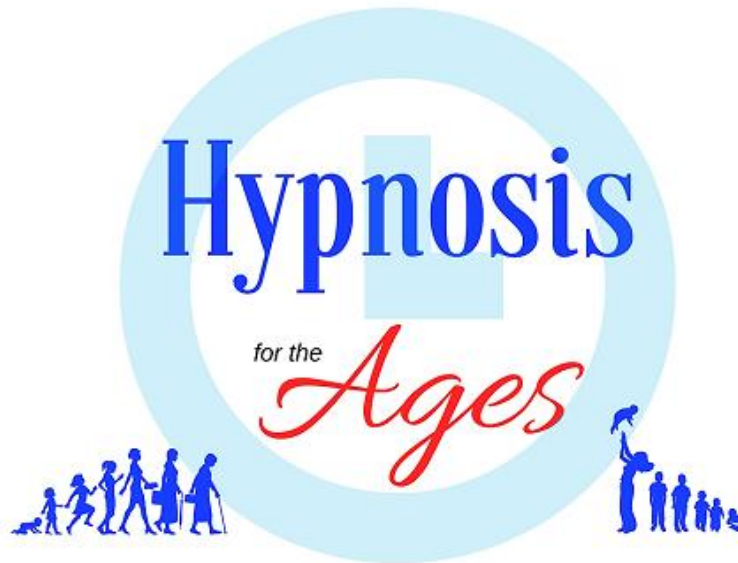




**SOCIETY FOR CLINICAL &
EXPERIMENTAL HYPNOSIS**

A component
Society of ISH



68th Annual Workshops and Scientific Program

October 25-29, 2017

**Holiday Inn Chicago Mart Plaza River North and
the Chicago School of Professional Psychology, Chicago, IL**

Conference Brochure

Continuing Education credits provided by the Institute for Continuing Education

SCEH EXECUTIVE COMMITTEE

President: Gary Elkins, PhD, ABPP, ABPH

President Elect: Don Moss, PhD

Immediate Past President: Eric Willmarth, PhD

Secretary: Zoltan Kekecs, PhD

Treasurer: Ciara C. Christensen, PhD

IJCEH Editor: Arreed Barabasz, PhD, EdD, ABPP

Executive Director: Anne Doherty Johnson

2017 CONFERENCE COMMITTEE

OVERALL MEETING CO-CHAIRS

Donald Moss, PhD

Janna Henning, JD, PsyD

WORKSHOP PROGRAM CO-CHAIRS

Introductory Workshop

Lisa Lombard, PhD

Eric Willmarth, PhD

Skills-building Workshops

Scott Hoyer, PsyD

John Mohl, PhD

Advanced Workshops

Ciara Christensen, PhD

David Reid, PsyD

SCIENTIFIC PROGRAM CO-CHAIRS

Zoltan Kekecs, PhD

Shelagh Freedman, PhD candidate



2017 CONFERENCE SCHEDULE AT A GLANCE

CONFERENCE REGISTRATION DESK: Our Conference Registration begins at the Chicago School of Professional Psychology (TCSP) at 3:30 PM on Wednesday, October 25. The Registration Desk is open at 8:00 AM each morning. See posted hours.



All attendees – including instructors – must check in at the Conference Registration Desk to receive a badge, CE forms and conference materials.

COLLEGE HOURS: The College opens each day at 8:00 AM.

LUNCH BREAK: Lunch is on your own unless otherwise noted. There are many nearby restaurants and a food court inside the Merchandise Mart.

BREAKS/COFFEE: Coffee/tea is included for registrants; see scheduled break times.

OPENING NETWORKING RECEPTION AT THE COLLEGE: We invite all participants to an Opening Networking Reception at TCSP on Thursday evening, from 5:30-7:00 PM, following the day's programming.

MEETING NOTES:

- All **Workshops and the Scientific Program:** held at the TCSP.
- Saturday evening **Annual Banquet and Poster Session Reception:** held at the Hotel.
- **Student and Early Career Professionals Luncheon:** Held in the Merchandise Mart; free to students and early career professionals.
- **Member Meeting & Luncheon:** Open to current SCEH members, scheduled for Saturday at noon at the TCSP.
- **Executive Committee & Executive Council Meetings:** Held at the hotel on Friday evening, by invitation.

CONFERENCE REGISTRATION FORM: To print a hard copy of the Conference Registration Form, see pages P. 58-61 of this brochure and complete as applicable. You may register online using the link from our website.

CONFERENCE REGISTRATION FEES: View Registration Fees on P.57 of this brochure.

WHO SHOULD ATTEND

The program is designed for Psychologists, Physicians, Social Workers, Dentists, Chiropractors, Master's level Nurses and Clinical Nurse Practitioners, other Master's level licensed mental health and healthcare professionals, and clinical and experimental researchers in the field of hypnosis.

The conference brings together top experts in the field of hypnosis to share the latest in both research and clinical applications of hypnosis. Session topics are varied, and have included the following: providing a definition of hypnosis; reviewing clinical applications of hypnosis; reviewing the latest in hypnosis research; medical hypnosis and its uses; discussing hypnosis for pain management, hypnosis for ADHD, PTSD, hypnosis treatment for hot flashes, anxiety and substance abuse; discussing hypnosis in health care settings; reviewing clinical applications of alert hypnosis; discussing hypnotizability; discussing hypnosis and mind-body communication, mindfulness; and meditation; reviewing ego state therapy, trance, virtual reality hypnosis; discussing hypnosis and dissociation; discussing hypnosis and mind-body approaches.

WHAT ATTENDEES SAY

Question: Based on what you have learned what will you change or do differently?

Responses:

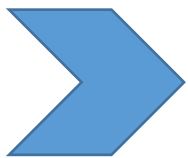
- ✓ Use hypnotic techniques (newly learned) in my research
- ✓ I have more knowledge to adapt to my clients
- ✓ Will begin using hypnosis with my chronic pain and anxiety clients
- ✓ Will seek mentorship for more advanced applications including PTSD
- ✓ Will discuss hypnosis and its myriad applications and benefits with my university and employer
- ✓ Integrate hypnosis into my practice
- ✓ Improve pain management techniques
- ✓ Assess hypnotizability
- ✓ Use of trainer with CBT
- ✓ Assess for functional disorders/treat resistance differently
- ✓ Be more attentive to ego status
- ✓ Use more in-depth hypnosis
- ✓ Be more attentive to ego status
- ✓ Develop another research project
- ✓ Increase knowledge for using hypnosis with patients with acute and chronic pain

WORKSHOP PROGRAM OVERVIEW

SCEH workshops teach participants hypnotic theory and practical techniques for immediate use in professional practice. Educational approaches include lectures, audiovisual presentations, and skill-practice groups. Workshops are scientifically-based and of the highest teaching quality. Most workshops include demonstrations and/or practica or other experiential components.

SCEH offers **introductory**, **skills-building** and **advanced** level workshops.

- ***Introductory (Basic) Workshop in Clinical Hypnosis*** (taken as a cohort)
- ***Skills-building Workshops in Clinical Hypnosis*** (Choose from a selection of sessions. These can be used toward intermediate certification or simply to refresh hypnotic skills.
- ***Advanced Workshops in Hypnosis*** (Choose from a selection of full day, half day and quarter day concurrent sessions. You may also mix and match with Skills-building Workshops.)



WORKSHOP REGISTRATION & OPENING SESSION: Thursday, October 25

Conference Registration opens at **3:30 PM** in the lobby of the TCSPP.

Join us for our Opening General Session at **5:00 PM**, prior to our Keynotes and Workshops.

Introductory (Basic Workshop)

Introductory Workshop in Clinical Hypnosis — 20 CEs

Wednesday, October 25 through Saturday, October 28, 2017

Wednesday 5:30-9:30 PM; Thursday 8:30 AM-5:30 PM; Friday 8:30 AM-5:30 PM; Saturday 8:30AM-10:30 AM

Co-chairs: Lisa Lombard, PhD and Eric Willmarth, PhD

Faculty: Eric Willmarth, PhD, Saybrook University; Rick Kluft, MD, Temple University School of Medicine; Stephen Kahn, PhD; David R. Patterson, PhD, ABPP, University of Washington School of Medicine; Dabney Ewin, MD, Tulane School of Medicine; Thomas Nagy, PhD; David Reid, PsyD and Gary Elkins, PhD.

Additional faculty to be announced.

This practically-focused workshop will provide introductory training in the theory and application of clinical hypnosis in psychotherapy, dentistry, and medicine. A combined format of lecture, demonstration, and supervised practice is used to teach and develop clinical skills in the use of hypnosis. Topics include: types and principles of hypnotic induction, methods of hypnotic induction, self-hypnosis, anxiety management, pain management, addressing issues of resistance, hypnosis with habit disorders, exploration of unconscious dynamics, treatment planning and technique selection, and integration of hypnosis into clinical practice. Participants will have many opportunities for hands-on practice in supervised small-group sessions. The goal of the workshop is to provide the requisite training for attendees to begin utilizing hypnosis in their own clinical practices. Ongoing feedback and mentoring will be provided to support the development and applicability of new skills. The contents of the workshop comply with the Standards of Training in Clinical Hypnosis utilized by the American Society of Clinical Hypnosis.

Introductory Workshop in Clinical Hypnosis

The Introductory Workshop will meet as follows.

- Wednesday -- 5:30-9:30 PM
- Thursday -- 8:30AM-5:30 PM
- Friday -- 8:30AM-5:30 PM
- Saturday -- 8:30AM-10:30 PM

There will be a one hour break for lunch on Thursday and Friday, with two 15 minute coffee breaks on Thursday and Friday, and one short 15 minute coffee break on Wednesday evening.

Introductory Workshop Agenda

(Subject to change; a detailed agenda will be provided.)

Introduction

Definitions, Theories and History of Hypnosis

Preparing the Client for Hypnosis

Hypnotic Susceptibility and Hypnotic Susceptibility Scales

(continued on next page)

Introductory Workshop Agenda, continued from previous page

Hypnotic Phenomena and their Therapeutic Applications
Demonstration of Hypnotic Phenomenon
Principles of Hypnotic Induction and Realerting I: the Process of Hypnosis
Principles of Hypnotic Induction and Realerting II: Induction Techniques
Supervised Small-Group Practice I
Principles in Formulating Hypnotic Suggestions I
Principles in Formulating Hypnotic Suggestions II
Hypnotic Deepening and Trance Ratification
Supervised Small-Group Practice II
Treatment Planning, Strategy, and Technique Selection
Strategies for Managing Resistance to Hypnosis
Q&A and Demos
Self-Hypnosis: What It Is and How to Teach It to Clients
Hypnotic Relaxation Therapy
Cognitive Behavioral Applications of Hypnosis
Hypnotic Strategies and Techniques for Pain Control
Supervised Small-Group Practice III
Ideomotor Signaling for Unconscious Exploration
Supervised Small-Group Practice IV
Medical Applications of Hypnosis
Ethics, Professional Conduct, and Certification
Workshop Wrap-Up

(continued on next page)

Skills Building/Intermediate Workshops

Skills-building/Intermediate Workshops List - 15 CEs plus keynotes

Wednesday, October 25 through Friday, October 27, 2017

Wednesday 5:30 – 9:45 PM; PM; Thursday 8:30 AM – 4:15 PM; Friday 8:30 AM – 6:00 PM *

* Times include keynotes; workshop participants are invited to attend keynote presentations at 5:30 PM on Wednesday, 8:30 AM on Thursday and 5:00 PM on Friday.

Advanced Workshop registrants may also select from sessions in this category.

Skills-building/Intermediate Workshops

Skills-building Workshops consist of sessions that feature a variety of hypnotic techniques, for induction, deepening, and therapeutic application. These skills workshops will be at the intermediate level, and will serve for persons seeking certification. They will also provide useful opportunities for advanced professionals to refine hypnotic technique. We strongly encourage workshops that include demonstrations and/or practica or other experiential components.

Co-Chairs: Scott Hoyer, PsyD and John Mohl, PhD

Skills-building/Intermediate Workshops registrants select from the following sessions. Full workshop descriptions follow.

Wednesday, Oct. 25

6:30-9:45 PM

Developmental Considerations in Pediatric Hypnosis

Thursday, Oct. 26

9:30 AM -12:45 PM

Inducing Hypnosis, Assessing Hypnotizability, and Teaching Self-Hypnotic Strategies: the Spiegel's Method

2:00-5:15 PM

The Man Who Lived in a Tent Utilization and Its Theory

Friday, Oct. 27

8:30-11:45 AM

Future Focused Interventions With and Without Formal Hypnosis

1:00-4:15 PM

Ericksonian Approaches to Pain Management

Skills/Intermediate Workshop Descriptions

Wednesday October 27, 2017

Half Day Skills Workshop

6:30 - 9:45 PM

Developmental considerations in Pediatric Hypnosis

Adam Keating, MD, Pediatrician, Cleveland Clinic, Wooster, OH

Participants will discuss physical and cognitive milestones at different stages of development and work to craft developmentally appropriate suggestions. We will also discuss the developmental implications of direct vs. permissive suggestions.

Bibliography

Therapeutic Hypnosis with Children and Adolescents, Second Edition by Laurence Sugarman, Zuckerman
Parker Handbook of Developmental and Behavioral Pediatrics for Primary Care: Marilyn Augustyn MD, Barry Zuckerman, Elizabeth B Caronna MD; Clinical Hypnosis with Children and Adolescents — What? Why? How?: [sic] Origins, Applications, and Efficacy by Daniel P. Kohen and Pamela Kaiser.

Learning Objectives

1. Participants will learn cognitive developmental milestones.
2. Participants will craft suggestions with a specific developmental level in mind.
3. Participants will learn when permissive suggestions may be more or less beneficial than direct suggestions.

Thursday October 27, 2017

Half Day Skills Workshop

9:30 AM - 12:45 PM

Inducing Hypnosis, Assessing Hypnotizability, and Teaching Self-Hypnotic Strategies: the Spiegel's Method

John E. Alexander, PhD, Psychologist, University Health System Portage Medical Center and Private Practice, Kent Ohio

The Society of Psychological Hypnosis of the APA has recently revised the official definition of hypnosis. According to the new definition, hypnosis is considered a state of consciousness characterized by enhanced focused attention, reduced peripheral awareness, and heightened responsiveness to suggestion, which can be distinguished from the ceremonies used to produce it (hypnotic inductions) and from the purposes

for which it may be used (hypnotherapy). The new definition also defines an individual's capacity to enter into hypnosis (hypnotizability) as the ability to experience suggested alterations in sensation, perception, cognition and behavior during hypnosis, and implies that individuals differ in this capacity.

