effect of hypnotherapy on the hospital anxiety in three children with cancer: A case report. *International Journal of Surgery Case Reports*, *93*, 106961.
- Valentine, K. E., Milling, L. S., Clark, L. J., & Moriarty, C. L. (2019). The efficacy of hypnosis as a treatment for anxiety: a meta-analysis. *International Journal of Clinical and Experimental Hypnosis*, *67*(3), 336-363.
- Waisblat, V., Langholz, B., Bernard, F. J., Arnould, M., Benassi, A., Ginsbourger, F., & Martel-Jacob, S. (2017). Impact of a hypnotically-based intervention on pain and fear in women undergoing labor. *International Journal of Clinical and Experimental Hypnosis*, *65*(1), 64-85.

Friday, October 14, 2022

2 CE /CME

8:00 - 10:15 AM PT

205 - Mindful Hypnotherapy: Principals and Experiential Practice

Elizabeth E. Slonena, MSCP, PsyD, Asheville, NC and Nicholas Olendzki, PsyD, Dartmouth, MA

This workshop presents a specific model for integrating mindfulness and hypnotherapy into clinical practice with experiential learning and practice. The core principles of mindfulness, the similarities and differences of the interventions, and initial empirical support will be discussed. The session will also include practical strategies for incorporating mindfulness suggestions into hypnosis including various mindful hypnosis inductions. The last portion of the session will offer opportunities for experiential learning and practice using scripts.

Learning Objectives

1. State the core principals of mindful hypnotherapy.
2. Demonstrate increased comfort with integrating mindfulness suggestions into hypnosis.
3. Demonstrate and practice mindful hypnotherapy inductions and techniques.

Bibliography

- Olendzki, N., & Slonena, E. E. (in press). Integration of Mindfulness and Clinical Hypnosis. In G. Elkins (Ed.), *Introduction to clinical hypnosis: The basics and beyond*.
- Slonena, E. E., & Elkins, G. R. (2021). Effects of a brief mindful hypnosis intervention on stress reactivity: A randomized active control study. *International Journal of Clinical and Experimental Hypnosis*, *69*(4), 453-467.
- Olendzki, N., Elkins, G. R., Slonena, E., Hung, J., & Rhodes, J. R. (2020). Mindful hypnotherapy to reduce stress and increase mindfulness: A randomized controlled pilot study. *International Journal of Clinical and Experimental Hypnosis*, 68(2), 151-166.
- Daitch, C. (2018). Cognitive behavioral therapy, mindfulness, and hypnosis as treatment methods for generalized anxiety disorder. *American Journal of Clinical Hypnosis*, 61(1), 57-69.
- Elkins, G. R., & Nicholas Olendzki, P. (2018). Mindful hypnotherapy: The basics for clinical practice. *Springer Publishing Company*.

2 CE

11:00 AM - 1:15 PM PT

206 - Seeding Metaphors to Fertilize and Grow Therapeutic Changes

Carol Ginandes, PhD, ABPP

This two- hour session will offer an overview of the strategic use of metaphors and stories in therapy for the purpose of fostering both somatic and psychological changes. The workshop will include didactic as well as experiential components. Participants will have the opportunity to engage in a hypnotic practicum exercise focused on generating original imagery- based metaphors to stimulate therapeutic healing.

Learning Objectives

1. Describe the benefits of integrating metaphors and storytelling along with more direct methods of hypnotic induction and suggestion.
2. Describe methods of constructing metaphors to match a specific client's context and resources.
3. Demonstrate the use and creation of metaphors to introduce reframing of current dilemmas and to access possible alternate solutions.
4. In a practicum exercise, generate hypnotic metaphors to enhance mind/body healing.

Bibliography

- Ginandes, C (2017). Staying the Course: Using Hypnosis to Help Cancer Patients Navigate Their Illness. American Journal of Clinical Hypnosis, 60(1)1, 85-102.
- Handel DL, Néron S. Cancer Palliation: Layered Hypnotic Approaches Mending Symptoms, Minding Hope, and Meaning. Am J Clin Hypn. 2017 Jul; 60(1):33-49. doi: 10.1080/00029157.2017.1299678. PMID: 28557678.
- Gerge A. REVISITING THE SAFE PLACE: Method and Regulatory Aspects in Psychotherapy when Easing Allostatic Overload in Traumatized Patients. Int J Clin Exp Hypn. 2018 Apr-Jun; 66(2):147-173. doi: 10.1080/00207144.2018.1421356. PMID: 29601274.
- Consuelo C. Casula (2022) Stimulating unconscious processes with metaphors and narrative, American Journal of Clinical Hypnosis, 64:4, 339-354, DOI: 10.1080/00029157.2021.2019670
- Fabre C. Indirect work with hypnosis using metaphorical objects through unconscious intelligence in virtualspace. Am J Clin Hypn. 2022 Apr; 64(4):355-372. doi: 10.1080/00029157.2021.2025031. Epub 2022 Mar 16. PMID: 3529431

Advanced Workshops

Wednesday, October 14 to Friday, October 16, 2021

Co-chairs: *Nina Mayr, MD and Liz Slonena, PsyD*

Faculty: *Joanna Foote Adler, PsyD; Liam G. Clark, MD; Louis F. Damis, PhD, ABPP, FASCH; Vivek Datta, MD, MPH; Gary R. Elkins, PhD, ABPP, ABPH; Barbara S. McCann, PhD; Young Don Pyun, MD; David B. Reid, PsyD; Joshua Rhodes, MA and Maureen F. Turner, MEd, LCMHC, RNBC, LCSW*

Advanced Workshop registrants may select a mix of individual topics from either the Advanced Workshops or Intermediate/Skills Workshops selections.

Note that the start and end times for workshops include any scheduled breaks that occur during this period.

CE/CME: Varies by workshops selected; maximum of 13.5 if select all Advanced level sessions

Advanced Workshops – Program Agenda

All times are in PT and may include breaks. Program subject to change.

Wednesday	
8:00-10:45 AM PT	**301 - The Effective Use of Hypnosis in Schizophrenia: Structure and Strategy** (Pyun)
11:30 AM-1:45 PM PT	**302 - A Funny Thing Happened on the Way to an Induction: When Humor Enhances Hypnosis** (Reid)
Thursday	
8:00 AM-10:45 AM PT	**303 - Parts Integration: Coming to Peace Internal Conflict Resolution (**Adler)
8:00 AM-10:45 AM PT	**304 - Charcot's Cure: Hypnosis in the Assessment and Treatment of Functional Neurological Disorder [Conversion Disorder]** (Datta)
11:30 AM-1:45 PM PT	**305 - Mind-Body Age Regression: The Solomon Asch Effect Applied to Unresolved Trauma via Rescue Mission Integration** (Turner)
Friday	
8:00-10:15 AM PT	**306 - Managing Migraine Headache: Hypnosis and Cognitive Behavioral Treatment** (McCann and Clark)
8:00-10:45 AM PT	**307 - Hypnotic Modification of Persistent Egosyntonic Negative Beliefs in Developmental Trauma Disorders** (Damis)
11:30 AM-1:45 PM PT	**308 - Hypnosis Research Workshop: Designing Case Studies and Randomized Clinical Trials and Preparing Papers for Publication** (Elkins and Rhodes)

Advanced Workshops Descriptions

All times are in Pacific Time (PT) and may include breaks. Program subject to change.

