# 2018 SCEH Scientific Program

July 2, 2018

Agenda Subject to Change

## Wednesday, October 10, 2018

5:00 - 5:30 PM

**Opening General Session** 

## Conference Welcome and The Place of Hypnosis in Integrative Healthcare

Donald Moss, PhD, President, Society for Clinical and Experimental Hypnosis

5:30 - 6:30 PM

Keynote

## It's About Time! Erickson and Hypnosis: Past, Present and Future

Roxanna Erickson-Klein, PhD

This hour-long address will give a synopsis of Milton Erickson's pivotal role in bringing hypnosis into the hands of professional health care providers around the world. Adaptation to the context of the times played a central role in his success. We have a responsibility to adapt to the influences of today's professional climate, yet many of the same stressors and limitations of decades past continue to impede progress we seek today. By raising our own awareness of what is new, and what represents a century-old struggle, we can more effectively open doors for future growth. It is up to us to promote responsible use of tools available today while attending to our most important role of passing the torch to the leaders of tomorrow. Together we embrace a shared journey to enlighten the path, to bring a bright future to the powerful potential of hypnosis as a clinical tool.

- Identify three historic factors that contributed to Milton Erickson's success at bringing hypnosis into professional acceptance.
- List two features that support or impede ongoing professional hypnosis work in today's world.
- Prioritize actions individual professionals can promote for responsible ongoing future expansion of hypnosis.

## Thursday, October 11, 2018

8:30 - 9:30 AM

Keynote

## Hypnosis, Zen and Suffering

David R. Patterson, PhD, ABPH

This presentation challenges the assumptions behind a mind-body dualistic approach and instead present the notion that the brain/mind is a process that often contains the essence of human suffering. We will discuss the science behind a conceptually driven egoistic mind and how it is possible to teach our patients how to step out of this domain, at least for brief moments. An integration of Zen-Buddhism and hypnosis will be presented. This will both provide a context in which the therapist can hold a relationship with the patient (through Zen) as well as direct influences on the clinical (hypnotic) process.

The ways in which hypnosis and Zen can be mutually facilitative will be discussed.

#### **Learning Outcomes:**

- Articulate a model of the mind/brain as process rather than a dualistic entity.
- Describe how Zen can provide a context for a clinical relationship as well as the basis to induce and induction.
- List at least three hypnotic techniques that arise out of Zen-Buddhism.

# Friday, October 12, 2018

4:30 - 5:30 PM

**Invited Address** 

## **Cognitive and Physiological Markers of Altered Agency in Hypnosis**

Vince Polito, PhD

Hypnotised individuals often experience agency alterations whereby their actions feel effortless. Similar alterations in agency are also seen in a range of clinical conditions. I will describe two studies that investigated cognitive and physiological markers of altered agency in hypnosis, using suggestions based on the features of clinical agency distortions. In one study, participants were presented with a series of very easy quiz questions, but were told to answer all questions randomly. Suggestions based on thought insertion and alien control significantly altered the degree to which participants could inhibit knowledge of the correct answers and instead generate a random sequence of responses. In a second study, we explored anticipatory joint movements and muscle activity during self-generated actions, externally generated actions, and hypnotic responses to a suggestion of alien control. Physiological profiles from

#### Friday, October 12, 2018, Scientific Program, continued

these three conditions revealed the impact of hypnosis on low-level motor activity. Overall, these studies demonstrate the capacity, and also the constraints, of influencing 'automatic' processes using hypnotic suggestion. These findings also highlight the strengths and limitations of differing theories of hypnosis for explaining response to suggestions in different contexts.

#### **Learning Outcomes:**

- Identify the features of agency change in hypnosis.
- Analyse the predictions major theories of hypnosis make regarding executive functioning.
- Explain how laboratory research on agency can inform clinical hypnosis interventions.

#### 5:30 - 6:30 PM

Keynote

## Hypnosis in the Age of Value-Based Medicine

Elvira Lang, MD, FSCEH

Value-based healthcare services take both costs and benefits into consideration with the patient experience increasingly determining payments by insurers. Challenges arise when increasing patient expectations and greater efficiency are to be reconciled with cost reductions. The resulting shift in medical care away from the physician-centric model to teams and medical assistants can only work if a corresponding practice culture can be built. Interestingly, this is possible with staff training in hypnotic techniques.