David Spiegel, one of the four members of the hypnosis definition committee, and his distinguished father, Dr. Herbert Spiegel MD, have provided a useful theoretical framework for conceptualizing hypnosis which is consistent with the new definition, and a practical test for rapidly and effectively assessing individual differences in hypnotizability for clinical and research purposes, the Hypnotic Induction Profile (HIP). The purpose of this presentation is to provide, in lecture and video format: (1) an overview of the Spiegels' conceptual model of hypnosis as a state of focused attention and receptive concentration, with both biological and psychosocial components; (2) a review of the Hypnotic Induction Profile, the Spiegels' method for inducing hypnosis, assessing hypnotizability, and teaching self-hypnosis; and (3) a description of the two methods for interpreting the HIP, the Induction Score (a traditional method of quantifying hypnotizability) and the Profile Grade, a clinically more useful qualitative measure which compares an individual's putative biological capacity for hypnosis with their psychosocial ability to experience and express their hypnotic talent, to determine their level of functional hypnotizability for treatment planning purposes

Bibliography

Elkins GR, Barabasz AF, Council JR, Spiegel D. Advancing research and practice: The revised APA definition of hypnosis. *Int. Journal of Clinical and Experimental Hypnosis*, 63 (1):1-9, 2015 Spiegel H. The neuro-trance: A new look at hypnosis. *Int. Journal of Clinical and Experimental Hypnosis* 55 (4): 387-410, 2007 Spiegel H, Spiegel D. *Trance and Treatment: Clinical Uses of Hypnosis* 2nd Edition, Washington, DC American Psychiatric Press, 2004

Learning Objectives

Attendees will be able to:

1. describe the Spiegels' method of inducing hypnosis with the HIP, the Eye-Roll and Instructed Arm Levitation procedures;
2. list the five sensorimotor tests that comprise the Induction Score of the HIP;
3. list the two sensorimotor tests that, along with the Eye-Roll Sign contribute to the Profile Grade scoring method, and; (4) describe how the two scoring methods (Induction Score and Profile Grade) differ, and the relative value of each in research and clinical practice.

Thursday October 27, 2017, continued

Half Day Skills Workshop

2:00 - 5:15 PM

THE MAN WHO LIVED IN A TENT UTILIZATION AND ITS THEORY

Eleanor Laser, PhD, Psychotherapist, Alder, Chicago, IL

My most fascinating cases in 35 years of practice demonstrate how vital hypnosis can be in discovering critical facts unable to be obtained through medical tests. Hypnotic age regression elicits and offers solutions.

This will cover the most fascinating cases in my 35 years of practice. The first three cases demonstrate how vital hypnosis can be in discovering critical information through regression. When a doctor is making a diagnosis, certain essential facts lead to a correct conclusion. Often these critical facts cannot be discovered through lab tests or sophisticated radiologic testing. Only through hypnotic regression were these facts elicited and the solution was achieved. Erickson's theory of utilization is prevalent and woven through out all the cases.

- Epilepsy - The Quiet Little Storms
- Ciguatera - Paresthesia and peripheral neuropathy - fish Poisoning -(time line therapy)
- Teratoma - Fear of Flying – What's the Womb Got to do with it
- Multiple Chemical Sensitivity - The Man who lived in a Tent
- Surgical Hypnosis- The Statue of Liberty - do or die
- Lang/Laser "Patient sedation Without Medication"
- Certain patients cannot undergo general anesthesia or heavy sedation due to co-morbid factors.

Bibliography

David Cheek, MD; Milton Erickson, MD; Eleanor Laser; PhD; Lang/Laser

Learning Objectives

Participants will learn about:

- 1) the theory of utilization, in the case of the man who lived in a tent
- 2) hypnosis for surgery- statue of liberty
- 3) ciguatera fish poisoning
- 4) fear of flying -- what's the womb got to do with it
- 5) Quiet Little Storms --epilepsy

Friday October 28, 2017

Half Day Skills Workshop

8:30 - 11:45 AM

Future Focused Interventions with & without Formal Hypnosis

Moshe Torem, MD, Psychiatrist, Northeast Ohio Medical University, Akron, OH

This workshop will review the various forms of hypnotherapy as related to the issue of time focus and patient's resilience. Many therapies have focused on the present and the past, attention to the future has been rather minimal. However, the use of future focused strategies can be a powerful approach to bring about transformational change in people's behaviors and symptoms as well as strengthening and eliciting resilience to stress. Hypnosis allows the patient to experience a desirable therapeutic outcome in the future, which is internalized on both a conscious and sub-conscious level. This experience also improves patient's confidence in themselves and their resilience in day-to-day living. Participants in this workshop will learn the use of future focused communication, suggestions, imagery, and a variety of age progression techniques with and without formal hypnosis.

Bibliography

Torem, M.S. (2006). Treating depression: A remedy from the future. In M. Yapko (Ed.), *Hypnosis and Treating Depression: Applications in Clinical Practice* (pp. 97-119). New York, New York: Routledge. Bonshtein U. & Torem M. (2017), Forward Affect Bridge. *Intl. Journal of Clinical and Experimental Hypnosis*, 65:43-51; Torem, M.S. (1992). "Back from the future": A powerful age-progression technique. *American Journal of Clinical Hypnosis*, 35(2), 81-88.

Learning Objectives

Participants will learn:

1. to understand hypnotic communication in terms of its time focus (past, present, or future);
2. to formulate at least two interventions with a future focus;
3. the use of effective therapeutic communication and suggestions with age progression techniques, with and without formal hypnosis.

Half Day Skills Workshop

1:00 - 4:15 PM

Ericksonian Approaches to Pain Management

David R. Patterson, PhD, ABPP, Professor, University of Washington School of Medicine, Seattle, WA

This skill training workshop will focus on hypnosis for treating acute and chronic pain. The workshop will include a brief overview of pain control theory, Ericksonian approaches to hypnosis and approaches to acute pain. We will then focus on chronic pain treatment, with a discussion on integrating Motivational Interviewing into treatment. Attendees will be given clear paradigms to use for hypnotic interventions for patients who are living with chronic pain. The instructor will base the workshop on his 30 years of clinical experience in the field of pain management, the over 130 papers and book chapters he has published in the area of pain control and health psychology, and hypnosis, as well as Patterson's recent book entitled *Clinical Hypnosis for Pain Control*. The emphasis of the workshop will be on applied clinical technique; Demonstrations, brief exercises and the opportunity for consultation will be included.

Bibliography

Patterson DR, Jensen M. Hypnosis and Clinical Pain. *Psychological Bulletin*. 2003;129(4):495-521; Patterson DR, Ptacek JT. Baseline pain as a moderator of hypnotic analgesia for burn injury treatment. *Journal of Consulting and Clinical Psychology*. 1997;65(1):60-67; Patterson DR, Tininenko JR, Schmidt AE, Sharar S. Virtual reality hypnosis: A case report. *The International Journal of Clinical and Experimental Hypnosis*. 2004;52(1):27-38; Patterson, DR. *Clinical Hypnosis for Pain Control*. Washington, DC: American Psychological Association.

Learning Objectives

1. Distinguish between acute and chronic pain
2. Understand Ericksonian approaches to hypnosis
3. Perform sophisticated hypnotic interventions for chronic pain management



Help Lead Hypnosis Excellence. Join Today.

OUR MISSION: To promote excellence and progress in hypnosis research, education, and clinical practice.

SCEH - Global Hypnosis Community

As a member of SCEH, you are part of a selective society that contains some of the best and most productive hypnosis researchers and clinicians in the field.

SCEH Workshops and Scientific Session -- CE Credit Opportunities

SCEH provides professional development opportunities which include an Annual Conference and periodic workshops and scientific meetings. Members receive a discounted registration.

SCEH Scholarly Journal

Your membership includes a subscription to our peer-reviewed publication, the *International Journal of Clinical and Experimental Hypnosis* (IJCEH), one of the most cited journals in psychological literature. IJCEH is the leading voice in hypnosis worldwide for researchers, scholars and clinicians in psychiatry, psychology, social work, dentistry, and medical specialties.

Focus, Our Quarterly Member Newsletter

Members receive our quarterly newsletter, Focus, with news and updates about Society members and how SCEH is working to advance hypnosis.

SCEH Member Directory Online

The Member Directory is a great resource for networking with colleagues and is available for members upon logging into our website.

Founded in 1949, SCEH is an international organization dedicated to the highest level of scientific inquiry and the conscientious application of hypnosis in the clinical setting.

Additional Conference Activities

Thursday Evening Networking Reception

5:30-7:00 PM at The Chicago School of Professional Psychology

A major benefit of conference attendance is the opportunity to network with peers, meet new friends and colleagues and renew relationships in the hypnosis community. Many professional collaborations as well as personal friendships have started at a SCEH meeting and we are confident this one will be no different.

All participants are invited to attend a Networking Reception at the conclusion of classes on Thursday evening, from 5:30-7:00 PM at the college. We hope to be joined by our friends from the Chicago Society of Clinical Hypnosis. More details will be available onsite. There is no cost to participate and hope you will attend.

Friday Student/Early Career Professional Luncheon

11:45 AM – 1:00 PM at the Merchandise Mart

Please note your intention to participate on your Conference Registration Form.

Our annual meeting this year will provide an opportunity for outreach to students interested in hypnosis. Under the leadership of Janna Henning, JD, PsyD and Don Moss, PhD, SCEH will host a Student / Early Career Professionals Luncheon. The goal is to provide both groups with an opportunity to network, meet clinicians and researchers in the field, and engage in SCEH activities. Dr. Henning has been developing a Student Advisory Committee and ideas for engagement of student members and is seeking your ideas. Complimentary pizza for students and early career professionals will be provided.

Among the topics to be discussed at the luncheon is the SCEH Mentorship program, led by Zoltan Kekecs, PhD. Members who are interested in serving as a research mentor or who may be seeking mentorship in developing hypnosis are asked to consider getting involved in the program.

Learn more about this program at: <http://www.sceh.us/mentor-program>

Advanced Workshops

Advanced Workshops List — up to 15 CEs plus keynotes*

Wednesday, October 25 through Friday, October 27, 2017

Wednesday 5:30 – 9:45 PM; Thursday 8:30 – 5:15 PM, Friday 8:30 AM - 6:00 PM

* Times include keynotes; workshop participants invited to attend keynote presentations at 5:30 PM on Wednesday, 8:30 AM on Thursday and 5:00 PM on Friday.

Co-chairs: Ciara Christensen, PhD and David Reid, PsyD

Advanced Workshop registrants select from the following Advanced Workshops or they may also select from topic blocks in the Skills-building Workshops. Full workshop descriptions follow.

Wednesday, Oct. 25 HALF DAY EVENING - 6:30-9:45 PM

- What is Coherence Therapy and what does Hypnosis have to do with it anyway? HALF DAY PM
- Treatment of Headaches Using Self-Hypnosis
- Hypnotically Enhanced Psychotherapy
- Music of the Soul: The art and science of transformative hypnotic relationships, mutual regulation, and gene expression modulation

Thursday, Oct. 26 FULL DAY - 8:30AM-5:30 PM

- Regression Techniques in Depth Hypnosis

Thursday, Oct. 26 HALF DAY AM - 9:30AM -12:45 PM

- Hypnosis and Zen Buddhism for Pain and Suffering
- Fight, Flight, or Freeze: Clinical Hypnosis Enhances Self-Regulation and Healing Response in Children and Teens with Anxiety and Chronic Illness.
- Pharmacotherapy: Desired Outcomes Enhanced by Hypnosis

Thursday, Oct. 26 HALF DAY PM - 2:00-5:15 PM

- The Treatment of Pathological Dissociation and Dissociative Identity Disorder
- Clinical Hypnosis in Palliative Care: a review and the techniques for relieving physical, psychological and spiritual suffering
- Altered States of Consciousness Experiences Related to Spiritual and Religious Aspects of Skin and Skin Disorders

Friday, Oct. 27 FULL DAY - 8:30AM-4:15 PM

- Looking Backwards to Move Forward: Utilizing Hypnotic Age Regression Clinical Research to enhance self-concept of ADHD adults and improve concurrent Co-Morbid Diagnoses of Addiction, Anxiety, Depression, OCD, ODD, and PTSD
- Evidence-Based Cognitive Hypnotherapy for Depression

Friday, Oct. 27 HALF DAY AM - 8:30-11:45 AM

- Hypnotically-Enhanced Interventions for Clients Facing End of Life
- Manualized Abreactive Hypnosis for PTSD: Evidence based
- Future Focused Interventions With and Without Formal Hypnosis

Friday, Oct. 27 HALF DAY PM - 1:00-4:15 PM

- Elkins Hypnotizability Scale for Utilization in Clinical Practice and Research
- Chronic Pain, Despair, and Hypnosis
- Ericksonian Approaches to Pain Management

Advanced Workshops Program Descriptions

Wednesday, October 25, 2017

Half day

6:30-9:45 PM

What is Coherence Therapy and What Does Hypnosis Have to Do with It Anyway?

Gary B. Kelley, PhD, Multimodal Therapy Institute, Solon, OH

"Coherence Therapy" is a form of mental health treatment that follows the research finds that many disturbing symptoms that clients present with can be eliminated by using a method known as Memory Reconsolidation. This method focuses on Symptom Identification, Retrieval of Emotional Learnings (schemas /core beliefs) and the Uncovering of disconfirming material (internal knowings/resources. A Pro-symptom position is taken by the therapist who sides with the client in the necessity for the symptoms to be present in the clients life. This is then followed by retrieving the symptomatic emotions learning and placing it in juxtaposition to the counter position emotional truth for the client to internalize and resolve. Specific techniques to accomplished these steps will be presented along with the steps to relieve the emotional learnings, meanings, and frames that maintain the symptoms will be provided and demonstrated. The concepts of emotional truths, memory reconsolidation, pro-symptom position, and counter symptom position will explained along with some of the underlying neurology regarding the creation and strengthening of brain circuits.

Dr. Mark Jensen at the 2016 American Society of Clinical Hypnosis stated the if one wanted to make any therapy better, perhaps twice a good, just add hypnosis. This workshop will show some practical ways to utilize hypnosis to add hypnosis to Coherence Therapy for better therapeutic outcomes.

Bibliography

Dr. Mark Jensen at the 2016 American Society of Clinical Hypnosis stated the if one wanted to make any therapy better, perhaps twice a good, just add hypnosis. This workshop will show some practical ways to utilize hypnosis to add hypnosis to Coherence Therapy for better therapeutic outcomes.

Unlocking the Emotional Brain (Ecker, B., Ticic, R., &Hulley, L. 2012); Depth Oriented Brief Therapy (Ecker, B., &Hulley, L. 1996); Depotentiation of symptom-producing implicit memory in Coherence Therapy (2008).

Learning Objectives

- 1) to provide an overview of Coherence Therapy as presented by Ecker, B. & Hulley, L. (1996,2000,) and Ecker, B., Ticic, R., Hulley, L. (2012).
- 2) to present the essential features of memory reconsolidation and it's relationship to Therapy in general and hypnosis in particular.
- 3) to provide possible applications of hypnosis to improve outcomes through the use of hypnosis with Coherence Therapy.

Half day

6:30-9:45 PM

What is Coherence Therapy and What Does Hypnosis Have to Do with It Anyway?

Jeffrey Lazarus, MD, Menlo Park, CA

Self-Hypnosis (SH) has been used successfully to treat migraine headaches for many years. It can also be helpful in the treatment of chronic daily headaches. SH can be used either as a primary therapeutic modality, without the use of medication, or as an adjunctive therapy in addition to medication. When used as an adjunct, medication can often be decreased or even discontinued. Dramatic improvement is usually seen after only two or three visits, plus, there are no side effects. The participants will also have the opportunity to learn, discuss, and practice some new techniques, including the use of metaphors to help treat these conditions.

In this interactive workshop, attendees will be guided through a literature review and taught an entire protocol of how to treat these conditions, including how to encourage positive expectancy before even meeting the patient. Unique patient video clips will further enhance the salient points of this workshop.