Wednesday, October 12, 2022

Note scheduled breaks:

- *9:30-9:45 AM PT*
- *10:45-11:30 AM PT*
- *12:00-12:15 PM PT*

8:00 - 10:45 AM PT

2.5 CE/CME

301 - The Effective Use of Hypnosis in Schizophrenia: Structure and Strategy

Young Don Pyun, MD

Many schizophrenia patients seek hypnosis when they havenot improved with psychopharmacological therapy. However, therehas been controversy regarding the use and effectiveness of hypnosis in schizophrenia. Hypnotherapeutic methods such as direct and indirect suggestions, psycho-strengthening suggestions and imagery,hypnoprojective restructuring, guidance, and neutralization of affect associated with delusions have been effective in selected highly hypnotizable patients. Details of the hypnotherapeutic structure and strategy used for managing delusions in schizophrenia are presented with representative cases.

Format: Lecture

Learning Objectives

1. Describe several ways that hypnosis may help treatment resistant schizophrenia in selected cases.
2. List three detailed hypnosis methods.
3. Describe factors impacting the combined use of antipsychotic medications. Schizophrenia

Bibliography

- Use of hypnosis in the treatment of pain. Lee JS, Pyun YD. Korean J Pain. 2012 Apr. 25(2):75-80.
- Creating past-life identity in hypnotic regression. Pyun YD. Int. J. Clin. Exp. Hyp. 2015: 63(3):365-72.
- The effective use of hypnosis in schizophrenia: structure and strategy. Pyun YD. Int. J. Clin. Exp. Hyp. 2013:61(4):388-400.

11:30 AM - 1:45 PM PT

1.5 CE/CME

302 - A Funny Thing Happened on the Way to an Induction: When Humor Enhances Hypnosis

David B. Reid, PsyD

It has been said that "laughter is the best medicine". There is ample empirical evidence that humor promotes immune functioning, enhances quality of life in cancer patients and nursing home residents, and minimizes symptoms of depression and anxiety (Bains et al., 2015; Ko & Youn, 2011; Kuru & Kublay, 2017; Morishima et al., 2019; Takeda et al., 2010). Yet there is limited consideration or research regarding the inclusion of humor during hypnosis sessions (Thomson, 2022). This two-hour workshop will review the healing properties of humor for medical and psychological disorders, and more specifically, encourage participants to consider embedding (i.e., interspersing) humor during hypnosis sessions with their clients. Case examples and demonstrations will highlight the pairing of humor with hypnosis for enhancing ego strengthening, embedded metaphors, story-telling, age regression/progression, and post-hypnotic suggestions.

Format: Lecture

Learning Objectives

1. Identify three (3) positive effects of humor for medical and/or psychological disorders.
2. Identify at least three (3) ways to effectively incorporate humor into hypnosis interventions.

Bibliography

- Bains, G. S., Berk, L.S., Lohman, E. Daher, N., Petrofsky, J., Schwab, E., & Deshpande, P (2015). Humor's s effect on short-term memory in healthy and diabetic older adults. Alternative Therapies 21(3). 16-25.
- Ko, H. J. & Youn, C. H. (2011). Effects of laughter therapy on depression, cognition and sleep among the community's dwelling elderly. Geriatrics and Gerontology International, 11 (3).
- Takeda, M., Hashimoto, R., Kudo, T. et al. (2010). Laughter and humor as complementary and alternative medicines for dementia patients. BMC Complementary Alternative Medicine 10, 28. https://doi.org/10.1186/1472-6882-10-28
- Kuru, N., & Kublay, G. (2017). The effect of laughter therapy on the quality of life of nursing home residents. Journal of Clinical Nursing, 26(21-22), 3354-3362.
- Morishima T, Miyashiro I, Inoue N, Kitasaka M, Akazawa T, Higeno A, Idota A, Sato A, Ohira T, Sakon M, Matsuura N. (2019). Effects of laughter therapy on quality of life in patients with cancer: An open-label, randomized controlled trial. PLoS One. 27;14(6):e0219065. doi: 10.1371/journal.pone.0219065. PMID: 31247017; PMCID: PMC6597115.
- Thomson, L. (2022, March 3-6). Humor, hypnosis and laughter. [Conference Session]. ASCH Annual Scientific Meeting & Workshops, Virtual session.

Thursday, October 13, 2022

Note scheduled breaks:

- *9:30-9:45 AM PT*
- *10:45-11:30 AM PT*
- *12:00-12:15 PM PT*

8:00 - 10:45 M PT

2.5 CE/CME

303 - Parts Integration: Coming to Peace Internal Conflict Resolution

Joanna Foote Adler, PsyD

This advanced workshop will introduce students to the Coming to Peace conflict resolution method that arises from the Depth Hypnosis Spiritual Counseling Model, created by Dr. Isa Gucciardi. Coming to Peace creates a structure for resolving internal conflict through bringing parts of the self with opposing intentions/beliefs into communication, and peaceful resolution. Skilled clinicians will learn new techniques for healing splits within the self, by addressing parts of the self that are at odds and bringing them into alignment with the client's highest good. Depth Hypnosis Spiritual Counseling brings ancient understandings of healing into a modern context. Depth Hypnosis utilizes hypnotherapy techniques including suggestion hypnosis and regression, however it is unique in its integration of Buddhist understandings of the nature of mind and the catalytic processes of healing originating in Applied Shamanic practice and Energy Medicine. In Coming to Peace, techniques from the Ubuntu tradition of Africa, the Iroquois League of North America, and Ho'oponopono (sic) from Hawaii are integrated to create a powerful method for healing conflict. This method opens a window into a deeper understanding suffering: how it is created, and how to access resources that allow healing to occur.

Format: Lecture, Case Presentation, Experiential / Demonstration

Learning Objectives

1. Identify how to access internal resourcing through the Depth Hypnosis Model.
2. Explain how to bring opposing parts of the self into a peaceful alignment .
3. State two methods for aligning clients to their highest good.

Bibliography

- Gucciardi, I. (2017, July 12). Buddha Nature in Depth Hypnosis Part 1: Meaning.Gucciardi, I. (2018). Depth hypnosis certification training lecture. Berkeley, CA.[Blog post]. (2017) Retrieved from https://sacredstream.org/Buddha-Nature-in- Depth-Hypnosis-Part-1:-Meaning/Hofmann, S. G., Grossman, P., Hinton, D. E. (2011).
- Loving-kindness and compassion meditation: Potential for psychological interventions. Clinical Psychology Review, 31(7), 1126-1132.

- Currier, J. M., Holland, J. M., Drescher, K. D. (2015). Spirituality factors in the prediction of outcomes of PTSD treatment for U.S. military veterans.
- Kluft, R. (2012). Hypnosis in the treatment of dissociative identity disorder and allies states: An overview and case study. South African Journal of Psychology, 4(2), 146-155.
- Otani, A. (2016). Hypnosis and mindfulness: The twain finally meet. American Journal of Clinical Hypnosis, 58(4), 383-98 doi:10.1080/00029157.2015.1085364.
- Ingerman, S. (1991). Soul retrieval: Mending the fragmented self. San Francisco, CA: Harper San Francisco

8:00 - 10:45 AM PT

2.5 CE/CME

304 - Charcot's Cure: Hypnosis in the Assessment and Treatment of Functional Neurological Disorder (Conversion Disorder)

Vivek Datta, MD, MPH

Functional Neurological Disorder (FND) is characterized by neurological symptoms such as paralysis, sensory loss, gait instability, non-epileptic seizures, tics and tremors with clinical findings incompatible with an underlying neuromedical condition. Psychological factors including a response to trauma, symptom amplification, alexithymia, catastrophic beliefs about symptoms, and environmental reinforcements appear to drive these symptoms. The symptoms themselves in many cases can be considered hypnotic phenomenon and are sometimes considered dissociative in nature. Jean Martin-Charcot, Pierre Janet, Josef Breuer, and Sigmund Freud all used hypnosis in the assessment and treatment of FND (then called hysteria) in the 19th century but today hypnosis is seldom used. In this workshop, we will review recent research on the diagnosis, clinical evaluation, neurobiological and psychological basis of FND, and the role of hypnosis in assessment and treatment of FND. Although the evidence base for hypnosis in FND remains at the case series level with few randomized controlled trials, contemporary neuroscience provides compelling proof-of-concept for the use of hypnosis when FND represents dissociative phenomena.

Format: Lecture, Case Presentation, Experiential / Demonstration

Learning Objectives

1. Formulate functional neurological disorder from psychodynamic, cognitive-behavioral, and cognitive neuroscience perspectives.
2. Identify appropriate patients with functional neurological disorder who may benefit from hypnotic interventions.
3. Demonstrate three ways in which hypnosis can be integrated into the assessment and treatment of functional neurological disorder.

Bibliography

- Deeley Q. Hypnosis as therapy for functional neurologic disorders. Handb Clin Neurol. 2016;139:585-595.
- Moene, F. C., & Roelofs, K. (2008). Hypnosis in the treatment of conversion and somatization disorders. In M. R. Nash & A. J. Barnier (Eds.), The Oxford handbook of hypnosis: Theory, research, and practice (p. 625-645). Oxford University Press.
- Cretton A, Brown RJ, LaFrance WC Jr, Aybek S. What Does Neuroscience Tell Us About the Conversion Model of Functional Neurological Disorders? J Neuropsychiatry Clin Neurosci. 2020 Winter;32(1):24-32.

11:30 AM - 1:45 PM PT

1.5 CE/CME

305 - Mind-Body Age Regression: The Solomon Asch Effect Applied to Unresolved Trauma via Rescue Mission Integration (RMI)

Maureen F. Turner, MEd, LCMHC, RNBC, LCSW

Diagnostic and treatment techniques of age regression have been available since the 18th Century. Many of the therapeutic benefits of deeper trance states waned with Freud's rejection of hypnosis. Yet, age regression techniques can elucidate the possible causes of the symptoms and provide a strategy for treatment, including symptom reduction, and, in many cases, symptom extinction. Use of these techniques can give therapeutic control as opposed to the destabilizing and therapy-interfering manifestations of spontaneous abreactions. The controls offered by hypnosis often reduce painful revivification of trauma and obviate the use of still commonly practiced de-sensitization. Hypnotic age regression techniques can also benefit trauma therapy through the discovery of possible causal factors for symptoms. This allows the clinician to create blueprints for intervention, paths for transformation of harmful beliefs and symptoms, and offers many new opportunities for the ego-strengthening. Since1995, Turner has utilized and integrated the highly regarded Social Psychologist, Solomon Asch's Conformity research (1956) to augment the release and integration of dissociated and often disenfranchised trauma parts (Turner, M., 2004). Turner's Rescue Mission Integration (RMI) technique most often eliminates or effects a major reduction of the presenting symptoms. Many case examples of diagnoses will be presented and registrants' questions and requests encouraged.

Format: Lecture, Audiovisual, Case Presentation, Experiential / Demonstration

Learning Objectives

1. Identify two contraindications for conducting age regression and abreactive work.
2. Discuss how to facilitate therapeutic abreaction and methods for modulating affective intensity in age regression.

Bibliography

- Fisher, J. (2017). Healing the fragmented selves of trauma survivors. New York: Routledge.Lipton, B. (2017). The biology of belief. New York: Hay House.McLeod, S. A. (2018, Dec 28).
- Solomon Asch - Conformity Experiment. https://www.simplypsychology.org/asch-conformity.html
- Lee Paulsen, S. (2017). When there are no words-Repairing early trauma and neglect. Bainbridge Island, WA.: Bainbridge Institute for Integrative Psychology.
- Turner, M.(2004). Using ego therapy and Solomon Asch's social decision-making theory to treat cognitive errors (opinions, beliefs, and judgments) in trauma patients), Crasilneck Session Presentation, Society for Clinical and Experimental Hypnosis(SCEH), 58th Annual Workshops and Scientific Program. Santa Fe, NM: Unpublished.

Friday, October 14, 2022

Note scheduled breaks:

- *9:30-9:45 AM PT*
- *10:45-11:30 AM PT*
- *12:00-12:15 PM PT*

8:00 - 10:15 AM PT

2 CE

306 - Managing Migraine Headache: Hypnosis and Cognitive Behavioral Treatment

Liam G. Clark, MD and Barbara S. McCann, PhD, University of Washington, Seattle, WA

Migraine headaches are common, affecting more than two percent of the world population. Migraine can be an episodically or permanently disabling condition, causing people to miss out on school, work, and important personal events. Anyone can get migraines, including people with chronic conditions where common pharmaceutical treatments for migraine are contraindicated, as well as people who for personal or lifestyle reasons prefer to use nonpharmaceutical interventions to treat or alleviate their pain. In addition, poor sleep, high levels of stress, comorbid mood disorders, and chronic pain conditions predispose people with migraine to worse headache control. Hypnosis has the unique potential to help migraine sufferers with their experience of headache and help with headache prevention. In this workshop, a multicomponent toolbox for migraine sufferers will be presented. A hypnotic strategy for reducing stress triggers for migraine headache will be demonstrated. A hypnotic approach to pain reduction in migraine will also be described. Key elements in the assessment and pathophysiology of migraine headache will be reviewed.

Format: Experiential / Demonstration

Learning Objectives

1. Describe common assessment instruments for tracking progress in individuals with migraine.
2. Devise hypnosis interventions for reducing stress and managing pain in migraine sufferers.

Bibliography

- Flynn, N. (2018). Systematic Review of the Effectiveness of Hypnosis for the Management of Headache [Article]. International Journal of Clinical and Experimental Hypnosis, 66(4), 343-352. https://doi.org/10.1080/00207144.2018.1494432
- Minen, M. T., Friedman, B. W., Adhikari, S., Corner, S., Powers, S. W., Seng, E. K., Grudzen, C., & Lipton, R. B. (2021). Introduction of a smartphone based behavioral intervention for migraine in the emergency department. General Hospital Psychiatry, 69, 12-19. https://doi.org/10.1016/j.genhosppsych.2020.12.009
- Pérez-Muñoz, A., Buse, D. C., & Andrasik, F. (2019). Behavioral interventions for migraine. Neurologic Clinics, 37(4), 789-813. https://doi.org/10.1016/j.ncl.2019.07.003

8:00 - 10:45 AM PT

2.5 CE

307 - Hypnotic Modification of Persistent Egosyntonic Negative Beliefs in Developmental Trauma Disorders

Louis F. Damis, PhD, ABPP, FASCH

Many clients treated for Post-traumatic Stress Disorder have Complex Post-traumatic Stress Disorder (CPTSD). CPTSD is associated with histories of prolonged trauma, abuse, and neglect and is considered a form of developmental trauma. Such Complex Traumatic Stress Disorders include disturbances of self-organization (DSO) that overlap with attachment deficits and pathologies requiring specialized interventions to modify. Moreover, negative beliefs about oneself as diminished, defeated, or worthless, accompanied by feelings of shame, guilt, or failure, are aspects of ICD-11's CPTSD criteria. Even DMS-5 added persistent and exaggerated negative beliefs about oneself and others or the world to its criteria for PTSD. These highly egosyntonic negative beliefs are often difficult to modify and contribute to developmental trauma's chronic emotional and interpersonal consequences.