Bibliography

Kohen, D. P. (2010). Long-term follow-up of self-hypnosis training for recurrent headaches: what the children say. *Int J Clin Exp Hypn*, 58(4), 417-432. Kohen, D. P. (2011). Chronic daily headache: helping adolescents help themselves with self-hypnosis. *Am J Clin Hypn*, 54(1), 32-46. Kohen, D. P., & Zajac, R. (2007). Self-hypnosis training for headaches in children and adolescents. *J Pediatr*, 150(6), 635-639. Olness, K., & MacDonald, J. (1981). Self-hypnosis and biofeedback in the management of juvenile migraine. *J Dev Behav Pediatr*, 2(4), 168-170. Olness, K., MacDonald, J. T., & Uden, D. L. (1987). Comparison of self-hypnosis and propranolol in the treatment of juvenile classic migraine. *Pediatrics*, 79(4), 593-597.

Learning Objectives

Attendees will learn:

- 1) The literature showing the efficacy of this treatment and how the information can be used to encourage positive expectancy with patients;
- 2) An entire protocol of how to treat this condition using medical hypnosis;
- 3) Specific techniques to teach to patients to manage their symptoms.

Wednesday, October 25, 2017, continued

Half day

6:30-9:45 PM

Hypnotically Enhanced Psychotherapy

Joseph Tramontana, Ph.D., Private practice, New Orleans, LA,

The author prefers the term "hypnotically enhanced psychotherapy" to "hypnotherapy" because so many other therapy modalities are included along with the hypnotic work, and suggestions are often given in and out of hypnosis. His first published book, in fact, was titled "Hypnotically enhanced Treatment for addictions: Alcohol abuse; drug abuse; gambling; smoking and weight loss." He has previously presented on several occasions to both SCEH and ASCH on that topic, as well as on Sports hypnosis. The current topic is more general and is one he presented in the past and is also presenting at the World Congress of Psychotherapy, in Paris, France in July, 2017.

He uses hypnosis with a wide range of applications including anxiety, pain reduction, habit problems (such as trichotillomania and bruxism, and nail biting) depression, sexual dysfunction, and others. These applications will be presented as time allows.

Bibliography

Tramontana, J. (2009).

Learning Objectives

- 1) *To understand the use of hypnosis as an adjunctive technique to other therapies.*
- 2) *To learn new scripts and strategies for using these techniques with a variety of problem behaviors.*
- 3) *Participants will be able to develop new scripts to apply in their practices.*

Half day

6:30-9:45 PM

Music of the Soul: The Art and Science of Transformative Hypnotic Relationships, Mutual Regulation, and Gene Expression Modulation

Lawrence Graber, MA, Saybrook University, Santa Monica, CA; Marina Smirnova, PhD, LPC; Katherine Rosemond, MEd, PC; and Eric Willmarth, PhD, College of Integrative Medicine and Health Sciences, Saybrook University, Oakland, CA

The musicality of human communication is essential from birth and is important to cognitive, emotional, and social development. Music is a universal language. Drumming and trance represent the oldest

known healing modality. Music therapy was the first creative arts discipline employed for war trauma and in education. Creative arts and sensorimotor interventions are now considered among best practices for an increasing number of healthcare disciplines. Properties of music and sound also have analogous representations in hypnotic relationships. Rhythmic entrainment in musical and social contexts optimizes feed forward pattern recognition and communication pathways. When hypnosis is conceived as music, the cadence ebbs and flows as an embodied musical unfolding, with moments of profound connection.

Clinical and scientific attention to common factors in hypnosis, such as the therapeutic relationship and skill sets including playful curiosity and receptivity to autonomic shifts posit a greater role for somatic processes. Embodied hypnotic processing can lead into expressive motifs, accessing a luminal space of imaginal experience that optimizes creative enhancement of therapeutic resources. This workshop explores “top-down” and “bottom-up” pathways to transformative, hypnotic relationships and mutual regulation, highlighting the neuroscience of empathy and therapeutic engagement. We present an interdisciplinary focus on ethnomusicology, bioinformatics, clinical hypnosis, and psychosocial and cultural genomics of healing. An understanding of how hypnotic interventions influence gene expression, their markers and modulation, and genomic plasticity will be covered. Through experiential exercises, music making, and clinical demonstration participants will learn to deepen somatic resonance and utilize embodied sensitivity to guide meaningful hypnotic dialogues.

Bibliography

Clayton, M., Sager, R., & Will, U. (2004). In time with the music: The concept of entrainment and its significance for ethnomusicology. *ESEM Counterpoint*, 1, 1.84. Retrieved from <http://ethnomusicology.osu.edu/EMW/Will/InTimeWithTheMusic.pdf>. Fogel, A. (2009). *Body sense: The science and practice of embodied self-awareness*. New York, NY: W.W. Norton. Lichtenberg, P., Bachner-Melman, R., Gritsenko, I., Ebstein, R. (2000). Exploratory association study between catechol-O-methyltransferase (COMT) high/low enzyme activity polymorphism and hypnotizability. *American Journal of Medical Genetics*, 96, 771-774. Rossi, E., Iannotti, S, Cozzolino, M., Castiglione, S., Cicatelli, A., & Rossi, K. (2008). A pilot study of positive expectations and focused attention via a new protocol for optimizing therapeutic hypnosis and psychotherapy assessed with DNA microarrays: The creative Psychosocial Genomic Healing Experience. *Sleep and Hypnosis*, 10(2), 39-44. Singer, T., & Lamm, C. (2009). The social neuroscience of empathy. *Annals of the New York Academy of Sciences*, 1156, 81.96.

Learning Objectives

Participants will be able to:

- 1) explain the role of rhythm in therapeutic relationship and hypnotic engagement;
- 2) demonstrate one skill in using somatic focus or music making to access client resources in clinical hypnosis;
- 3) define the terms, bioinformatics and epigenetics, and explain their relevance to clinical hypnosis and psychotherapy;
- 4) explain the 4-stage creativity cycle utilized in the psychosocial and cultural genomic model of therapeutic hypnosis and mind-body transformations therapy;
- 5) demonstrate two grounding skills that can be safely employed in therapeutic hypnosis;
- 6) demonstrate two biopsychosocial-spiritual interventions designed to cultivate therapeutic-epigenetic changes.

Thursday, October 26, 2017

Full day

9:30 AM - 5:15 PM

Regression Techniques in Depth Hypnosis

Joanna Adler, PsyD, Foundation of the Sacred Stream, San Rafael, CA,

Regression is one of the central transformational processes of Depth Hypnosis, an integrative spiritual counseling model, created by Dr. Isa Gucciardi. Depth Hypnosis provides a rapid path of transformation by synthesizing key principles of shamanism, Buddhism, hypnotherapy, and transpersonal psychology, bringing the ancient healing wisdom of many cultures to the unique imbalances of contemporary Western society.

While the suggestion hypnosis techniques that are the basis of most hypnotherapies are helpful, they do not necessarily address the traumatic events that lie beneath a presenting problem in the most efficient or effective way. When the deeper issue is not addressed, the original problem can resurface. Regression allows a client to trace symptoms back to their source, and with support, the client is helped to change their relationship to the past condition. This allows the present day symptoms to shift in a way that is sustainable.

This full-day advanced workshop will focus on the methods and outcomes of regression as it is taught in Depth Hypnosis. Skilled clinicians will learn how to set the stage for regression work through connecting to their own inner wisdom, as well as how to guide their clients into a resourced internal state that allows access to the difficult material that can arise in a regression without being re-traumatized. A theoretical framework for understanding regression will be presented, and participants will be able to observe a live demonstration of a regression.

Bibliography

Gucciardi, I. (2004). The Four Pillars of Depth Hypnosis. Ingerman, S. (1991). Soul Retrieval: Mending the Fragmented Self. San Francisco: Harper. Wortmann, J., Park, C., & Edmondson, D. Trauma and PTSD symptoms: Does Spiritual Struggle Mediate the Link? Psychological Trauma: Theory, Research, Practice, and Policy, Vol 3(4), Dec 2011, 442-452.

Learning Objectives

- 1) Participants will learn about internal resourcing from the Depth Hypnosis Counseling Model.
- 2) Participants will learn new methods for aligning clients to their highest good.
- 3) Participants will be able to lead clients through a "First Trance" for accessing internal wisdom.
- 4) Participants will be able to discuss the theoretical underpinnings of regression.
- 5) Participants will be able to describe the key elements to a regression.
- 6) Participants will be able to identify states and symptoms that may be shifted through the use of regression.

Thursday, October 26, 2017, continued

Half day

9:30AM -12:45 PM

Hypnosis and Zen Buddhism for Pain and Suffering

David R. Patterson, PhD, ABPP, Professor, University of Washington School of Medicine, Seattle, WA

Hypnosis is a powerful, empirically supported clinical approach to manage both acute and chronic pain. This workshop will be based on the instructors' 30 years of experience with the use of this modality. Unique to this workshop is that the participants will learn about hypnosis couched in Zen Buddhism. As an example, Suffering = Pain X Resistance and the Zen perspective is to reduce resistance. The instructor will use didactics, demonstration, modeling, small group practices and experiential exercises to reach the learning objectives. The foundation for the workshop will be largely based on the 130 papers published by the instructor as well as the book, *Clinical Hypnosis for Pain Control* (2010).

Bibliography

Patterson DR, Jensen M. Hypnosis and Clinical Pain. *Psychological Bulletin*. 2003;129(4):495-521. 2. Patterson DR, Ptacek JT. Baseline pain as a moderator of hypnotic analgesia for burn injury treatment. *Journal of Consulting and Clinical Psychology*. 1997;65(1):60-67. 3. Patterson DR, Tininenko JR, Schmidt AE, Sharar S. Virtual reality hypnosis: A case report. *The International Journal of Clinical and Experimental Hypnosis*. 2004;52(1):27-38. Patterson, DR. *Clinical Hypnosis for Pain Control*. Washington, DC: American Psychological Association.

Learning Objectives

- 1) Understand the neurophysiological basis of pain, and the implications of this for designing tailored and targeted hypnotic suggestions.
- 2) Understand the cognitive and behavioral factors that influence pain and the implications of this for designing hypnotic suggestions that help clients shift from maladaptive to adaptive cognitive processes and behaviors.
- 3) Distinguish between acute and chronic pain.
- 4) Understand Ericksonian approaches to hypnosis.
- 5) Be able to describe approaches to acute crisis, procedural and chronic pain.
- 6) Be able to articulate the foundations of Zen Buddhism as a context to reduce pain and suffering through hypnosis.

Half day

9:30AM - 12:45 PM

Fight, Flight, or Freeze: Clinical Hypnosis Enhances Self-Regulation and Healing Response in Children and Teens with Anxiety and Chronic Illness

Lisa Lombard, PhD, Oak Park IL and Robert A Pendergrast, Jr., MD, Department of Pediatrics, Medical College of Georgia, Augusta, GA

This workshop, facilitated by a child psychologist and pediatrician, examines the use of hypnotherapy in promoting self-regulation and self-healing response in children and teens faced with health concerns that are sensitive to the effects of stress and worry. Issues covered include severe food allergies, headaches, abdominal pain, and juvenile arthritis. These conditions are often associated with poor self-regulation and autonomic nervous system imbalance. For example, experiences associated with loss of psychological self-regulation and excess sympathetic nervous system arousal include emergency room visits for anaphylaxis, learning how to use epinephrine injectors and taking them to social events, being required to question food ingredients at school, scheduled injections for disease management, etc.). Some psychosocial experiences (e.g., missed school because of abdominal pain or headaches) become chronic stressors for children and families. Additionally, the anticipatory worry and pro-active preparations required to prevent acute allergic reactions or symptom flare-ups of conditions like eczema and asthma can be associated with chronic anxiety and accompanying sympathetic arousal. The somatoform symptoms that accompany these psychophysiological states (e.g. abdominal pain, headaches) may be the dominant symptoms for children, but these can also serve as a starting point for learning self-regulation through body awareness in clinical hypnosis. As children learn symptom self-regulation, psychological self-regulation and autonomic balance often follow. Bio-behavioral management must take into account the child's developmental need for mastery. Our aim is explore how clinical hypnosis enhances positive coping with the discomfort, anxiety, and fears associated with chronic health conditions that are mediated by worry and stress.

Bibliography

Anbar, R.D. (2011). Treatment of psychological factors in a child with difficult asthma: A case report. American Journal of Clinical Hypnosis (Special Pediatric Issue), 54:47-55. (level 2) 2. Bell MA, Deater-Deckard K. (2007). Biological systems and the development of self-regulation: integrating behavior, genetics, and psychophysiology. J Dev. Behav. Pediatr. 28:409-420. (level 3) 3. Boyce WT et al. (1995). Psychobiologic reactivity to stress and childhood respiratory illness: Results of two prospective studies. Psychosomatic Medicine 57:411-422. (level 2) 4. Boyce WT et al. (2001). Autonomic reactivity and psychopathology in middle childhood. British Journal of Psychiatry 179: 144-150. (level 1) 5. Kaiser, P. (2011) Childhood anxiety, worry and fear: Individualizing hypnosis goals and suggestions for self-regulation. American Journal of Clinical Hypnosis, Special Issue: Pediatric Hypnosis, 54:1,16-31. (level 3) 6. Rutter, M. (1987). Psychosocial resilience and protective mechanisms. American Journal of Orthopsychiatry, 57, 316-331. (level 3) 7. Tracey I (2010). Getting the pain you expect: mechanisms of placebo, nocebo and reappraisal effects in humans. Nature Medicine, 16:1277-83 (level 3) 8. Van der

Kolk, B.A., McFarlane, A.C., & Weisaeth, L. (Eds.). (1996). Traumatic stress: The effects of overwhelming experience on mind, body, and society. New York: Guilford Press. (level 3) 9. Vlieger A, Menko-Frankenhuis C, Wolfkamp Set al. Hypnotherapy for children with functional abdominal pain or irritable bowel syndrome: a randomized controlled trial. Gastroenterology 2007;133:1430 1436. (level 1).

Learning Objectives

- 1) Attendees will be able to formulate two possible specific treatment goals (i.e. reduce X symptom, increase Y skills, etc.) when designing hypnosis interventions for children with anxiety and chronic health concerns.
- 2) Attendees will recognize some of the more common ways health concerns and anxiety interact as chronic stressors in children and teens.
- 3) A clinician will be better able to recognize how stress and anxiety impact illness in children and be prepared to effectively use clinical hypnosis to enhance children's sense of mastery in the face of chronic symptoms or illness.

Half day

9:30 AM -12:45 PM

Pharmacotherapy; Desired outcomes enhanced by Hypnosis

Moshe Torem, MD, Northeast Ohio Medical University, Akron,, OH

This workshop will review and describe the use of hypnotic interventions and hypnotic communication to enhance the achievement of the most desirable outcome of pharmacotherapy. This will involve achieving the desirable goals and minimizing side effects. Moreover, a variety of other issues relating to enhancing pharmacotherapy outcome will be covered such as: assessing the patient's level of hypnotizability, effective use of therapeutic suggestions, enhancing the positive nature of the placebo effect, recognizing the harmful nature of the nocebo effect and how to prevent it. In addition, attention will be given to utilizing the positive transference relationship, the corrective emotional experience, and improving adherence to prescribed pharmacotherapy.

Bibliography

Torem, M.S. (2010). The Central Role of Suggestion in All Clinical Encounters Including Psychoanalysis. Neuropsychoanalysis, 12:43-46. // Torem, M.S. (2008), Words to the wise: 4 secrets of successful pharmacotherapy. Current Psychiatry: 7:19-24. // Torem, M.S. (2013), Participatory pharmacotherapy: 10 strategies for enhancing adherence. Current Psychiatry. 12:21-25.