This program will review the role of the implicit memory system in the development and maintenance of abuse-related persistent negative beliefs and expectations. Hypnotic strategies for identifying the maintaining variables of these egosyntonic beliefs and modifying them by borrowing from attachment repair strategies will be presented. This approach will be employed in the context of polyvagal and hypnotic strategies that optimize the neurophysiological substrate for trauma stabilization and constructive change. Examples of specific interventions and management of potential issues as these processes unfold will be reviewed. Overall, the range of strategies covered will also assist with the promotion of trauma stabilization, positive self-regard, ego-strengthening, and self-efficacy.

Format: Lecture

Learning Objectives

1. Describe the two major human memory systems and explain how different hypnotic strategies can modify each.
2. Identify two strategies for establishing a neurophysiological substrate for trauma resolution processing.
3. List the steps involved in the cognitive bridge technique.
4. Identify the two preparatory processes and three steps for memory reconsolidation updating.
5. List the five functions of secure attachment and describe how they are incorporated into hypnotic memory reconsolidation interventions.

Bibliography

- Alberini, C. M., & LeDoux, J. E. (2013). Memory reconsolidation. *Current Biology*, 23(17), R746-R750. https://doi.org/10.1016/j.cub.2013.06.046
- Brown, D. P., & Elliott, D. S. (2016). *Attachment Disturbances in Adults: Treatment for Comprehensive Repair.* W. W. Norton & Company.
- Brown, D. P., & Fromm, E. (1986). *Hypnotherapy and Hypnoanalysis*. Lawrence Erlbaum Associates.
- Damis, L. F. (2022). The Role of Implicit Memory in the Development and Recovery from Trauma-Related Disorders. *NeuroSci*, 3(1), 63–88. https://doi.org/10.3390/neurosci3010005
- Damis, L. F., & Hamilton, M. S. (2020). Impact of hypnotic safety on disorders of gut-brain interaction: A pilot study. *The American Journal of Clinical Hypnosis*, 63(2), 150–168. https://doi.org/10.1080/00029157.2020.1794434
- Ecker, B., & Bridges, S. K. (2020). How the Science of Memory Reconsolidation Advances the Effectiveness and Unification of Psychotherapy. *Clinical Social Work Journal*, 48(3), 287–300. https://doi.org/10.1007/s10615-020-00754-z
- Ford, J. D., & Courtois, C. A. (2020). *Treating Complex Traumatic Stress Disorders in Adults, Second Edition: Scientific Foundations and Therapeutic Models*. Guilford Publications.
- Högberg, G., Nardo, D., Hällström, T., & Pagani, M. (2011). Affective psychotherapy in post-traumatic reactions guided by affective neuroscience: Memory reconsolidation and play. *Psychology Research and Behavior Management*, 4, 87–96. https://doi.org/10.2147/PRBM.S10380
- Lane, R. D., Ryan, L., Nadel, L., & Greenberg, L. (2015). Memory reconsolidation, emotional arousal, and the process of change in psychotherapy: New insights from brain science. *Behavioral and Brain Sciences*, 38. https://doi.org/10.1017/S0140525X14000041
- Porges, S. W. (2021). *Polyvagal Safety: Attachment, Communication, Self-Regulation*. W. W. Norton & Company.
- Porges, Stephen W., and Deb A. Dana. (2018). *Clinical Applications of the Polyvagal Theory: The Emergence of Polyvagal-Informed Therapies* (Norton Series on Interpersonal Neurobiology). W. W. Norton & Company.
- Watkins, J. G., & Barabasz, A. (2007). *Advanced Hypnotherapy: Hypnodynamic Techniques*. Routledge. https://doi.org/10.4324/9780203933855

11:30 AM - 1:45 PM PT

1.5 CE/CME

308 - Hypnosis Research Workshop: Designing Case Studies and Randomized Clinical Trials and Preparing Papers for Publication

Gary R. Elkins, PhD, ABPP, ABPH and Joshua Rhodes, MA, Mind-Body Medicine Research Laboratory, Department of Psychology and Neuroscience, Baylor University, Waco, Texas

This workshop is intended to provide foundational knowledge regarding hypnosis research. Topics include discussion of the evolving body of research into clinical and experimental hypnosis. Also, key considerations in design of case studies and randomized clinical trials of hypnosis will be discussed. Topics will also include assessment of hypnotizability and cognitive expectancies, participant selection in clinical and experimental studies, experimental designs and control conditions. Empirically-based research will be discussed and preparation of papers for submission for publication. Participants will be encouraged to bring and develop hypnosis research ideas. This workshop will be of interest empirically minded clinicians, researchers, experimental and clinical graduate students, interns, fellows, and residents, as well as professionals in the field who wish to learn more about the potential of hypnosis research to inform clinical practice.

Format: Lecture, Audiovisual, Case Presentation

Learning Objectives:

1. Identify key components of well-designed case studies of hypnosis interventions.
2. Discuss purpose and design of pilot studies.
3. Identify process of submission of articles to the International Journal of Clinical and Experimental Hypnosis.

Bibliography

- Elkins, G. (2020). Mindful hypnotherapy to reduce stress and increase mindfulness: A randomized controlled trial. International Journal of Clinical and Experimental Hypnosis, 68(2), 151-166.
- Elkins, G.R. (2014) Hypnotic Relaxation Therapy: Principles and Applications. New York, NY: Springer Publishing Inc.
- Elkins, G.R. (2016) Handbook of Medical and Psychological Hypnosis: Foundations, Applications, and Professional Issues. New York, NY: Springer Publishing Inc.

500 - Scientific Program – Maximum of 10 CE

Saturday and Sunday October 15-16, 2022

Note: All times shown in PST. Agenda subject to change.

Scientific Program Co-Chairs: *Madeline Stein, MA and Afik Faerman, MS*

Faculty: *Maria Paola Brugnoli, MD, PhD; Linda E. Carlson, PhD, CPsych;Ciara Christensen, PhD; Lynn Couchara, BBA; Gary Elkins, PhD, ABPP, ABPH; Yeganeh Farahzadi, MS; Janna A. Henning, JD, PsyD, FT; Zoltan Kekecs, PhD; Renzo Lanfranco, PhD; Melvin S. Marsh, MA; Barbara S. McCann, PhD; Donald Moss, PhD; Olafur Palsson, PhD, Joshua R. Rhodes, MA; Barbara Schmidt, PhD; Morgan A. Snyder, MA and Madeline E. Stein, MA.*

The Scientific Program features keynotes, research presentations or symposia that address empirical issues in hypnosis research and practice and related areas. Research presentations shine the light on novel empirically based findings, including experimental studies, case reports, clinical trials, meta-analyses, and systematic reviews. Symposia bring together top-notch researchers as they critically discuss empirical findings pertaining to a specific theme of relevance to the hypnosis community. Many symposia integrate research and practice or draw upon research in psychology, psychiatry, or neuroscience to highlight issues that improve our understanding of hypnosis. Our poster session provides another glimpse into the latest research in the field.

CE/CME – 10.0** ** dependent on final number of posters presented

Scientific Program At a Glance

Saturday, October 15, 2022

8:00-9:30 AM PT	PRESIDENTIAL SYMPOSIUM (90 minutes) - Next Steps and Future Directions for Clinical Hypnosis and Bridging the Practice to Research to Practice Divide
9:45-10:45 AM PT	Keynote (60 minutes) - Mind-Body Therapies in Health Care Settings: My Journey with Mindfulness-Based Cancer Recovery (Carlson)
10:45-11:30 AM PT	Poster Session (45 minutes)
12:00-1:00 PM PT	Keynote (60 minutes) - The Modified States of Consciousness and Clinical Hypnosis: Neuroscience, Taxonomy, and Neurophilosophy of Mind in Humanistic Therapy (Brugnoli)
1:00-2:00 PM PT	Keynote (60 minutes) - Now We Really Know that It Works! Safe place suggestions significantly reduce impulsivity, stress and anxiety. (Schmidt)
2:00 PM PT	Adjourn for the day

Sunday, October 16, 2022

8:00-9:30 AM PT	Research Presentations (90 minutes)
9:45-10:45 AM PT	Keynote (60 minutes) - Is It Real? Unravelling the neural mechanisms of hypnotic hallucination (Lanfranco)
10:45 AM-12:00 PM PT	Research Presentations (75 minutes)
12:30-2:00 PM PT	Symposium (90 minutes) - Task Force: Research Guidelines and Hypnosis Practice Findings (Moss et al)
2:00 PM PT	Scientific Program Adjourn

Scientific Program Agenda

Saturday, October 15, 2022

8:00-9:30 AM PT **PRESIDENTIAL SYMPOSIUM (90 minutes)**

Next Steps and Future Directions for Clinical Hypnosis and
Bridging the Practice to Research to Practice Divide

Featuring Past, Present and Incoming SCEH Presidents

There are many examples within hypnosis literature investigating and demonstrating the effectiveness of applying clinical hypnosis across multiple settings. However, it is not uncommon for practitioners, clinicians, and/or other medical/behavioral health providers to encounter challenges when attempting to generalize and apply research findings to inform their "real world" clinical work, develop programs/interventions, or guide health care policies. Speakers will discuss and focus attention on their different experiences moving from observational inquiry to inform research and back to clinical practice.

Who Is Packing Your Parachute? How Collaboration Facilitates Productive Clinical Hypnosis Sessions

Ciara Christensen, PhD, SCEH President

In the clinical or research work we do, many people have some level of involvement in our parachutes. We can easily overlook the involvement of many when we narrow our focus in clinical hypnosis. The narrowing of focus however, can come at the expense of establishing open channels of communication between researchers and practitioners. This disconnect unfortunately interferes with learning how to benefit from one another's work. Discussion centers on expanding next steps and future directions to use efficacy research to guide clinical practice and from clinical inquiry back to empirical research.

Embedding Hypnosis in a Comprehensive Program of Self-Care, Lifestyle Medicine, and Conventional Care

Donald Moss, PhD, Past President

As the concept of integrative healthcare becomes more widely accepted, it is critical to develop programs and protocols for combining hypnosis with mainstream medical care, as well as with complementary therapies. This presentation will briefly present the Pathways model for stepwise care, integrating both hypnosis and self-hypnosis training with a variety of self-care practices, lifestyle medicine, complementary therapies, and bio-medical care. The model emphasizes interprofessional collaboration among the hypnosis practitioners and other practitioners. The model is appropriate for medical and mental health disorders and will be illustrated by a case narrative.

The Farmer and the Cowhand Should be Friends

Barbara S. McCann, PhD, President-Elect

Science should inform clinical practice, and researchers can generate testable hypotheses based on observations made by therapists. Drawing on the science and practice of hypnosis, this presentation explores several examples of the mutual benefits of this relationship, from the perspective of a scientist-practitioner. The importance and value of collaboration between researchers and clinicians will be emphasized.

Defining Hypnosis and Listening to Clinicians: Two Keys to Conducting Clinically Relevant Hypnosis Research

Gary Elkins, PhD, ABPP, ABPH, Past President

Clinically relevant research is essential to bridging the gap between research and practice. However, research must clearly define hypnosis and identify potential mechanisms. Further, individuals engaged in clinical practice consistently identify therapeutic relationship as an important mechanism of effective hypnotherapy. These concepts will be discussed and recommendations for future research and increasing the empirical base of knowledge of clinical hypnosis.

Pump up the Volume! Using – and Evaluating – Hypnosis to Augment Evidence-Based Strategies and Modular Treatment Approaches for PTSD

Janna A. Henning, JD, PsyD, FT, Immediate Past President

The PTSD diagnosis has 24 criteria, resulting in many possible symptom configurations, but “cookie cutter” treatments are often less effective with complex, diverse, real-world patients. To address this challenge PTSD treatment research has increasingly focused on evidence-based strategies and modular approaches to best address diverse symptom presentations. This movement away from monolithic treatments offers an opportunity to revisit the use of hypnosis to augment/enhance the specific ingredients of a customized, patient-focused approach. There is a pressing need to evaluate the potential contributions of hypnosis to PTSD treatments, but randomized, controlled trials are difficult to conduct with customized approaches. How can hypnosis researchers creatively meet this challenge?

Learning Objectives:
1. Identify at least two shortcoming when taking research findings and applying them in clinical practice.
2. Identify at least two reasons why increased collaboration between researchers and clinicians can help inform clinical outcomes and target directions for future research.

References:

- Elkins, G. (2017). Handbook of Medical and Psychological Hypnosis: Foundations, Applications, and Professional Issues. Springer Publishing Company, LLC.

- Elkins, G., Barabasz, A. F., Council, J. R., & Spiegel, D. (2015). Advancing research and practice: The revised APA Division 30 definition of hypnosis. The International Journal of Clinical and Experimental Hypnosis, 63(1), 1–9. https://doi.org/10.1080/00207144.2014.961870
- Kekecs, Z., Moss, D., Elkins, G., De Benedittis, G., Palsson, O. S., Shenefelt, P. D., Terhune, D. B., Varga, K., & Whorwell, P. J. (2022). Guidelines for the Assessment of Efficacy of Clinical Hypnosis Applications. International Journal of Clinical and Experimental Hypnosis, 70(2), 104-122. https://doi.org/10.1080/00207144.2022.2049446
- McCann, B. S., & Landes, S. J. (2010). Hypnosis in the Treatment Of Depression: Considerations in Research Design and Methods. International Journal of Clinical and Experimental Hypnosis, 58(2), 147-164. https://doi.org/10.1080/00207140903523186
- Patihis, L., Ho, L. Y., Tingen, I. W., Lilienfeld, S. O., & Loftus, E. F. (2014). Are the "Memory Wars" Over? A Scientist-Practitioner Gap in Beliefs About Repressed Memory. Psychological Science, 25(2), 519-530. https://doi.org/10.1177/0956797613510718

9:30-9:45 AM PT **Break (15 minutes)**

9:45-10:45 AM PT **Keynote (60 minutes)**

Mind-Body Therapies in Health Care Settings: My Journey with Mindfulness-Based Cancer Recovery

Linda E. Carlson, PhD, CPsych, Department of Psychosocial Oncology, University of Calgary, Alberta, Canada

Dr. Carlson will broadly discuss potential applications of mind-body therapies in health care settings, focusing on cancer care, where she has worked for almost 25 years. She will then review her journey of developing, evaluating and broadly implementing the Mindfulness-Based Cancer Recovery program in-person, online and through digital technology.

10:45-11:30 AM PT **Poster Session** (45 minutes)

Poster authors will present their posters, followed by Q&A.

View a list of approved posters.

11:30AM-12:00 PM PT **Lunch Break (30 minutes)**

12:00-1:00 PM PT **Keynote (60 minutes)**

The Modified States of Consciousness and Clinical Hypnosis: Neuroscience, Taxonomy, and Neurophilosophy of Mind in Humanistic Therapy

Maria Paola Brugnoli, MD, PhD, Pontifical University Regina Apostolorum, Roma, Italy

A basic neuroscientific understanding of the different states and stages of the consciousness and its psychological and neural correlates is of major importance for all scientists, clinicians, psychologists and philosophers. Today clinical hypnosis and traditional oriental philosophy attract the growing interest of researchers and scientists. The study of consciousness poses the most enigmatic problems in neuroscience and neurophilosophy of the mind. The purpose of the present study is to focus on the neuroscientific, neurophilosophical and clinical relationship between introspective concentration, clinical hypnosis, meditative states and awareness. This work presents a new understanding of the neurophysiological states of consciousness. It is not only a review of the neurosciences and neurophilosophical foundations of consciousness, sleep phenomena, awareness, hypnosis states and meditative states --it provides a new model of the current scientific studies for a humanistic therapy.