Learning Objectives

Attendees will learn

- 1) how to minimize non-compliance and improve patient's adherence to prescribed pharmacotherapy;
- 2) how to enhance the most desirable outcome of prescribed pharmacotherapy by enhancing placebo effects;
- 3) how to minimize nocebo effects; and effectively communicate optimal therapeutic outcome;

Half day

2:00-5:15 PM

The Treatment of Pathological Dissociation and Dissociative Identity Disorder

Richard Kluft, MD, PhD, Temple University School of Medicine, Bala Cynwyd, PA

This course will begin with a review of normal and pathological dissociation and progress to discuss the diagnosis and treatment of pathological dissociation and the spectrum of Dissociative Identity Disorder psychopathology. Particular emphasis will be placed upon work with both dissociative processes and dissociative structures, the establishment of a therapeutic alliance across the range of dissociative self phenomena, the processing of traumatic experiences, and working toward integration. This workshop will discuss difficult and traumatic material, and could prove unsettling to those who have suffered severe trauma.

Bibliography

Kluft, R. P. (2012): Approaches to difficulties in reorienting subjects from hypnosis. American Journal of Clinical hypnosis, 55, 140-159. 2. Kluft, R.P. (2012). 2. Hypnosis in the treatment of Dissociative Identity Disorder and allied states: An overview and case study. South African Journal of Psychology, 42, 146-155. 3. Kluft, R. (2013). Shelter from the storm. North Charleston, SC: Kindle Independent Publishing Platform.

Learning Objectives

- 1) *List at least 9 core dissociative symptoms in DID.*
- 2) *Name 20 hypnotic interventions that facilitate the treatment of DID.*
- 3) *List and describe the three truncations.*
- 4) *List and describe the three stages of trauma treatment.*
- 5) *Describe the dimensions of fractionated abreaction.*
- 6) *Define the concepts of alter and integration.*

Half day

2:00-5:15 PM

Hypnosis in Palliative Care: A Review and the Techniques for Relieving Physical, Psychological and Spiritual Suffering

Maria Paola Brugnoli, MD, Physician and PreDoctoral Fellow, National Institutes of Health Pain and Palliative Care, Bethesda, MD

In severe chronic illnesses and in Palliative Care, when we cannot cure the illnesses, we can improve the well-being of the patients or benefit in psychological, social, and/or spiritual dimensions. This positive outcome often occurs despite substantial suffering during the illness, even in terminal cases.

The complexity of providing pain and symptom management to patients receiving palliative care has highlighted the need to develop evidence-based nonpharmacologic strategies as part of the treatment plan. Among the psychological and integrative medicine approaches, clinical hypnosis has received increased recognition for its potential not only to improve psychological and spiritual well-being in patients, but also as a modality for directly improving pain and symptom control.

Bibliography

Brugnoli MP (2016) Clinical hypnosis for palliative care in severe chronic diseases: a review and the procedures for relieving physical, psychological and spiritual symptoms. *APM Annals of Palliative Medicine* 2016 Oct;5(4):280-297. doi: 10.21037/apm.2016.09.04. Brugnoli MP (2014) Clinical hypnosis in pain therapy and palliative care : a handbook of techniques for improving the patient's physical and psychological well-being. Charles C. Thomas Publisher, IL, U.S. . Brugnoli MP (2014) Clinical Hypnosis and Relaxation in Surgery Room, Critical Care and Emergency, for Pain and Anxiety Relief. *Journal of Anesthesia & Critical Care: Open Access*. of ISSN: 2373-6437JACCOA

Learning Objectives

Attendees will be able to:

1. Explain and discuss the taxonomy of Pain and Psychosomatic Symptoms in Palliative Care2. Recognize differences and techniques between acute and chronic pain;
3. Observe demonstrations of hypnotic technique and phenomena to relief pain, anxiety and spiritual suffering at the end of life;
4. Practice self-introspective hypnotic technique, for the awakening of spiritual consciousness at the end of life.

Thursday, October 26, 2017, continued

Half day

2:00-5:15 PM

Altered States of Consciousness Experiences Related to Spiritual and Religious Aspects of Skin and Skin Disorders

Philip D. Shenefelt, MD, ABMH, University of South Florida, Lutz, FL

Skin and skin disorders have had spiritual and religious dimensions often derived from induced altered states of consciousness experiences since ancient times. Skin, hair, and nails are visible to self and others. The skin is a major sense organ for touch, pain, itch, heat, cold, pressure, and vibration. Skin also expresses emotions detectable by others through pallor, coldness, "goose bumps", redness, warmth, or sweating. How much skin is covered with what kind of coverings, scalp and beard hair cutting, shaving, and styling, skin and nail and hair coloring and decorating, tattooing, and intentional scarring of skin all have had and continue to have spiritual and religious significance, often derived originally from visions or other altered state of consciousness experiences. Persons with visible skin disorders have often been stigmatized or even treated as outcasts. Spiritual and religious interactions with various skin disorders such as psoriasis, leprosy, and vitiligo are discussed.

Bibliography

Shenefelt, P.D., Shenefelt, D.A. (2014). Spiritual and religious aspects of skin and skin disorders. *Psychological Research and Behavioral Management* 7: 201-212
Garb, J. (2011). *Shamanic Trance in Modern Kabbalah*. Chicago, Illinois, University of Chicago Press.
Rock, A.J., Krippner, S. (2011). *Demystifying Shamans and Their World: An Interdisciplinary Study*. Charlottesville, North Carolina, Imprint Academic.

Learning Objectives

Attendees will be able to:

- 1) Explain the connection between altered states of consciousness and spiritual and religious experiences;
- 2) Recognize the culturally specific contexts in which the spiritual and religious experiences occur;
- 3) Describe the interaction between skin and psyche and their spiritual and religious dimensions;
- 4) Assess the influence of spiritual and religious dimensions on personal and cultural ramifications of skin disorders

Friday, October 27, 2017

Full day

8:30 AM - 4:15 PM

Looking Backwards to Move Forward: Utilizing Hypnotic Age Regression Clinical Research to enhance self-concept of ADHD adults and improve concurrent Co-Morbid Diagnoses of Addiction, Anxiety, Depression, OCD, ODD, and PTSD.

Maureen Turner, M.Ed, LCMHC, RN-BC, LCSW, Motivation Hypnosis, Isle La Motte, VT

The paucity of research on Clinical Hypnosis applications to adults with ADHD, gives clinicians little guidance. There are now an estimated 11 million (4.4%) of U.S. adults with ADHD and research studies estimates that only 15-20% have been diagnosed to date. The ADHD adult often self-medicates with stimulants such as: sugar, worry (self-stimulating adrenaline), nicotine, marijuana, alcohol, caffeine, prescription and street drugs. Ironically, applied hypnosis research studies abound in ADHD co-morbid diagnoses: Addictions, Anxiety, OCD, PTSD, Depression and ODD.

In 2016, at the SCEH Annual Conference Scientific Session, clinician Maureen Turner, who has identified and treated ADHD with Clinical Hypnosis techniques since 1995, presented "What Changed: A Data Analysis/Integration of Four Instruments Measuring Results of the Longitudinal Observational Study: Applying Clinical Hypnosis Techniques to ADHD Traits and Symptoms". Methods utilized: 4 ADHD diagnostic assessment tools to establish a benchmark and were re-taken anew in 6-12 mos. intervals by 14 economically diverse Caucasian adults with ADHD, ages 22-66, 8 Female/6 Males. Results were correlated with gender, age, ADHD diagnosis, Dyslexia, 9 comorbid diagnoses and number of age regression sessions utilized from 2012-14. All 14 individuals showed signs of improvement (29-33%) in at least one symptomatic area and 8 out of 9 diagnostic co-morbid categories showed statistically significant improvement.

This workshop focus is targeted to clinicians interested in utilizing ADHD diagnostic tools and research findings to enhance ADHD awareness and treatment skills. Case studies, age regression hypnotic techniques via videos will be presented along with opportunities to practice and discuss in class.

Bibliography

Bartolo-Abela, M. and Benton T. , Hypnotherapy for AD/HD: Preliminary Evidence for its effectiveness, Chicago: 110 Annual Convention of the American Psychological Association, 2002. In E. Fromm and M. Nash: Contemporary Hypnosis Research (pp. 427-458), 2002. Biederman J, Monuteaux MC, Mick E, et al. (2006). Young adult outcome of attention deficit hyperactivity disorder: a controlled 10-year follow-up study. *Psychological Medicine*, 36(2), 167-179. Turner, M., What changed: A data analysis/Integration of four Instruments measuring results of the longitudinal observational study: Applying clinical hypnosis techniques to ADHD traits and symptoms, Boston: Society of Clinical and Experimental Hypnosis, 67th Annual Conference, Scientific Session Presentation, 2016.

Learning Objectives

- 1) To describe and discuss 3 findings of Longitudinal Observational Study: Applying Clinical Hypnosis Techniques to ADD Traits & Symptoms of 14 Adults. To discuss the statistical significance of improving one of the 8 co-morbid disorders of ADHD
- 2) To demonstrate how to administer one of the 4 Diagnostic assessments for ADHD
- 3) To identify at least 3 of the 8 most common self-medicating stimulants utilized by the un-diagnosed ADHD adults
- 4) To discuss one of the 8 ADHD co-morbid disorders that were statistically significantly improved from the base assessment.
- 5) To articulate 3 Direct Suggestion Clinical Hypnosis Techniques found to enhance ADD symptoms and traits management.
- 6) To identify 3 Clinical Hypnosis Age Regression Techniques found to enhance ADD symptoms and trait management.

Full day

8:30 AM – 4:15 PM

Evidence-Based Cognitive Hypnotherapy for Depression

Assen Alladin, PhD, University of Calgary Medical School, Calgary, AB, Canada

This hands on workshop will provide the scientific rationale for integrating cognitive, hypnotic, mindfulness and psychodynamic strategies in the management of clinical depression. The workshop will be invaluable for therapists wishing to expand their understanding, clinical skills and expertise in the management of clinical depression. The following therapeutic strategies will be discussed, demonstrated and illustrated by case examples:

- Breaking the depressive cycle and empowering the patient;
- Expansion of awareness and positive mood induction;
- Ego-strengthening and creating positive expectancy;
- Countering rumination and negative self-hypnosis;
- Development of anti-depressive neurocircuitry;
- Accessing and restructuring unconscious cognitive distortions;
- Relapse prevention and mindfulness.

Bibliography

(1) Alladin, A. & Alibhai, A. (2007). Cognitive hypnotherapy for depression: An empirical investigation. *International Journal of Clinical and Experimental Hypnosis*, 55, 147-166. (2) Alladin, A. (2007). *Handbook of Cognitive Hypnotherapy for Depression: An Evidenced-Based Approach*. Lippincott
Friday, October 27, 2017, continued

Friday, October 27, 2017, continued

Williams & Wilkins. (3) Alladin, A. (2008). Cognitive Hypnotherapy: An Integrated Approach to the Treatment of Emotional Disorders. Wiley & Sons.

Learning Objectives

Attendees will be able to:

- 1) List the rationale for integrating CBT with hypnosis in the management of depression;
- 2) Use case formulation approach for treatment planning;
- 3) Integrate cognitive and hypnotic strategies to break the depressive cycle;
- 4) Induce positive mood;
- 5) Access implicit meaning of depression;
- 6) Facilitate healing of emotional injuries.

Half day

8:30-11:45 AM

Hypnotically-Enhanced Interventions for Clients Facing End of Life

Janna A. Henning, JD, PsyD, FT, Adler University, Chicago, IL

Clinical work with people facing end of life should ideally address the whole person, including issues that may arise in physical, psychological, emotional, interpersonal, and spiritual domains. Even after efforts to cure or treat disease have been stopped, a client may desire assistance with a range of symptoms in any of these domains that are causing discomfort or concern. Hypnotically-enhanced interventions can be uniquely useful in creating effective, customized treatment approaches to meet these clients' special needs. For example, hypnotic interventions may be used to improve pain management and maximize physical comfort, assist in identifying or strengthening a sense of purpose and meaning for the life that has been lived, reduce fears and anxiety about death or the well-being of those who will be left behind, reconnect with and strengthen aspects of spirituality that provide spiritual comfort or a sense of peace, or facilitate resolution of interpersonal or spiritual conflicts. This workshop will describe methods to identify clients' concerns or issues, and engage in collaborative processes to create or customize safe and effective hypnotic interventions that provide a good fit with the client's needs. Several specific hypnotic interventions to address concerns in each domain will be described and compared; clinical case material and portions of case transcripts will be provided to illustrate their use.

Bibliography

Court, J. H. (2010). Altered states in the church and clinic. *Pastoral Psychology*, 59, 411-422. Goodenough, B., Hardy, J., & Jarratt, R. (2003). "Riding my manta ray with Uncle Fester": Hypnosis for managing pain and distress in a dying child. *Australian Journal of Clinical and Experimental Hypnosis*, 31(2), 95-102. Hamburg, S. (2006) Hypnosis in the desensitization of fears of dying. *Pragmatic Case Studies in Psychotherapy*, 2, 1-30.

Friday, October 27, 2017, continued

Friday, October 27, 2017, continued

Learning Objectives

Attendees will be able to:

- 1) name examples of the kinds of issues and concerns that may arise in physical, psychological, emotional, interpersonal, and spiritual domains in people facing end of life;
- 2) describe methods to engage in assessment and collaborative problem-solving with clients to identify key concerns and create a customized approach to treatment;
- 3) identify specific hypnotically-facilitated intervention approaches to address and assist with particular physical, psychological, emotional, interpersonal, and spiritual issues in clients facing end of life.

Half day

8:30-11:45 AM

Manualized Abreactive Hypnosis for PTSD: Evidence based

Ciara Christensen,, PhD, St. Luke's Magic Valley Medical Center, Twin Falls, ID and Arreed Barabasz, EdD, PhD, ABPP, Washington State University, Pullman, WA

This workshop will present the theory and specific procedures to treat PTSD using the evidence based 6 hour manualized ego state (EST) protocol (Barabasz, Barabasz, et al 2013; Christensen et al. 2013).

Bibliography to follow

Learning Objectives

- 1) Key theoretical underpinnings of EST abreactive hypnosis.
- 2) How to qualify the patient for treatment.
- 3) How to contact ego states.
- 4) Diagnostic hypnotic exploration techniques.
- 5) How to resolve internal conflicts.
- 6) How to employ abreactive techniques and scripts.
- 7) Specific protocols for resolution, reassurance and support.

Half day

1:00-4:15 PM

Elkins Hypnotizability Scale for Utilization in Clinical Practice and Research

Gary Elkins, PHD, ABPH, Mind-Body Medicine Research Laboratory, Department of Psychology and Neuroscience, Baylor University, Waco, TX and Alisa Johnson, MA, Baylor University

"Hypnotizability" refers to a person's ability to experience various aspects of hypnosis such as experiential, behavioral and physiological responses to hypnotic suggestions. Assessment of hypnotizability can be relevant for treatment planning in the course of hypnosis-based therapies. The Elkins Hypnotizability Scale (EHS) can be integrated into clinical practice (Elkins, 2014). It takes approximately 20-30 minutes to administer, by a trained therapist and involves a hypnotic induction using suggestions for focus of attention and relaxation. Following deepening suggestions, items include inhibitory motor responses (arm heaviness), facilitative motor responses (arm levitation), facilitative cognitive responses (imagery involvement and dissociation), facilitative perceptual responses (olfactory hallucination; visual hallucination), and inhibitory cognitive responses (post-hypnotic amnesia). The EHS-Clinical Scale includes items with increased sensitivity to graded responses using an ordinal scoring method, takes into consideration both behavioral and experiential responses in scoring, and is pleasant while including a high variety of test suggestion types. Responses are scored based on subjective experience of the participant and observation by the assessor. The EHS has good internal consistency (.85), and test-retest reliability (.93) (Elkins, 2014; Elkins, Fisher, & Johnson, 2012). The EHS has adequate internal consistency (= .78), and EHS scores highly correspond with Stanford Hypnotic Susceptibility Scale-Form C (SHSS:C) scores (rho = .86).

Bibliography

3d.Elkins, G., Johnson, A, Johnson, A.J., Sliwinski. (2015). Factor analysis of the Elkins Hypnotizability Scale. *International Journal of Clinical and Experimental Hypnosis*, 63(3), 335-345. doi: 10.1080/00207144.2015.1031550; Elkins, G. (2014) *Hypnotic Relaxation Therapy: Principles and Applications*, NY, Springer Publishing; Elkins, G. (2017) *Handbook of Medical and Psychological Hypnosis: Foundations, Applications and Professional Issues*, NY, Springer Publishing

Learning Objectives

Attendees will be able to:

- 1) Demonstrate administration of the Elkins Hypnotizability Scale;
- 2) Understand how to score the EHS;
- 3) Identify how to integrate the EHS into clinical practice and research.

Friday, October 27, 2017, continued

Half day

1:00-4:15 PM

Chronic Pain, Despair, and Hypnosis

Thomas J. Rostafinski, PhD, Stritch School of Medicine, Loyola University Chicago, Oak Park, IL

The permanence of chronic nonmalignant pain, and the losses that typically accompany it, bring up significant existential issues. Hypnosis is often recommended, and used, for chronic pain patients; its effectiveness with these patients has been well documented. This makes hypnosis a useful vehicle for dealing with the hopelessness and even despair, the anger and even rage, and the fears that accompany chronic pain. Depression and anxiety are often diagnosed but the usual cognitive treatment model does not always fit well. Both actual losses and dim prospects for the future are often objectively real, which makes attempts at the modification of “catastrophizing” feel unempathic to the chronic pain patient. A palliative-care model may be used, with some modifications. Techniques such as those of Acceptance and Commitment Therapy (ACT) can be reinforced with hypnotic and post-hypnotic suggestions. Acceptance of pain that cannot be eliminated serves as an antidote to counterproductive attempts to “make the pain go away” and can help the individual live his/her life to the extent possible rather than be tormented by comparisons with his/her life before the pain, or life as he/she feels it should have been, or should be. Hypnotic inductions can help palliate the chronic pain patient’s situation, which may be nearly as hopeless as the patient feels a feeling that must be normalized even while hypnosis also addresses the pain and attendant suffering. The workshop will be interactive, to include formulation of hypnotic suggestions and techniques, case discussion, and demonstration of techniques.

Bibliography

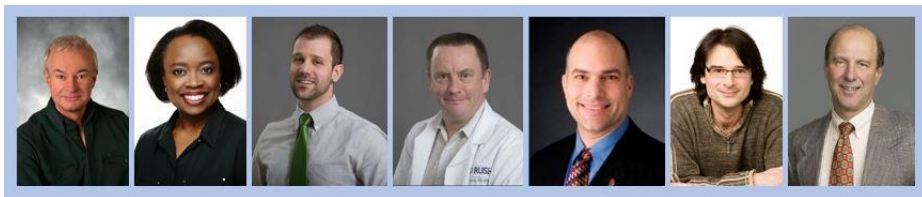
Dahl, J. C., Wilson, K. G., Luciano, C, & Hayes, S. C. (2005). Acceptance and Commitment Therapy for chronic pain. Reno, NV: Context Press. Emery R. Eaves, E. R., Nichter, M. Ritenbaugh, C. (2016). Ways of hoping: Navigating the paradox of hope and despair in chronic pain. *Culture, Medicine and Psychiatry*, 40, 35-58. doi: 10.1007/s11013-015-9465-4 Patterson, D. R., & Jensen, M. P. (2003). Hypnosis and clinical pain. *Psychological Bulletin*, 129, 495-521.

Learning Objectives

Participants will be able to:

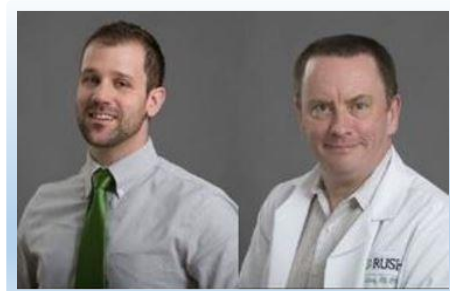
- 1) Formulate suggestions aimed at normalizing and alleviating hopelessness and despair in chronic pain patients while also addressing the pain;
- 2) Formulate suggestions that instill a realistic degree of hope at the same time as they facilitate acceptance of physical and situational factors that cannot be changed; and
- 3) Improve outcomes of pharmacological, regional, rehabilitative, and surgical as well as other psychological treatments.

2017 Keynotes Overview



See detailed keynote descriptions listed by date and time throughout brochure.

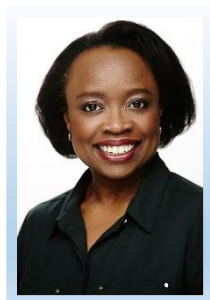
Wednesday evening, October 25 – 5:30-6:30 PM



Workforce Resiliency for Palliative Medicine Teams

- **James Gerhart, PhD**, Department of Behavioral Sciences, Rush Medical College
- **Sean O'Mahony, MB, BCh, BAO, MS, FAAHPM**, Section Director, Palliative Medicine, Rush University Medical Center,

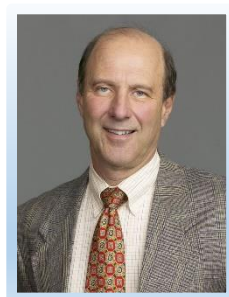
Thursday morning, October 26 – 8:30-9:30 AM



An Integrative Approach to Pediatric Pain Management

- **Melanie Brown, MD, MSE, FAAP**, Children's Hospitals and Clinics of Minnesota and The University of Chicago

Friday evening, October 27 – 5:00-6:00 PM



Tranceformation: Hypnosis in Brain and Body

- **David Spiegel, MD**, Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine, Palo Alto, CA

(continued on next page)

Saturday morning, October 28 – 8:30-9:30 AM

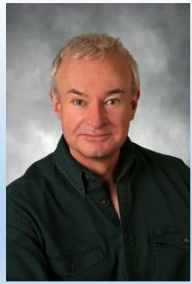


Management Pavlov Meets the Zen Brain: Mindfulness in the Fear of Pain

- **Pierre Rainville, PhD**, Université de Montréal, Montréal, Québec, Canada

Saturday evening, October 28 – 8:00-9:00 PM

Banquet Speaker



Humor in Psychotherapy

- **Arreed Barabasz, EdD, PhD, ABPP**, Washington State University, Pullman, WA

Sunday noon, October 29 – 12:00 -- 1:00 PM



On Hypnosis and Science

- **Amir Raz, PhD**, McGill/Chapman University, Montreal, Quebec, Canada

SCIENTIFIC PROGRAM

Scientific Session and Keynotes – 10 CEs

Wednesday, October 25 - Sunday, October 29, 2017

Overall Meeting Co-Chairs: *Donald Moss, PhD and Janna Henning, JD, PsyD*

Scientific Program Co-Chairs: *Zoltan Kekecs, PhD and Shelagh Freedman, PhD candidate*

The Scientific Program features 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.

Wednesday, October 25, 2017

5:00-5:30 PM

CONFERENCE WELCOME

Conference General Session & Welcome Remarks

Gary Elkins, PhD, ABPH, SCEH President and Professor of Psychology and Neuroscience and Director of the Mind-Body Medicine Research Laboratory, Department of Psychology and Neuroscience, Baylor University, Waco, TX

5:30-6:30 PM

KEYNOTE

Workforce Resiliency for Palliative Medicine Teams

James Gerhart, PhD, Rush Medical College, Chicago, IL and Sean O'Mahony, MB, BCh, BAO, MS, FAAHPM, Palliative Medicine, Rush University Medical Center, Chicago, IL

Careers in palliative medicine provide clinicians with the potential to enhance patient well-being and meaning. However caring for patients with life limiting illnesses confronts clinicians with their own mortality and vicarious trauma. This has the potential to cause stress reactions and burnout in palliative medicine teams. The associated symptoms of rumination, hypervigilance or avoidance threaten the ability of clinicians to be present and to communicate with patients and their families. In this session, we will discuss research on secondary stress reactions in palliative medicine teams and emotional well-being in palliative medicine clinicians. We will discuss the impact of mindfulness training interventions in palliative medicine clinicians on emotional well-being of providers.

Learning Objectives

- 1) Attendees will learn factors that promote secondary stress reactions in palliative medicine clinicians.
- 2) Attendees will learn about the prevalence of post-traumatic stress symptoms in palliative medicine clinicians attending a mindfulness training program
- 3) Attendees will learn about the utility of mindfulness training techniques for palliative medicine clinicians.

Thursday, October 26, 2017

8:30-9:30 AM

KEYNOTE

An Integrative Approach to Pediatric Pain Management

Melanie Brown, MD, MSE, FAAP, Children's Hospitals and Clinics of Minnesota and the University of Chicago, Chicago, IL

Pain is a public health problem that can lead to significant morbidity. The integrative approach to pediatric pain management considers the strengths and resources of the patient and their family; thereby empowering children and adults to improve their quality of life. In this presentation we will discuss pain, the pathophysiology of pain and the tenets of Integrative Medicine to discover how an integrative approach can be used to improve the quality of life in painful conditions across the spectrum from infancy to adulthood.

Learning Objectives

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

1. Discuss the pathophysiology of pain and general pain management approaches for the pediatric and neonatal population
2. Relate an overview of pediatric integrative medicine
3. Use examples of integrative medicine clinical applications in pain management

Friday, October 27, 2017

4:30-4:35 PM

REMARKS

Scientific Program Welcome

Scientific Meeting Co-Chairs: Zoltan Kekecs, PhD and Shelagh Freedman, PhD candidate, **Scientific Program Co-Chairs**

4:35-5:00 PM

RESEARCH PRESENTATION

Efficacy of a Biobehavioral Intervention (Hypnosis and Venlafaxine) for Hot Flashes: A Randomized Controlled Pilot Study

Gary Elkins, PHD, ABPH, Department of Psychology and Neuroscience, Baylor University, Waco, TX; Debra Barton, PhD, University of Michigan, School of Nursing, Ann Arbor, MI; Kelliann Fee-Schroeder, BSN, Mayo Clinic, Rochester, MN; Tanima Baneerjee, MS, University of Michigan, School of Nursing, Ann Arbor, MI; Sherry Wolf, MS, Mayo Clinic, Rochester MN; Tim Keith, Ph.D., University of Texas, Austin, TX

Objective: The need for effective non-hormonal treatments for hot flash management without unwanted side effects continues. The primary aim of this pilot study was to evaluate the effect of combining a non-hormonal pharmacologic agent with a behavioral treatment for hot flash reduction.

Method: 71 postmenopausal women were randomized to one of four groups: venlafaxine 75 mg + hypnosis (VH) versus venlafaxine 75 mg + sham hypnosis (VSH) versus a placebo pill + hypnosis (PH) versus placebo pill + sham hypnosis (PSH). Women recorded hot flash severity and frequency in a daily diary, in real time. The intra-patient difference in hot flash score (frequency x severity) at 8 weeks was analyzed using a General Estimating Equation model, using VSH as the referent arm, controlling for baseline hot flashes.

Results: The active arms including PH or VH were not statistically significantly different than VSH ($p=.34$, $p=.05$, respectively). Women in each active arm reported hot flash reductions of about 50%, with the PSH group reporting a 25% reduction. Women receiving the PSH reported statistically significantly smaller reductions in hot flash score than women in the referent VSH arm ($p=.001$). There were no significant negative side effects during the course of the study.

Conclusion: Hypnosis alone reduced hot flashes equal to venlafaxine alone, but the combination of hypnosis and venlafaxine did not reduce hot flashes more than either treatment alone. More research is needed to clarify whether combining hypnosis with a different antidepressant would provide synergistic benefits. This study advances knowledge of hypnosis in treatment of hot flashes and improvement of women's health care.

5:00-6:00 PM

KEYNOTE

Tranceformation: Hypnosis in Brain and Body

David Spiegel, MD, Department of Psychiatry & Behavioral Sciences Stanford University School of Medicine, Palo Alto, CA

Hypnosis was the first Western form of psychotherapy, yet it remains underutilized in part because of insufficient understanding of its neural basis. Hypnosis involves highly focused attention, coupled with dissociation of aspects of awareness, relatively automatic response to social cues, and an enhanced ability to modulate perception. New evidence regarding this sensory processing ability will be presented, including studies employing event-related potentials, PET and fMRI. Our resting state fMRI data demonstrate functional connectivity between the executive control and salience networks among high but not low hypnotizable individuals. More recent work demonstrates that the hypnotic state is characterized by reduced activity in the dorsal anterior cingulate cortex, increased functional connectivity between the dorsolateral prefrontal cortex (DLPFC) and the insula (executive control and salience networks respectively), and inverse functional connectivity between the DLPFC and the medial prefrontal cortex and posterior cingulate (default mode network). The hypnotic ability to modulate perception has clear clinical application, especially in pain and anxiety control. Randomized clinical trials that we have conducted demonstrate the efficacy of hypnosis in reducing pain, anxiety, somatic complications, and procedure duration during radiological interventions. Other RCTs show that hypnosis provides relief of chronic cancer pain. In addition, techniques employing hypnosis are effective in controlling various neuromuscular disorders. Hypnosis is a brain-based tool that can be easily taught for controlling a variety of psychological and somatic problems.

Learning Objectives

- 1) Recognize the importance of hypnotizability and its assessment in the clinical setting
- 2) Learn effects of hypnosis on brain function
- 3) Learn how hypnosis can be utilized in the treatment of patients with comorbid psychiatric and medical problems

Saturday, October 28, 2017

8:30-8:35 AM

REMARKS

Scientific Program Welcome Remarks

Zoltan Kekecs, PhD and Shelagh Freedman, PhD candidate, Scientific Program Co-Chairs

8:35-10:10 AM

SYMPOSIUM

The Influences of Erika Fromm and the Chicago Paradigm, through the Ages

Moderator and Panelist: Lisa Lombard, PhD, Private Practice, Oak Park, IL

Panelists: Molly Delaney, PsyD, Private Practice, Damariscotta, ME; Stephen Kahn, PhD, Private Practice, Damariscotta ME and Chicago, IL; Laurie S. Lipman, MD, Assistant Professor of Psychiatry and Behavioral Sciences, Northwestern Medicine, Chicago, IL and Rita Rogan, PhD, Private Practice, Chicago, IL

A range of speakers will share how Erika Fromm, PhD and the Chicago Paradigm influenced their scholarly, clinical, professional, and personal development. Her passion for teaching hypnosis, her superb clinical expertise, and her curiosity about the science of hypnosis persists and is evident in the careers and questions asked by our panelists. (Additional panelists may be added.)