1:00-2:00 PM PT **Keynote (60 minutes)**

Now We Really Know that It Works!
Safe place suggestions significantly reduce impulsivity, stress and anxiety.

Barbara Schmidt, PhD, Institute for Psychosocial Medicine, Psychotherapy and Psychooncology, Jena University Hospital, Jena, Germany

The suggestion to be at a safe place is a central hypnosis technique that hypnotherapists apply in many contexts. Yet, empirical evidence for the efficacy of this frequently used technique is lacking. In my neuroscientific studies, I show how effective safety suggestions are. Participants feel significantly safer after a safety suggestion than in a control condition. When I give the suggestion to feel safe under hypnosis, the effect is stronger compared to post-hypnotic suggestions of safety that are elicited by a trigger after the hypnotic state is over. The effect of the post-hypnotic trigger lasts for several weeks. When participants feel safe, they show lower EEG brain activity to monetary rewards and devalue future monetary rewards less compared to immediate monetary rewards. That indicates lower impulsivity and better self-control, going along with a feeling of satisfaction. I also used the safe place suggestion in the ICU with non-invasively ventilated patients and showed that it helped patients to accept ventilation very well. The effect sizes of safe place suggestions are very large across all studies. My research shows how promising this technique is in the treatment of impulsivity-related disorders like substance addiction as well as for the reduction of anxiety and stress during challenging medical procedures like non-invasive ventilation. My goal is to convince more therapists and medical staff to apply safe place suggestions as a standard treatment with great positive effects on patients' well-being and health.

2:00 PM PT **Adjourn for the day**

Sunday, October 16, 2022

8:00-9:30 AM PT **Research Presentations (90 minutes)**

1. **Functional Connectivity in Control Networks is Predictive of Hypnotizability**

   Yeganeh Farahzadi. MS[1], Zoltan Kekecs, PhD[1]
   [1]Institute of Psychology, ELTE, Budapest, Hungary

   Behavioral evidence suggests that hypnotizability is associated with the reconfiguration of the control processes. However, it is not clear whether those reconfigurations are specific to the control networks in the brain or general to all the networks including sensorimotor, salience, and default mode networks. In the current study, we use EEG functional connectivity across all the networks, regardless of being control-related or not, and train a multi-head classification model that simultaneously predicts level of hypnotizability as well as subjective self-report. We show that functional connectivity successfully classifies highly susceptible participants as evaluated by prediction accuracy on a held-out validation set. Further Shap values analysis reveals that the most influential connectivity features in this model are within the control networks [i.e., Ventral Attention Network (VAN), Dorsal Attention Network (DAN), Frontal-Parietal (FPN), and Cingulo-Opercular Network (CON)] rather than sensorimotor networks.

2. **Hypnotizability is a Unitary Construct: Findings from Factor Analysis of the Elkins Hypnotizability Scale**

   Morgan A. Snyder, MA[1], Vanessa Muniz, BS[1], Kimberly Zimmerman, PsyD[2], Zoltan Kekecs, PhD[3], Gary R. Elkins, PhD[1]

   [1]Baylor University, Waco, TX, USA
   [2]Private Practice, TX, USA
   [3]Institute of Psychology, ELTE, Budapest, Hungary

   The objective of this study was to determine the factor structure of the Elkins Hypnotizability Scale (EHS) in a clinical population of post-menopausal women experiencing hot flashes. A confirmatory factor analysis was conducted and tested a single second-order factor (hypnotizability) model with 4 first-order factors: 1) Direct Motor, 2) Motor Challenge, 3) Perceptual-Cognitive, and 4) Posthypnotic Amnesia. Results of the confirmatory factor analysis showed that this model was adequately supported (Ï‡2 (df = 8) = 5.004, p = .7571; CFI = 1.00; RMSEA < .001). However, when tested against a more parsimonious, single-factor model with 6 indicators based on the

individual items, the model did not show a significant reduction in fit compared to the higher-order factor structure, therefore, the parsimonious single-factor structure with 6 indicators provided the best description of fit for the EHS (Ï‡2 (df = 9) = 8.412, p = .4932; CFI = 1.00; RMSEA < .001). Results of the present study support a single underlying factor of hypnotizability. The finding suggests a theory of hypnotizability that is best accounted for by a single factor, and that measures of hypnotizability solely capture an individual's hypnotic ability.

3. **Revisiting the Domain of Suggestion:**
A meta-analysis of suggestibility across different contexts

Madeline E. Stein, MA[1], Afik Faerman, PhD[2,3], Trevor Thompson, PhD[1], Irving Kirsch, PhD[5], Steven J. Lynn PhD[6], Devin B. Terhune. PhD[1]

[1]Department of Psychology, Goldsmiths, University of London, London, UK
[2]Department of Psychology, Palo Alto University, Palo Alto, CA, USA
[3]Psychiatry and Behavioral Sciences, Baylor College of Medicine, Houston, TX, USA
[4]Centre for Chronic Illness and Ageing, University of Greenwich, Kent, UK
[5]Program in Placebo Studies, Harvard Medical School, Cambridge, MA, USA
[6]Department of Psychology, Binghamton University, Binghamton, NY, USA

Responsiveness to verbal suggestion is relevant to hypnotic responsiveness, placebo and nocebo responding, and germane phenomena. Debate continues regarding whether suggestibility represents a stable uniform trait or differs across contexts and modes of assessment. To address this question, we conducted a pre-registered random-effects meta-analysis to quantitatively synthesize research on associations between diverse measures of suggestibility. Our overarching hypothesis is that scores on standardized suggestibility scales will positively correlate but vary in magnitude depending on the contextual and structural similarities of scales, modes of assessment, and the psychometric properties. We will apply a series of random-effects meta-analyses to correlation coefficients between suggestibility scale pairs, including: hypnotic and non-hypnotic suggestibility scales; hypnotic and specific types of non-hypnotic suggestibility scales (direct verbal suggestibility, interrogative suggestibility, indirect suggestibility, and questionnaire measures of suggestibility); and between each of the four types of non-hypnotic suggestibility scales. Additionally, moderation analyses will be conducted using meta-regression analyses to assess whether variability in correlation coefficients is linked to methodological features. The analyses are currently ongoing (completion by May 2022).The results will improve our understanding of suggestibility and are likely to have implications for basic research and clinical applications of verbal suggestion in a range of contexts.

4. **Hypnotherapy Clients are Not Average People: Characteristics of Individuals Who Undergo or Want to Seek Hypnosis Treatment**

   Olafur Palsson, PhD, Professor of Medicine, University of North Carolina at Chapel Hill

   In this presentation, Dr. Palsson draws on his recent research studies of more than 3000 individuals, including 3 studies published in the last couple of years and unpublished data, to demonstrate that as a group, people who seek clinical hypnosis services are different from others in the general population on several characteristics. The personality traits, cognitive style and life experiences associated with hypnotherapy-seeking and strong interest in receiving such therapy include elevated scores on measures of subconscious connectedness, absorption, dissociation, fantasy proneness and magical ideation, as well as increased proneness to have anomalous life experiences. Dr. Palsson will discuss the implications of this selective psychological affinity for hypnotherapy both for clinical hypnosis practice and hypnosis research.