Reviewing the historical context of Erika Fromm's work and the different paths many clinicians and researchers have taken because of her influence, will better connect past, present, and future scientific endeavors in studying hypnotic phenomena.

Learning Objectives

Participants will be able to:

- 1) identify three historical connections between Erika Fromm's scholarship and psychologists/scientists who preceded her;
- 2) describe multiple ways in which the influence of the Chicago Paradigm persists in the work of current practitioners working with diverse populations;
- 3) identify three current unfulfilled aspirations of Erika Fromm's teaching, research, and clinical practice.

COFFEE BREAK 10:10 - 10:30 AM

10:30-11:30 AM

KEYNOTE

Pavlov Meets the Zen Brain: Mindfulness in the Fear of Pain

Pierre Rainville, PhD, Université de Montréal, Montréal, Québec, Canada

Pain is an aversive experience signaling an immediate threat to the body and involving distributed brain networks underlying immediate perceptual, affective, cognitive, physiological and behavioral responses, as well as associative processes underlying secondary cognitive-affective elaborations. The adaptive function of acute pain may further generalize through basic learning mechanisms allowing for the prediction of future pain. Mindfulness-based meditation has been associated with a reduction in pain sensitivity and with a modification of pain-related brain responses. Such changes may lead us to predict a reduction in fear-learning driven by pain. However, recent psychophysiological studies from our laboratory suggest that learning processes allowing for the generation of valid predictions of pain occurrence are preserved in experienced meditators along with basic protective (reflexive) responses to the noxious input. In contrast, the hyperalgesic effects of fear-learning were reduced or blocked in meditators. This is consistent with the notion that the first arrow of pain triggers adaptive responses, including associative learning processes underlying valid pain prediction, and that mindfulness practice may help protect against the second arrow involving the maladaptive anticipation, elaboration and rumination underlying pain suffering. This basic research may help understand the mechanisms underlying the benefits of mindfulness-based interventions in chronic pain patients.

Learning Objectives

- 1) Review brain mechanisms underlying acute pain experiences.
- 2) Consider potential neuropsychological mechanisms underlying the effects of mindfulness-based meditation on pain.
- 3) Understand how mindfulness might reduce maladaptive consequences of pain anticipation without disrupting basic learning processes allowing valid pain prediction, as demonstrated in classical conditioning.

LUNCH BREAK 11:30 AM - 2:00 PM

Saturday, October 28, 2017, continued

2:00-2:20 PM

RESEARCH PRESENTATION

Metacognition and Hypnotic Suggestibility

Devin B. Terhune, PhD, Goldsmiths, University of London. London, United Kingdom

Since the dawn of the cognitive revolution, numerous theories of hypnosis have advanced the idea that responding to hypnotic suggestions is enabled by a disruption of executive monitoring of lower-level mental representations. Until very recently, these views have not been empirically interrogated. Here and I will review research that investigated whether high hypnotic suggestibility is characterized by atypical metacognition and I will present new research that sheds further light on the specificity of atypical metacognition in this population. I will conclude by critically evaluating a metacognitive approach to hypnosis and outline ways by which this orientation can be strengthened.

This research has bearing on the basic mechanisms underlying response to suggestion.

2:20-2:40 PM

RESEARCH PRESENTATION

Hypnosis and Glycemia in Patients with Diabetes Mellitus type I

Fabiana Raquel Oliveira Rodrigues, Doctoral student, University of Aveiro, University of Aveiro, Aveiro, Ovar, Portugal; Carlos Fernandes da Silva, Full Professor, Doctor; Celso Oliveira, Master

Diabetes Mellitus type I is a chronic disease which brings early consequences into the life of their patients. This current investigation aims to study the efficiency of the analytic hypnotherapy that we call Hypnotherapy without (or with) hypnosis with monitoring of Diabetes Mellitus type I (glycemia and glycosylated hemoglobin). At the same time, we aimed to investigate the effects of this therapy on the quality of life and diabetic symptoms. This investigation involved 28 patients with Diabetes Mellitus type I, 15 of them went into the hypnotherapy group, and the other 13 were used as control group, that only made relaxing therapy. Globally, the results have shown non statistically significant differences between groups concerning glycemia, glycosylated hemoglobin, quality of life and symptoms. However, we found statistically significant differences between groups considering the phases of intervention with reduction of the glycemia concerning guided imagery by direct suggestions, post-hypnotic suggestions and self-hypnosis.

This results suggest that hypnotherapy is useful for the reduction of glycemia and, by consequence, a good glycemic control of Diabetes Mellitus type I, only when supported by guided imagery by direct suggestions, post-hypnotic suggestions and self-hypnosis are used.

2:40-3:00 PM

RESEARCH PRESENTATION

Music and Suggestion: A Theoretical Perspective

Alisa Johnson, MA, Baylor University. McGregor, TX

There is growing empirical support for the use of music and suggestion to alleviate symptoms associated with chronic illness and pain. However, few studies have explored the possible mechanisms. In a recent pilot study, a combined music and suggestion intervention was beneficial in reducing chronic pain and pain bothersomeness. Building upon these findings, a theoretical model and possible mechanisms of a combined music and suggestion intervention for chronic pain is proposed and discussed in light of recent findings. It is hypothesized that music may serve as a type of hypnotic induction, allowing for increased focus and absorption, thus facilitating self-hypnosis. It is hypothesized that the observed effects of music and suggestion may be partially explained by their influence on mood, self-efficacy, coping strategies, relaxation, distraction, and expectation. A theoretical model, as well as the empirical and clinical implications of that model, will be presented.

Evidence continues to grow in support for the use of mind-body interventions, such as music and suggestion, as adjunct treatments for chronic pain. However, effectiveness has been shown to vary across patients, context, and time. Research into the mechanisms of music and suggestion will improve scientific understanding of the complex relationship between its components and its effects. A better understanding of this relationship will improve healthcare by identifying patterns of effectiveness across patients, settings, and context. Research on mechanisms is an important next step for the full integration of mind-body interventions into healthcare.

Saturday, October 28, 2017, continued

3:00-3:20 PM

RESEARCH PRESENTATION

Hypnosis: Evolution and Definition

Thomas J. Rostafinski, PhD, Stritch School of Medicine, Loyola University, Chicago, Oak Park, IL

The procedures labeled as hypnotic, the understanding of underlying processes, and the reasons for their effectiveness have all evolved over time. The term has been used in so many different ways that it were better regarded as a field of endeavor or clinical tradition rather than as one delimited process. “Myths about hypnosis” are untrue only for current and professionally responsible versions of clinical hypnosis but may be strongly associated with other versions, including stage hypnosis. One key difference is that the directive or “authoritarian” hypnosis of the past is very different from current practice. It is not always clear what is meant when a technique is or is not called hypnosis. Whether these different clinical or experimental procedures access a single underlying process, psychological or physiological, is an empirical question that remains to be addressed.

The aim is to clarify controversies in theories of hypnosis and facilitate accurate definition of the processes in question with any particular procedure, differentiating the variations of hypnosis and similar techniques in use over time and in different settings. Tools developed by Alfred Korzybski and others for general semantics in the 1930’s such as subscribing and dating provide a means of clarifying the different uses of the term hypnosis/hypnotism, over time and across settings.

COFFEE BREAK 3:40-4:00 PM

4:00-6:00 PM

SYMPOSIUM

The Neuroscience of Hypnosis: Current Knowledge and Future Directions

Moderator: Shelagh Freedman, PhD, Concordia University, Montréal, QC, Canada

Panelists:

- *Pierre Rainville, PhD, Université de Montréal, Montréal, QC, Canada*
- *Amir Raz, PhD, ABPH, McGill/Chapman University, Montreal, QC, Canada*
- *David Spiegel, MD, Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine, Palo Alto, CA*
- *Devin B. Terhune, PhD, Goldsmiths, University of London. London, United Kingdom*

There has been increased interest in understanding the underpinnings of hypnosis. This symposium brings together experts in the field to discuss current neurophysiological research. What changes occur in the brain when someone is hypnotized? How do different methodologies help us address this question? What have we learned, and where do we go from here?

Saturday, October 28, 2017, continued

Learning Objectives

Attendees will:

- 1) Learn the pros and cons of different methodologies used to assess brain function
- 2) Gain an overview of neuroscientific research findings concerning hypnosis
- 3) Assess the state of current research

BREAK BEFORE BANQUET 6:00-7:00 PM

7:00-8:00 PM

RECEPTION

Poster Session and Cocktail Hour

Visit with our poster authors during our cocktail reception.

8:00-10:00 PM

BANQUET

Annual Awards Presentations and Keynote

BANQUET KEYNOTE

Humor in Psychotherapy

Arreed Barabasz, EdD, PhD, ABPP, Washington State University, Pullman, WA

The presentation will present humorous examples drawn from Arreed's experiences in aviation and psychotherapy. The range provided may be drawn from as needed in therapy to enhance rapport and relieve tension. 1) Participants will gain a repertoire of humorous vignettes.

Learning Objectives

Participants will learn:

1. how to integrate humor when appropriate to a particular session.
2. learn how the use of humor in psychotherapy can improve rapport and reduce tension when needed
3. gain a repertoire of humorous vignettes.

Sunday, October 29, 2017

8:55-9:00 AM

REMARKS

Scientific Program - Opening Remarks

Zoltan Kekecs, PhD and Shelagh Freedman, PhD candidate, Scientific Program Co-chairs

9:00-9:30 AM

RESEARCH PRESENTATION

A glimpse across the ages: delicacies from the history of hypnosis

John Mohl, PhD, Bucks County Community College, Newtown, PA and Eric Willmarth, PhD, Saybrook University, Oakland, CA

The presenters will turn the spotlight on unique characters and interesting events from the history of hypnosis. The following topics will be covered: Stanley Milgram's perspective on Orne's hypnosis research from the perspective of research design and demand characteristics; Pierre Janet: the quiet savior of hypnosis.

9:30-10:00 AM

RESEARCH PRESENTATION

The Effects of Hypnosis to Facilitate Movement through the Stages of Change toward Smoking Cessation

Samantha Munson, MA, Washington State University, Pullman, WA and Arreed Barabasz, PhD

Based on the transtheoretical model of change, it was hypothesized that hypnosis would facilitate significantly greater movement through the stages of change toward smoking cessation in contrast to an active control condition. Thirty participants (Ps) were pre-tested for hypnotizability using the Elkins Hypnotizability Scale. Ps readiness for change was assessed using the University of Rhode Island Change Assessment Scale (URICA). Groups were balanced for hypnotizability, stage of change, number of cigarettes smoked per day, and years spent smoking. Hypnotic suggestions were matched to Ps stage of change to reduce ambivalence and increase motivation. The URICA was administered following intervention and at a 10-day follow-up. Two-factor spilt-plot ANOVA's showed significant changes within groups at multiple time points, including a decrease in contemplation scores ($p = .002$), an increase in action scores ($p = .00007$), and a significant reduction in the amount of cigarettes smoked per day ($p = .003$).

A series of two-factor spilt-plot ANOVA's showed significant changes within groups in the hypothesized direction at multiple time points, including a decrease in contemplation scores from pre-intervention to 10-days following intervention ($p = .002$) and an increase in action scores from pre-intervention to post-intervention ($p = .00007$). Effects of both groups further showed a significant reduction in the amount of cigarettes smoked per day ($p = .003$).

Sunday, October 29, 2017, continued

10:00-10:20 AM

RESEARCH PRESENTATION

Rethinking Our Understanding of Hypnosis By Taking the Correlates of Hypnotizability Seriously

Paul F. Dell, PhD, ABPP, Churchland Psychological Center, Stritch School of Medicine, Loyola University Chicago, Norfolk, VA

Investigation of the correlates of hypnotizability has produced two major findings: (1) hypnotizability does not correlate strongly with any dimension of personality; and (2) the strongest correlate of hypnotizability is “waking” suggestibility. Careful consideration of these findings gives rise to an ensemble of conclusions that may enlighten our understanding of hypnotizability and the domain of hypnosis. First, hypnotizability is not a personality trait; it is an ability. Second, this ability is the capacity to intentionally alter, to varying degrees, one's experience of body, self, actions, and world. Third, this ability to alter one's experience is not part of the Western view of human capabilities. Fourth, this ability has been misleadingly understood as suggestibility. Fifth, neither suggestion nor a hypnotic induction is needed to access any human ability (i.e., hypnotic, imaginative, musical, artistic, athletic, etc.). The human ability to intentionally alter experience has been viewed through the lens of suggestibility as a consequence of fortuitous, Western, historical, and cultural developments.

This presentation (1) further demystifies hypnosis and (2) helps to forge a more meaningful and lawful connection between hypnosis and the rest of psychology, psychiatry and medicine.

10:20-10:40 AM

RESEARCH PRESENTATION

Hypnosis for Anxiety: A Survey of Low-Income Primary Care Patients

Gary Elkins, PhD; Vick Patterson, BA; Kimberly Hickman, MSCP; Hyeji Na, MSCP; Lynae Roberts, BA; and Lizzy Slonena, BA, Mind-Body Medicine Research Laboratory, Baylor University, Waco, Texas; Department of Family Medicine, Heart of Texas Community Health Center, Waco, Texas

The purpose of the present study was to determine the prevalence of anxiety among low-income primary care patients, interest in hypnosis, and likely feasibility of number of hypnosis sessions and preferences for listening to self-hypnosis recordings. Two-hundred primary care patients at the Heart of Texas Community Family Health Center in Waco, Texas completed a survey and the Generalized Anxiety Disorder (GAD-7) Scale. Results indicated that 55% reported anxiety symptoms and 56% had a score of 5 or higher (mild to severe anxiety) on the GAD-7 scale. 75% of participants were interested in hypnosis for anxiety. Seventy-four percent indicated they would be willing to attend 3 sessions; only 14% said they would come for up to 8 visits for in-person sessions. The majority indicated a preference for listening to self-hypnosis recordings using a smart phone. Research is needed to determine the feasibility of hypnosis for anxiety in low-income primary care patients.

Sunday, October 29, 2017, continued

11:00-11:20 AM

RESEARCH PRESENTATION

Shift in Laterality During Hypnosis Induction

Zoltan Kekecs, PhD, Lund University, Lund, Sweden; Krisztian Kasos, MA, Eotvos Lorand University; Eniko Kasos, MA, Eotvos Lorand University; Anna Szekely, PhD, Eotvos Lorand University; Katalin Varga, PhD, Eotvos Lorand University

Shifts in hemispheric dominance were previously proposed to play a role in hypnosis. Our current study explored changes in laterality during the induction process using electrodermal activity (EDA) as an indirect index of hemispheric activity. 32 participants were exposed to active-alert hypnosis induction and a control condition (music) in a within subjects design, while EDA was registered bilaterally. We found that high hypnotizables shifted to right side dominance and low hypnotizables shifted to left side dominance in response to the induction, while no change in laterality was observable in the control condition. Relatedly, an exploratory analysis of the association of hypnosis experiences (using the PCI) and laterality shift revealed a correlation of right-shift with alterations in experience, body image, perception, and state of awareness, while left-shift correlated with increased self-awareness, rationality, volitional control and sense of memory. Our results provide support for the presence of laterality shift during hypnosis induction.

Our results support the presence of changes in laterality during hypnosis. These findings are in line with previous research reports and theories highlighting that hypnosis and hypnosis induction specifically is associated with a shift in hemispheric dominance. It is very interesting that low hypnotizables were not simply non-responsive to hypnosis, but actually showed a shift in the opposite direction as high hypnotizables.

Sunday, October 29, 2017, continued

11:20-11:40 AM

RESEARCH PRESENTATION

Probing the Unconscious Mind with Instrumental Hypnosis

Mathieu Landry, PhD Candidate, McGill University, Neurological Institute, Montreal, Quebec, Canada; and Amir Raz, PhD, McGill University, Montreal, Quebec, Canada and Jerome Sackur, PhD, cole Normale Suprieure, Paris, France

The idea that hypnosis accesses the unconscious mind is pervasive amongst clinical hypnotists. Techniques like indirect suggestions and ideomotor signaling represent glaring examples of how this view continues to shape clinical hypnosis. While indirect suggestions allegedly circumvent conscious censorship via covert and subtle directives, ideomotor signaling is viewed as a non-verbal mode of communication for the unconscious. The assumption that hypnosis enables interactions with unconscious processes remains however untested. Tackling this lacuna, we investigated the influence of hypnosis over unconscious mental processes by combining established paradigms for the study of hypnotic deautomatization with those for exploring subliminal perceptual processing. Our results reveal that the hypnotic response may alter with unconscious mental processes, as we show how alexia suggestions led to the suppression of subliminal primes for highly hypnotic susceptible individuals. Our findings widen to scope of hypnosis by showcasing evidence that hypnotic responses impact mental processes beyond the conscious realm.

The strengths of this research lie in our research abilities to unravel the effects of hypnotic suggestions on unconscious processing and explore the mental boundaries of hypnotic responses. Such scientific information paves the road to exciting applications in the domain of mind-body regulation, as the outcome of this research approach provides a better scientific understanding as to how suggestions regulate lower and higher order mental processes.

11:40-12:00 PM

RESEARCH PRESENTATION

Manipulating Attitudes Using Suggestion

Jay A. Olson, M.Sc., McGill University, Montreal, Quebec, Canada; Thomas Strandberg, MSc, Lund University, Lund, Sweden and Amir Raz, PhD, McGill University, Montreal, Quebec, Canada

Attitudes usually remain stable over time. We tested whether suggestion could impact one's attitudes towards charity behavior. Sixty participants wore a sham EEG cap that could ostensibly detect discrepancies between their explicitly stated attitudes and their unconscious, true attitudes. Participants completed several questionnaires and were told that there were discrepancies in three questions related to charity. In the positive group, we told participants that their true charity attitudes exceeded their stated ones; we told the

negative group the opposite. When asked why this discrepancy might have occurred, 80% of each group confabulated. Participants then completed a set of similar questionnaires. We found that only the charity attitudes changed after the manipulation. The positive group now rated their charity attitudes higher and the negative group rated them lower by 2.08 standard deviations (95% CI [1.45, 3.21]). Understanding how suggestion can affect attitudes could lead to practical insights into behaviour change.

Several studies have demonstrated that suggestion can impact preferences and political values (e.g., Johansson, Hall, Sikström, & Olsson, 2005; Hall, Johansson, & Strandberg, 2012). Relatively few studies have examined the intersection of suggestion and attitudes with confabulation as a potential moderator. Our study suggests that using suggestion to help participants or clients confabulate can heavily influence attitudes, at least in the short term. As such, our results are relevant for clinicians interested in behaviour change and for researchers trying to create robust effects that apply to the majority of the student population.

12:00-1:00 PM

KEYNOTE

On Hypnosis and Science

Amir Raz, PhD, ABPH, McGill/Chapman University, Montréal, Québec, Canada

Science is one of the most stunning achievements of our species. It has allowed us to nearly double our lifespan, deepen our understanding of human and animal behavior, and increase our comprehension of natural phenomena, and the universe. And yet, sadly, scientific knowledge hardly enjoys universal acceptance. Moreover, nowadays we are experiencing a palpable decline in trust in the scientific establishment. At the same time, more people find it difficult to tell the difference between claims of science and those of pseudoscience. How does hypnosis research fair with respect to the scientific paradigm and what should we do to advance a science of hypnosis?

Learning Objectives

Attendees will be able to answer the following questions:

- 1) How does hypnosis research fit into the scientific method?*
- 2) What do neuroimaging studies of hypnosis show at the overarching level?*
- 3) What are some of the differences between hypnosis and other researched contemplative practices, such as meditation?*

Sunday, October 29, 2017, continued

1:00-1:15 PM

REMARKS

Scientific Program – Closing Remarks and Adjourn

Zoltan Kekecs, PhD and Shelagh Freedman, PhD candidate, Scientific Program Co-chairs

Poster Session - Saturday, October 28

The Poster Session takes place prior to the Annual Awards Banquet on Saturday, October 28. Poster presenters will be available to discuss their work during our Poster Session. Poster presenters must register for the conference.

We invite researchers and clinicians to submit posters addressing empirical issues in the science of hypnosis and related topics, including suggestibility, placebo effects, and contemplative practice. The SCEH meeting provides a unique venue for presenting and integrating rigorous data-based findings in an atmosphere conducive to constructive criticism and debate.

Poster presentations allow authors to concisely present a case report or data that can be easily grasped in this format. Poster presentations often permit more discussion between presenters and attendees and may be especially advantageous for students, clinicians, and new investigators. Authors will be expected to stand by their poster and be prepared to answer questions about its content during the poster session. The submission should clearly specify that the submission is for a poster presentation.

Presenting a poster at the SCEH Scientific Session is an excellent opportunity to present fully completed research studies or clinical case studies, pilot studies as well as preliminary research. It affords presenter the opportunity to gain valuable feedback from leading clinicians and researchers in the hypnosis field, both in group and one on one discussions. It also gives presenters experience in the poster format and a forum to expand their professional relationships.

Pre-submission inquiries can be sent to the Scientific Program Chairs:

- Zoltan Kekecs, PhD
Email: kekecs.zoltan@gmail.com
- Shelagh Freedman, PhD candidate
Email: shelaghfreedman@gmail.com

We are accepting posters on a rolling basis. Check our website for updates.

[Click here](#) for more information or to submit a poster.

Site and Accommodations

This year, our Conference will be held across two locations:

- The Chicago School of Professional Psychology (TCSPP), 325 N Wells, Chicago, IL 60654 - 4th Floor
- Holiday Inn Chicago Mart Plaza River North, 350 West Mart Center Drive, Chicago, IL 60654



Hotel Overview

IMPORTANT NOTE: SCEH has secured a room block and superb group rate for our meeting.

We expect it to sell out quickly. We cannot guarantee space, so please reserve early!

Hotel group rate: \$149

To guarantee that you receive our special group rate, you must reserve by **October 3 2017**.



IMPORTANT NOTE: Be aware our room block is limited and rooms may fill before then. The hotel will honor our special group rate for dates booked two days pre-event and two days post-event if you plan to extend your stay.

When making your reservation:

- Use our special conference booking code: **2017 SCEH Annual Meeting**
AND
- Call Hotel Reservations directly at **855-268-0372** between the hours of **7AM - 5PM**.

Check-in time is after 3:00pm and check out time prior to 12:00pm.

All reservations will need to be guaranteed by individual credit card or first night's reservation fee/by your company, therefore if a reservation must be cancelled, please notify the hotel by 72 hours prior to your date of arrival in order to avoid a charge of one night's room and tax.

WIFI: Complimentary high-speed wireless Internet access in meeting rooms, foyer space, and guestrooms is included. Early Departure Fee; In the event a guest who has requested a room within the block checks out prior to the guest's reserved checkout date, the Hotel will add an early checkout fee of \$179 to that guest's individual account. Guests wishing to avoid an early checkout fee should advise the Hotel at or before check-in of any change in planned length of stay. The Hotel will inform members of the Group of this potential charge upon check-in.

Please make your hotel arrangements early.

The deadline to receive the group rate: **October 3, 2017** or when the group block is filled, whichever is sooner.

(continued on next page)

Hotel information, continued

A River North Hotel Near Chicago's Busy Downtown

350 West Mart Center Drive, Chicago, IL 60654 (Hotel Lobby: Floor 15 - Guest Rooms: Floors 16-23)

Our contemporary hotel puts you in the middle of downtown Chicago's bustling River North area. Featuring upscale lodging atop the famous Chicago Sun-Times building, we're next door to the Merchandise Mart and within walking distance of the Loop, the main business district, and the Magnificent Mile. At our hotel near Chicago's chic shops and restaurants you're close to attractions like Navy Pier, Millennium Park, Chicago Theatre, 360 Chicago and the Willis Tower Skydeck.

Our contemporary hotel puts you in the middle of downtown Chicago's bustling River North area. Featuring upscale lodging atop the famous Chicago Sun-Times building, we're next door to the Merchandise Mart and within walking distance of the Loop, the main business district, and the Magnificent Mile. At our hotel near Chicago's chic shops and restaurants you're close to attractions like Navy Pier, Millennium Park, Chicago Theatre, 360 Chicago and the Willis Tower Skydeck.

Upscale Guestrooms

Each one of the 521 newly redesigned, upscale guestrooms and suites features contemporary furnishings and plenty of light with many providing premium views of the Chicago skyline. Get down to business with large work desks, refresh after a long day with premium bath amenities, and rest soundly on luxurious Serta mattresses. Towering views greet you every morning, while modern conveniences keep you connected and ready to explore the best of the Windy City. Enjoy spacious, remodeled rooms with incredible views, free Wi-Fi and cable TV.

Thoughtful, Downtown Chicago Hotel Amenities

Stay connected with free Wi-Fi, enjoy the convenience of laundry facilities, and take advantage of one of the best parking values in the city. Take a relaxing dip after a long day or swim your daily laps to stay fit in our indoor pool located on the 16th floor, open 5:00 am to 11:00 pm daily. Guests also have access to a dry sauna. Complimentary towels are always provided. Located on the 15th floor, our 24-hour self-service business center accommodates your work needs with faxing and printing. Keeping in shape is no sweat with modern weight and aerobic machines in our fitness center. Guests have access to 5 exercise bikes, 5 treadmills, 4 elliptical trainers, 1 rowing machine, 1 adaptive motion trainer, 1 universal gym, plus an assortment of free weights and medicine balls.

Hotel Directions

Driving to the Holiday Inn Mart Plaza? Our hotel is conveniently located in downtown Chicago and easily accessible by car. Guests enjoy self-parking for \$35 a night with unlimited in-and-out privileges. Wolf Point Parking is located off the hotel front drive entrance. Garage clearance is 8.2ft. See [detailed driving directions](#). Note: the Hotel Lobby is on Floor 15 of the building.

Hotel Parking

The Holiday Inn Chicago Mart Plaza is pleased to offer reduced self-parking for 2017 SCEH Annual Meeting overnight guests at \$35.00 inclusive per day, per auto/van with in and out privileges. The reduced parking fee for meeting-only attendees is \$20.00 and does not include in and out privileges. All parking tickets should be validated at the Front Desk of the Hotel for overnight guests and event attendees to obtain the discounted parking fee. This fee is subject to change without notice.

Nearby Airports

Chicago Midway International Airport - 11.3 miles

Chicago O'Hare International Airport - 17.3 miles

Conference Meals

Attendees will have coffee service during scheduled breaks. Meals are NOT included in the registration fee except for the Annual Banquet on Saturday evening, where specified.

Visiting Chicago

Chicago has been named the Fourth Best City in the U.S. and Canada (Travel + Leisure, 2013), Top City Break Destination (Frommer's 2012), Best in Travel - Top 10 Cities (Lonely Planet, 2014). Situated squarely in the center of the country, Chicago is easy to travel to from virtually anywhere. Thanks to thousands of flight options, six class-one railroads, a vast network of major highways and a wide variety of airlines, it's also one of the most cost-competitive cities in the United States. Culturally diverse and well educated, Chicago's four-million-strong private-sector workforce puts a dynamic and thriving business community within a few miles of your meeting. Twenty-nine Fortune 500 companies are headquartered in the area, including six in the city. This city is a premier technology hub that has always pushed the boundaries of innovation and engineering, and its meeting rooms, convention center, hotels and event venues are packed with advanced technologies to elevate your meeting.

Additional information is available at the <http://www.choosechicago.com>.

About The Chicago School of Professional Psychology (TCSP)

325 N Wells, Chicago, IL 60654

Chicago Psychology & Behavioral Sciences Graduate Degrees

Located directly on the famous Chicago River in the heart of downtown Chicago, The Chicago School of Professional Psychology's Chicago campus is centered in one of the most vibrant and exciting cities in the United States—offering students the chance to build relevant field experience while pursuing degrees ranging from counseling to organizational leadership.

An accredited, not-for-profit institution focusing exclusively on psychology and related behavioral sciences, The Chicago School has been an innovator for more than 35 years.

Networking and field experience at The Chicago School

Through a vast network of agencies, community-based organizations, and practicing professionals, the TCSP Chicago Campus offers a remarkable level of field experience and networking opportunities.

About the Chicago School, continued

Students working in our school-run institutes, centers, and clinics are immersed in a multicultural learning environment, building experience as they make a meaningful difference in local communities. Through hundreds of training prospects, Chicago students conduct research and assessments, provide counseling and clinical services, assist with developing and launching new programs, and participate in strategic planning efforts.

A wide range of graduate programs

One of the largest psychology-focused graduate schools in the Chicago area, this campus offers a full continuum of graduate programs in relevant and quickly growing areas of psychology; degrees are available at the master's, education specialist, doctoral, or certificate level. Providing services to the communities that surround it, our Chicago Campus offers exclusive programs and concentrations that examine the needs of an evolving, increasingly global society.

Expert faculty in psychology and behavioral sciences

TCSPP faculty members are active practitioners and leaders in their fields of expertise, bringing a wealth of first-hand insight into the classroom. By dedicating themselves to the success of our students, they have helped build and maintain some of the most academically rigorous psychology-based programs in the country.

Dedicated to programs of the highest quality

The Chicago School is dedicated to maintaining programs of the highest quality; their PsyD in Clinical Psychology at Chicago is accredited by the American Psychological Association (APA).

College Directions

The Chicago campus of the TCSPP is just steps away from Lake Michigan, the theatre district, the famed Magnificent Mile, dozens of museums, and some of the world's top restaurants and clubs. Sometimes described as a colorful "patchwork quilt" of diverse neighborhoods—including Greek, Chinese, Indian, Irish, Jewish, Mexican, Native American, African-American, Polish, Swedish, Tibetan, Ukrainian, and more—Chicago provides a true multicultural environment for your educational training. View a map here.

Walking from the Hotel to the College

Walking from the Hotel to the TCSPP will take about 10 minutes. Please allocate an extra 10 minutes to arrive, take the elevator and find your classroom. There is a walkway in the Merchandise Mart so that most of your walk is inside. At the end of the walk, you will need to cross the street to gain entrance to the TCSPP. View detailed walking directions here.

MEETING OBJECTIVES INCLUDE:

Providing a definition of hypnosis; reviewing clinical applications of hypnosis; reviewing the latest in hypnosis research; discussing hypnosis for pain management, hypnosis for ADHD, PTSD, hypnosis treatment for hot flashes, anxiety and substance abuse; use of hypnosis in health care settings; reviewing clinical applications of hypnosis; discussing hypnotizability; discussing hypnosis and mind-body communication, mindfulness; and meditation; trance; hypnosis and dissociation; hypnosis and mind-body approaches; hypnotherapy treatment for a variety of medical and psychological conditions.