9:30-9:45 AM PT **Break (15 minutes)**

9:45-10:45 AM PT **Keynote (60 minutes)**

Is It Real?
Unravelling the neural mechanisms of hypnotic hallucination

Renzo Lanfranco, PhD, Department of Neuroscience, Karolinska Institutet, Solna, Sweden

Hypnotic suggestions can produce a broad range of perceptual experiences including hallucinations. Many studies have shown that hypnotic hallucinations activate cortical regions associated with sensory processing via top-down mechanisms. However, it is currently unknown how hypnotic hallucinations disrupt sense of reality to feel real. Studying hypnotic hallucination and imagination together provides an opportunity since both activate very similar sensory processes while notoriously differing in their vividness and sense of reality. In this talk, I will summarize the main findings of this ongoing line of research and will present our recent endeavors using psychophysics and neuroimaging techniques. Finally, I will discuss the theoretical contributions of this line of research to the understanding of hypnotic phenomena and whether hypnotic hallucination could be used as a model for psychosis research.

10:45 AM-12:00 PM PT **Research Presentations (75 minutes)**

1. **Is 'Placebo Hypnosis Induction' Real?**
   The comparison of the effectiveness of analgesic suggestions received after conventional and placebo hypnosis induction

Zoltan Kekecs, PhD[1], Pietro Rizzo[2], Yeganeh Farahzadi[1], Balazs Nyiri[1], Vanda Vizkievicz[1], Aliz Takacs[1], Kyra Giran[1], Balint Domok[1], Nagy Judit Krisztina[1], Robert Johansson[2], Gary Elkins, PhD, ABPP, ABPH[3]

[1]Institute of Psychology, ELTE, Budapest, Hungary
[2]Department of Psychology, Lund University, Budapest, Hungary
[3]Baylor University, Waco, TX, USA

Hypnosis is a powerful therapeutic tool which is used to facilitate psychotherapy and medical treatments. In our research, we are assessing the characteristics of placebo/sham hypnosis inductions. A validated placebo induction could help us pinpoint the effective components of hypnosis interventions and understand the mechanisms involved. In our study, participants undergo three cold pressor task (CPT) trials consecutively. (The CPT is a classical experimental pain paradigm involving immersing the hand in ice-cold water). In the first trial, we assess baseline pain tolerance, which is followed by two hypnoanalgesia trials. One of these trials involves a conventional relaxational induction, while the other involves a "white noise hypnosis" placebo induction. In both trials, participants get suggestions for pain reduction following the induction, and they complete CPT during hypnosis. In a pre-registered analysis, we are contrasting the effectiveness of analgesic suggestions received after conventional and placebo hypnosis induction. We will also contrast reported pain intensity, hypnosis depth, and hypnotic experiences between the two conditions. Results will be discussed in light of different theories of hypnosis and their predictions. Data collection is currently ongoing; the final results will be shared at the conference.

2. **Effects of Hypnosis Therapy on Pain and Opioid Use Following Shoulder Replacement Surgery: A Feasibility Trial**

Lynne Couchara, BBA[1], George Haidamous, MD[2], Mark Frankle, MD[1], William Lee, PhD[1], Peter Simon, PhD[2], Kaitlyn Christmas, BA[2], Mark Jensen, PhD[3]

[1]University of South Florida, Tampa, FL, USA
[2]FORE, Tampa, FL, USA
[3]University of Washington, Seattle, WA, USA

Objectives: Patients who experience severe pain in the immediate post-operative period are at an increased risk of persistent pain and long-term opioid use. Therefore, it is crucial to find safer and less addictive ways to manage pain, especially after orthopedic surgery, which is one of the main contributors to opioid use. The objective of this pilot study was to determine the feasibility and efficacy of hypnosis therapy (HT) intervention in decreasing peri-operative pain and opioid use in individuals undergoing shoulder replacement surgery. Methods: A randomized prospective study was performed on participants assigned to

receive standard care (SC) or hypnosis therapy (HT), with the latter consisting of both SC and video recorded hypnosis therapy. Fifty-two participants (27 males, 25 females) with an average age of 71 years (range: 55-88) were included. Twenty-eight of them (21 RSA: 7 TSA) were assigned to the HT group and 24 (16 RSA: 8 TSA) to the SC group. Those in the HT group were invited to listen to the recording at least one time per day for a minimum of 7 days before surgery using a web-based platform, which was also utilized by the two groups for outcome reporting, both pre- and post-operatively. The primary outcome measures were maximum and average Numeric Rating Scale (NRS) pain score and the secondary outcome measure was post-operative Morphine Milligram Equivalents (MME) consumption. Results: Pre-operatively, participants in the HT group experienced less maximum NRS pain (5 vs 7, $p < 0.001$) and average NRS pain (4 vs 5, $p < 0.001$). Post-operatively, the pain severity in the HT group was also less than in the SC group, both for maximum (3 vs. 4, $p < 0.001$) and average NRS pain (2 vs 3, $p < 0.001$) (Figure 1, 2). The total MME consumption in the HT group (978 MMEs) was lower than that in the SC group (1,263 MMEs). During the first 3 days after surgery, when the highest opioid consumption occurred (Figure 3a), the mean opioid consumption in the HT group was less than half of that in the SC group (mean: 13 vs 25 MME, $p = 0.004$). In addition, peak opioid consumption occurred at day 2 post-operatively in both groups; however, consumption in the HT group (235 MME, mean: 18 MME) was half of that in SC group (470 MME, mean: 36 MME). This then decreased considerably after day 3 in both groups (Figure 3b). Conclusion: The results support the feasibility and potential efficacy of a hypnosis therapy (HT) intervention in individuals undergoing shoulder replacement surgery, specifically in decreasing peri-operative pain and opioid use. This indicates that a full trial of the intervention is warranted.

3. **Audio Suggestions Influence Cooperative Behavior: A Replication and Extension**

Melvin S. Marsh, MA, Lawrence Locker Jr, PhD[1], Michael E. Nielsen, PhD[1]
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The purpose of this study was to replicate and extend research that indicates cooperation can be influenced via a suggestion-based intervention. Earlier work used either a suggestion to cooperate, or a suggestion to trust oneself, whereas this study adds a neutral control condition. Participants (N=201) were adult university students randomly assigned to listen to either audio instructions designed to encourage trust in others, trust in self, or a neutral control condition. Participants then played a “Stag Hunt” game that allowed them to cooperate or compete with an unknown other. Data indicated a significant effect of guided imagery at the p< .05 level for the three conditions, $F(2,195)= 8.357$, $p=0.00033$. Post hoc comparisons using the Tukey HSD test indicated the Trust Others condition (M=22.15, SD= 2.5077) showed more cooperation

than both the Trust Self condition (M=20.43, SD=3.3118) and the control conditions (M=20.44, SD=2.4396), which did not differ from each other. Further replications would be needed.

12:00-12:30 PM PT **Lunch Break (30 minutes)**

12:30-2:00 PM PT **Symposium (90 minutes)**

Task Force: Research Guidelines and Hypnosis Practice Findings

Chairperson: Donald Moss, PhD, Dean, College of Integrative Medicine and Health Sciences, Saybrook University, Pasadena, CA, USA

Presenters: Zoltan Kekecs, PhD, Assistant Professor, Institute of Psychology, Eotvos Lorand University, Budapest, Hungary; Olafur Palsson, PhD, Professor of Medicine, University of North Carolina at Chapel Hill, and Gary Elkins, PhD, ABPP, ABPH, Editor-in-Chief, International Journal of Clinical and Experimental Hypnosis and Professor, Department of Psychology and Neuroscience, Baylor University, Waco, TX, USA

In 2018, the Society for Clinical and Experimental Hypnosis initiated an organizational meeting at the Montreal meeting of the International Society of Hypnosis. Six major hypnosis societies agreed to sponsor an international Task Force on Guidelines for the Assessment of the Efficacy of Clinical Hypnosis, including SCEH, ASCH, APA Division 30, the Milton Erickson Foundation, the National Pediatric Hypnosis Training Institute, and the International Society for Hypnosis. Researchers from five countries participated in monthly meetings commencing in February 2019 and continuing to the present, pursuing the Task Force objectives. This symposium will report on the Task Force findings in three areas: 1) Recommendations for best practices in conducting and reporting research on hypnosis, 2) Findings of an international survey showing a dramatic shift in clinical practice toward video-based teletherapy and a discussion of implications for future practice, and 3) A report on survey findings on adverse effects of hypnosis, comparisons to adverse effects of other medical and behavioral therapies, and recommendations for managing adverse effects in hypnosis practice.