The Annual Workshops and Scientific Program are designed for Psychologists, Physicians, Social Workers, Dentists, Chiropractors, Master's level Nurses and Clinical Nurse Practitioners, other Master's level licensed mental health and healthcare professionals, and clinical and experimental researchers in the field of hypnosis.

NON-MEMBERS: IF YOU ARE NOT A MEMBER AND YOU WANT TO REGISTER AT MEMBER FEES, APPLY FOR MEMBERSHIP AT THE SAME TIME THAT YOU SUBMIT YOUR MEETING REGISTRATION, BUT NO LATER THAN September 1, 2017. Apply online or download a hard copy application at <http://www.sceh.us/apply-for-membership>. You may also call the SCEH office or email us at info@sceh.us. If mailing your materials, submit the application and registration form together, with your payment. MEMBERSHIP EXPIRES DECEMBER 31, 2017. Your dues include a subscription to the International Journal of Clinical and Experimental Hypnosis and the SCEH Focus Newsletter. If you are found ineligible for membership, we will refund your application fee less the member discount for the conference.

CONTINUING EDUCATION - CE Credit

CONTINUING EDUCATION CREDIT (CE)

Continuing education credit for this event is co-sponsored by the Society for Clinical and Experimental Hypnosis and The Institute for Continuing Education. Continuing education credit is awarded on a session-by-session basis, with full attendance required for the sessions attended. Partial session credit is not offered. There is no processing fee for continuing education credit. Attendees should pick up CE packets at registration. CE verification will be mailed to CE applicants following the Conference. If you have questions regarding the program, continuing education, learning objectives, presenters, or for grievance issues, contact The Institute at: 251-990-5030; e-mail: instconted@aol.com.

It is the responsibility of attendees to check with their licensing/certification board to determine if CE credit offered by The Institute for Continuing Education will meet their boards' regulations. The Institute for Continuing Education holds no CE provider status with boards outside the United States.

Psychology: The Institute for Continuing Education is an organization approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. The Institute for Continuing Education maintains responsibility for this program and its content. All sessions may not be eligible for CE credit for psychology.

Counseling/ MFT: Florida Dept. Health, Division Counseling, Provider BAP 255, expiration 03/2017. Note: There is no NBCC credit offered for this Conference.

Social Work: The Institute for Continuing Education is approved as a provider for social work continuing education by the Association of Social Work Boards (ASWB), through the Approved Continuing Education (ACE) program. The Institute for Continuing Education maintains responsibility for the program. ASWB Provider No. 1007. Licensed social workers should contact their individual state jurisdiction to review current continuing education requirements for license renewal.
Florida Dept. Health, Division Social Work, Provider BAP 255.
Ohio Counselor and Social Work Board Provider No. RCS 030001
New York SED: Provider 0025.

Nursing: California Board Nursing, Provider CEP 12646.

Non-Credit Events: Continuing education credit is not offered for breakfast, luncheon, dinner (with the exception of the Banquet Keynote presentation), reception events or poster sessions; breaks; Board meetings or Committee meetings. If you have questions regarding continuing education credit, please contact The Institute directly via phone at 800-557-1950 or email instconted@aol.com.

Instructional Methodology: Lecture, demonstration, audio/visual, experiential practice of techniques, large and small group discussion.

REGISTRATION FEES

2017 Conference Pricing	Member	Non-member	Student Member	Student Non-Member
Full Meeting Package Includes Workshops, Scientific Session and Annual Banquet - October 25-29	\$695	\$825	\$375	\$475
Workshop Tracks				
Introductory Workshop Only (PLUS banquet) - October 25-28	\$650	\$775	\$350	\$450
Introductory Workshop Only - (NO banquet) - October 25-28	\$575	\$700	\$325	\$425
Skills-building Workshops Only (PLUS banquet) - October 25-27	\$650	\$775	\$350	\$450
Skills-building Workshops - (NO banquet) - October 25-27	\$575	\$700	\$325	\$425
Advanced Workshops Only (PLUS banquet) - October 25-27	\$495	\$595	N/A	N/A
Advanced Workshops Only (NO banquet) - October 25-27	\$420	\$520	N/A	N/A
Scientific Program				
Scientific Session Only (includes banquet) - October 27-29	\$400	\$475	\$350	\$425
Program Presenter (includes banquet) - October 25-29	\$400	\$400	N/A	N/A
Guest Registration for Banquet** - October 9	\$100	\$100	\$100	\$100
Guest Ticket for Scientific Program ** - October 9-10	\$90	\$90	\$90	\$90

** Guests (spouse, guest or child) must be accompanied by registered attendee. All event attendees are required to register. Banquet tickets are not transferable.

SCEH reserves the right to cancel any workshop due to insufficient registration; agenda is subject to change.

Early bird registration discount: in effect to **September 29** at 5:00 PM EST. **After September 29, please add a \$100 late registration fee.**

CANCELLATIONS AND REFUNDS: Cancellations received on or before **September 29, 2017 at 5:00 PM EST** USA will be issued a refund, minus a **\$75 processing fee. No refunds will be made after September 29, 2017.**

SCEH Room Block – Please reserve rooms early – our special rate applies until sold out or before our room block cutoff date of October 3, 2017 whichever comes sooner. We encourage you to stay at the conference hotel.

Non-Members: To apply for membership, use our online application or print a copy at: <http://www.sceh.us/apply-for-membership>. To be eligible for member rates, please include completed membership application, conference registration and payment. **Students:** Full-time interns/residents/fellows/graduate students in an accredited college or university must submit proof of status.

QUESTIONS? Email info@sceh.us, call 617-744-9857 or visit: www.sceh.us/2017-conference.

REGISTER ONLINE HERE (cut and paste link):

https://mam.memberclicks.net/index.php?option=com_mc&view=mc&mcid=form_223737

SCEH 2017 CONFERENCE REGISTRATION FORM

68th Annual Workshops and Scientific Program -- October 25-29, 2017 -- Chicago, IL

View our [conference website](#) for the latest updates. [Register Online here](#) (opens online form).

Name: _____ Degree(s) Attained (e.g., PhD, MD, MS, etc.) _____
Nickname for Badge: _____ Profession: _____
Company/Organization/Institution: _____
Billing Address 1: _____
Billing Address 2 (if required – e.g. Suite or Apt. number): _____
Street: _____
City: _____ State or Province: _____
Zip/Postal Code: _____ Country: _____
Email: _____ Phone: (____) _____

Please check appropriate choices below.

Amount enclosed: \$ _____

Member Type—Select one:

- ☐ Member SCEH
☐ Non-Member
☐ Student Member SCEH
☐ Student Non-Member

Luncheon Attendance – Select if attending. See brochure for details.

- ☐ Member Luncheon – for current members
☐ Student/ECP Luncheon – free to students and ECPs

Registration Type — Select one:

- ☐ Meeting Package (Workshops, Scientific Session & Banquet)
☐ Introductory Workshop Only PLUS Banquet
☐ Introductory Workshop Only NO Banquet
☐ Skills-building Workshops Only PLUS Banquet
☐ Skills-building Workshops Only PLUS Banquet
☐ Advanced Workshops Only PLUS Banquet (no student option)
☐ Advanced Workshops Only NO Banquet (no student option)
☐ Scientific Program Only
☐ Presenter

Banquet & Guests:

- ☐ Attending Banquet – Saturday night (included in registration except where noted). Special dietary needs: _____
☐ Not attending Banquet
☐ Banquet Guests** \$ 100 X _____ Number = Subtotal \$ _____ Guest name: _____ Guest special diet needs: _____
☐ Scientific Program Guests** \$ 90 X _____ Number = Subtotal \$ _____ Guest name: _____
** Spouse, guest or child; must be accompanied by registered attendee.

Workshop Attendees: Make selection below. **Advanced and Skills-building Workshop Attendees:** Also complete the *Workshop Selections Form*.

- ☐ Introductory Clinical Hypnosis Workshop ☐ Intermediate Clinical Hypnosis Workshop ☐ Advanced Workshops

Total Enclosed: \$ _____ Attach check or note your credit card info below.

Credit Card Payments

Credit Card Type***: ☐ Visa ☐ Mastercard ☐ Discover

*** Complete address section above if selecting credit card payment, include email and phone number matched to your account and sign below.

Credit Card #: _____ Security Code: _____ Exp. Date _____
(3 digits on back) (month/year)

Name (exactly as it appears on credit card)

Signature

SCEH Room Block – Please reserve hotel rooms early. Our special group rate applies only **until sold out or October 3, 2017, whichever is sooner**.

Cancellations and Refunds: Cancellations received on or before September 29, 2017 at 5:00 PM EST USA will be issued a refund, minus a \$75 processing fee. No refunds will be made after September 29, 2017. **Early bird registration discount:** in effect until 5PM EST on 9/29/17. After 9/29, please add a \$100 late fee.

ADA Statement: In compliance with the Federal American Disabilities Act (ADA), please check this box ☐ if you require assistance because of a disability to make this program accessible to you. Someone from the SCEH Central Office will contact you.

Consent to Use of Photographic Images: Registration and attendance at, or participation in, SCEH meetings and other activities constitutes an agreement by the registrant to the use and distribution of the registrant or attendees image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities by SCEH.

Payment: Make checks payable to Society for Clinical and Experimental Hypnosis and be sure to use our complete address to mail to:
Society for Clinical and Experimental Hypnosis, 305 Commandants Way – Commoncove Suite 100, Chelsea, MA
02150-4057 USA. Your registration will be processed when payment is received.

(continued next page)

Activity and Workshop Selections

NOTE: Complete this page and include it with your registration form.

Print Your Name: _____

Email: _____

General Sessions and Keynotes

Wednesday, Oct. 25 - 5:00

- 5:30 – 5:00 PM Opening General Session
- 5:30 – 6:30 PM Keynote: Workforce Resiliency for Palliative Medicine Teams - James Gerhart, PhD and Sean O'Mahony, MB, BCh, BAO, MS, FAAHPM

Thursday, Oct. 26 - 8:30-9:30 AM Keynote:

- An Integrative Approach to Pediatric Pain Management - Melanie Brown, MD, MSE, FAAP

Friday, Oct. 27 - 5:00-6:00 PM Keynote:

- Tranceformation: Hypnosis in Brain and Body Pain Management - David Spiegel, MD

(Remaining Keynotes are during the Scientific Session.)

Skills-building Workshops (all are half day)

Wednesday, Oct. 25

- 6:30-9:45 PM - Developmental Considerations in Pediatric Hypnosis

Thursday, Oct. 26

- 9:30 AM -12:45 PM Inducing Hypnosis, Assessing Hypnotizability, and Teaching Self-Hypnotic Strategies: the Spiegels' Method
- 2:00-5:15 PM - The Man Who Lived In A Tent Utilization And Its Theory

Friday, Oct. 27

- 8:30-11:45 AM- Future Focused Interventions With and Without Formal Hypnosis
- 1:00-4:15 PM - Ericksonian Approaches to Pain Management

(continued next page)

Advanced Workshops Selections

NOTE: Complete this page and include it with your registration form.

Print Your Name: _____

Email: _____

Wednesday, Oct. 25 HALF DAY EVENING

6:30-9:45 PM

- What is Coherence Therapy and what does Hypnosis have to do with it anyway?
- Treatment of Headaches Using Self-Hypnosis
- Hypnotically Enhanced Psychotherapy
- Music of the Soul: The art and science of transformative hypnotic relationships, mutual regulation, and gene expression modulation

Thursday, Oct. 26 FULL DAY

- 8:30AM-5:30 PM
- Regression Techniques in Depth Hypnosis

Thursday, Oct. 26 HALF DAY AM - 9:30AM -12:45 PM

- Hypnosis and Zen Buddhism for Pain and Suffering
- Fight, Flight, or Freeze: Clinical Hypnosis Enhances Self-Regulation and Healing Response in Children and Teens with Anxiety and Chronic Illness.
- Pharmacotherapy: Desired Outcomes Enhanced by Hypnosis

Thursday, Oct. 26 HALF DAY PM - 2:00-5:15 PM

- The Treatment of Pathological Dissociation and Dissociative Identity Disorder
- Clinical Hypnosis in Palliative Care: a review and the techniques for relieving physical, psychological and spiritual suffering
- Altered States of Consciousness Experiences Related to Spiritual and Religious Aspects of Skin and Skin Disorders

Friday, Oct. 27 FULL DAY - 8:30AM-4:15 PM

- Looking Backwards to Move Forward: Utilizing Hypnotic Age Regression Clinical Research to enhance self-concept of ADHD adults and improve concurrent Co-Morbid Diagnoses of Addiction, Anxiety, Depression, OCD, ODD, and PTSD
- Evidence-Based Cognitive Hypnotherapy for Depression

Friday, Oct. 27 HALF DAY AM - 8:30-11:45 AM

- Hypnotically-Enhanced Interventions for Clients Facing End of Life
- Manualized Abreactive Hypnosis for PTSD: Evidence based
- Future Focused Interventions With and Without Formal Hypnosis

Friday, Oct. 27 HALF DAY PM - 1:00-4:15 PM

- Elkins Hypnotizability Scale for Utilization in Clinical Practice and Research
- Chronic Pain, Despair, and Hypnosis
- Ericksonian Approaches to Pain Management

(continued next page)

Workshop Application Form

NOTE: SCEH/CSCH/CFCH/ASCH/DIV 30/ISH Members do not need to complete this page.

ELIGIBILITY FOR WORKSHOPS

Workshops are open to applicants who are eligible for membership in SCEH at the student or full membership level (although they need not be members). Eligibility for SCEH membership includes an earned degree as MD, DO, DDS, DMD, MB, ChB, PhD, EdD, PsyD, MSW, DSW, an NP or PA or a similar degree acceptable to the Executive Committee or Council from a regionally or nationally-accredited university or Training Institution, or status as a registered and licensed practitioner in healthcare such as RN, RTR, registered medical technologist or technician. All applicants shall be licensed in the state or province where they practice unless they are researchers applying for Experimental Membership, which requires copies of representative publications in the area of hypnosis.

Interns or residents in medicine and dentistry advanced graduate students in accredited doctoral programs in psychology and in second year MSW (or equivalent) social work programs are eligible for Student Affiliate status in SCEH, and therefore may be admitted. However, only full time students, interns, and residents qualify for the special reduced rates shown on the registration form upon submission of verification of status. To qualify for reduced fees, please be certain the letter of endorsement indicates full time student status. Students may also apply for Scholarships Funds. Please see our web site at www.sceh.us or contact the Central Office at info@sceh.us for more information.

Intermediate/Advanced workshop attendees must generally have completed an approved Basic Workshop of at least 20 hours.

Name: _____

Profession: _____

Licensed as: _____

Degree: _____ Year: _____

HYPNOSIS TRAINING

Institution/Organization & Instructor

Date

#f Hours

PURPOSE AND GOALS FOR TAKING WORKSHOP(S):

Please state your goals for taking this workshop; instructors may review your comments prior to the workshops.

GRADUATE STUDENTS, INTERNS, FELLOWS AND RESIDENTS

Training Status(check one): ☐ Resident ☐ Fellow ☐ Intern ☐ Graduate Student (working toward which degree?) _____

School or Hospital and Department: _____

Department Chair/Graduate Advisor/Clinical Director: _____

Year graduate school or internship/residency/fellowship began: _____

Student Signature: _____ Date: _____

Workshop Applicants: Complete this form and include with your registration form and mail it, with payment, to:
Society for Clinical & Experimental Hypnosis, 305 Commandants Way - Commoncove Suite 100, Chelsea, MA 02150-4057