2:00 PM PT **Scientific Program Adjourns**

Conference Pricing

Registration rates vary depending on selected package.

ADVANCE REGISTRATION IS REQUIRED.

Registration deadline: October 4, 2022 at 5 PM ET USA.
We regret we are not able to accommodate last minute registrations.

ALL ATTENDEES AND FACULTY MUST COMPLETE A REGISTRATION FORM.

EARLY BIRD REGISTRATION DISCOUNT:

- In effect to September 9, 2022 -- note that all registration prices above increase by $75 after this date. Pay before September 9 to get the best pricing.

BOTH CE AND CME AGAIN AVAILABLE

- In 2022, SCEH will offer both CE (for psychology and related fields) and CME (for physicians), which are included in the registration price. Due to the increased costs of offering CME, there is a registration price differential for physicians.

CONFERENCE PACKAGES	CE included		CME included		CE or CME included	
COMPLETE MEETING PACKAGE	Members	Non-Members	Member PHYSICIANS	Non-Member PHYSICIANS	Student Members *	Student Non-Members *
Full Meeting -- includes Workshops, Scientific Program and all Networking Events	$280	$330	$380	$430	$110	$130
Presenter/Faculty	$99	$149	$199	$249		
Student Presenters or Poster Authors					FULL SCHOLARSHIP	FULL SCHOLARSHIP
WORKSHOP TRACKS						
Intro Workshop only	$230	$300	$330	$400	$110	$130
Intermediate/Skills Workshop only	$230	$300	$330	$400	$110	$130
Advanced Workshops only	$230	$300	$330	$400	$110	$130
SCIENTIFIC PROGRAM						
Scientific Program only	$170	$240	$270	$340	$110	$130

Conference Registration

PAYMENT OPTIONS:

After you hit the Submit button, you will be brought to the payment page where you have the option to pay by credit card or mail a check. If paying by check, you must still complete an online registration form.

Your check must be postmarked no later than October 1 to ensure we receive it in time; your registration is not complete until we have payment in hand.

Make checks payable to: Society for Clinical and Experimental Hypnosis, and mail to:
Society for Clinical & Experimental Hypnosis
305 Commandants Way – Commoncove Suite 100
Chelsea, MA 02150-4057 USA.
Note: Use the complete address to ensure we receive your materials.

CANCELLATIONS AND REFUNDS:

Cancellations received on or before October 1 at 5:00 PM EST USA will be issued a refund, minus a $75 processing fee. No refunds will be made after this date.

IMPORTANT:

- *Join BEFORE registering to receive member pricing*

NON-MEMBERS APPLYING FOR MEMBERSHIP – PLAN AHEAD FOR MEMBER PRICING:

To be eligible for member rates, please join BEFORE you register for an event to take advantage of member pricing. Please allow 2-3 weeks for our Membership Committee to review your COMPLETED membership application and REQUIRED DOCUMENTATION attesting to your license, research or student status. Clinicians must supply a copy of their licenses; researchers and students must submit a letter from their institution verifying their current status. (See the SCEH membership application form for more details.) Access the application form and member eligibility details: www.sceh.us/apply-for-membership.

PRICING NOTES

- **Special Discounted Rate for SCEH Members:** SCEH Members receive a discounted registration. Current member status will be verified. All others, please see NON-MEMBERS APPLYING FOR MEMBERSHIP.

- **Special Discounted Rate for Conference Faculty/Presenters:** Faculty/Presenters are provided with a discounted registration for the Full Conference Package. When registering, Faculty should select the Faculty Member or Faculty Non-member pricing category, according to their member status.

- **Special Rate for Students:** Early bird conference registration is priced at $110 for Student Members and $130 for Student Nonmembers. (See below for information on SCEH scholarships for students and trainees.)

Students include: mental health and medical graduate students; residents; interns; fellows, and other trainees. A dated letter from your institution verifying your current status is required to be eligible for student pricing. (If you have joined SCEH, you have already submited this verification as part of our membership application process.)

- **Special Discounted Registration for Students Who Present or Are Approved for the Poster Session:** Students who give a Research Presentation or Workshop are given a 100% scholarship and attend for free. Students who are approved for the Poster Session are given a 100% scholarship and attend for free. Students who qualify in these categories will be sent special instructions on how to register.

- **Special Scholarships Available for Qualified Students and Trainees*:** SCEH is offering special scholarships to qualified students and trainees to attend the conference at the deeply discounted rate of $15 (a value of $110-$130).

  *Before applying, please review SCEH member eligibility requirements since these scholarships are open to health care students and trainees who qualify for Society membership. Note: Applications will be reviewed on a rolling basis, and scholarships will be closed if we exceed our quota before the stated deadline. Approved scholarship recipients will be notified via email and sent details on how to register. Be sure to add SCEH emails to your safe senders list to receive these notifications.

  Scholarship Application Requirements:

  - Scholarship Application Deadline: September 1, 2022.

  - Complete applications require:
    1) *A letter, attesting that you are a current student /trainee, in an approved mental health related discipline, in good standing, at your institution or university.* This letter should come from your Academic Advisor/ Research Advisor or a Primary Instructor. Upload the letter as part of your scholarship application form or email it to info@sceh.us, using the subject line "Student Trainee Documentation" and your name.
    AND
    2) *Completed Scholarship Application Form*

  - Response Required: All scholarship recipients will need to respond to the scholarship offer and pay the $15 registration fee within two weeks of being notified.

  - Incomplete applications will not be reviewed.

EVENT DETAILS AND REGISTRATION: Find full conference details at: www.sceh.us/2022-conference-details

QUESTIONS? Email us at info@sceh.us for the quickest response, or call us at call 617-744-9857

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Apply for Membership

SCEH Society for Clinical & Experimental Hypnosis

A distinguishing feature of SCEH is our premise that sound clinical practice is built upon serious scientific inquiry and that important empirical questions are often raised by those who care for patients.

We invite:

- Clinicians!
- Academics!
- Researchers!
- Students!

Come be a part of our mission to promote excellence and progress in hypnosis research, education and clinical practice.
www.sceh.us

We invite you to be part of our community and assist our efforts to promote excellence and progress in hypnosis research, education, and clinical practice. We are an international professional society association whose mission is to promote excellence and progress in hypnosis research, education, and clinical practice. A distinguishing feature of the Society is its emphasis on empirical inquiry and the evidence-base of hypnosis.

SCEH hypnosis training programs are scientifically based and are recognized by professional schools (medical, dental, psychology, social work). SCEH also offers hypnosis certification programs for clinicians and researchers. Among SCEH member benefits are the *International Journal of Clinical and Experimental Hypnosis (*the Society's quarterly scholarly journal), a quarterly member newsletter, hypnosis resources, a mentorship program and book discounts**.**
Learn more at [www.sceh.us/membership-benefits.](www.sceh.us/membership-benefits)