The talk illustrates the evolution of Comfort Talk® as a technical compendium and training model that enables the training of entire departments and hospitals. This was achieved through continuous validation in comprehensive clinical trials: first, through correlations of patient outcomes and observable, instructable behavior of staff; then by correlation of instructional content and methodology to staff behavior; and finally by demonstrating the ability to scale through development of trainers who can deliver the standardized, validated teaching content, which in turn produces the desirable patient outcomes. This process also allowed for the most favorable cost and quality data to be obtained in prospective studies involving >125,000 patient interactions. Healthcare reform with a focus on patient experience is THE way to promote the training of thousands and hundreds of thousands of health care professionals in hypnotic techniques - an opportunity not to be missed.

- Explain the value-based healthcare concept.
- Recognize the challenges of healthcare staff.
- Identify approaches that produce value and staff resilience through training in hypnotic techniques.

## Saturday, October 13, 2018

7:30 - 8:15 AM

#### Women's Breakfast

Start your day by joining us for an open-ended networking/community building event (no formal program) to strengthen our inclusion and support for female-identified SCEH members. All are invited. Breakfast hosts: Janna A. Henning, JD, PsyD, FT, BCETS, SCEH President Elect and Donald Moss, PhD, SCEH President.

8:15 - 8:30 AM

## **Morning Remarks**

Shelagh Freedman, MA and Zoltan Kekecs, PhD, Scientific Program Chairs

8:30 - 9:30 AM

Keynote

## Mood and Medicine: Depression's Stranglehold on Healthcare

Michael Yapko, PhD

The World Health Organization (WHO) recently proclaimed depression as the number one cause of human suffering and disability. The complex effects of depression on health are becoming better understood and warrant more consideration than ever before. This is especially true for the hypnosis community that not so long ago adamantly advised against utilizing hypnosis in treating depression. In this keynote address, we will consider some of the key things we've learned about depression: why it continues to increase in prevalence, how it affects the decision to seek treatment (or not), how it shapes clinical response to medical and psychological interventions, and what role hypnosis practitioners can play in providing true integrated care.

- Identify at least two specific ways depression can affect physical health.
- Recognize and discuss the relationship between expectancy and treatment response.
- List at least three reasons why prescribing antidepressant medications can exacerbate rather than help treatment.

9:30 - 10:45 AM

Symposium

# From Training to Practicing Hypnosis in Integrative Medicine: An Empirical Case Study

Chairs: Lindsey C. McKernan, PhD and David Patterson, PhD

Presenters: Alexandra Chadderdon, PhD; Danielle M. Dorn, PhD; Landrew S. Sevel, PhD; and Shelby

Reyes, PhD

Training and sustaining early career professionals in the practice of hypnosis is fraught with challenges including initial anxiety with "first" cases, a lack of referrals, and access to ongoing supervision leading to attrition following initial training. We present the result of a highly successful year-long training model at the Osher Center for Integrative Medicine in Nashville, TN, that evolved into a hypnosis program serving between 15-40 patients concurrently. Following an intensive weekend workshop, students were invited to a monthly supervision group, which received extensive referrals with unique and complex cases in an Integrative Medicine setting. Each student will discuss a case, with empirical data assessing patient-reported outcomes when available. Students will also offer information on what has been most helpful in their training, lessons learned, and initial barriers to practicing hypnosis to inform continued iteration and extension of this training model over time.

Significance: Integrative medicine (IM) clinics serve patients referred from orthopedic, spinal, oncology, rehabilitation, gastrointestinal, cardiovascular, and neurology settings (Griffin et al., 2014; Rhee et al., 2016). A primary IM focus is to manage musculoskeletal and neurologic pain-related conditions, emphasizing prevention and wellness (Eisenberg et al., 2016). Overwhelming evidence supports the use of clinical hypnosis for chronic pain (Patterson, 2010). In addition to reductions in pain intensity over time, the benefits of hypnosis extend far beyond pain relief with patients reporting improved affect, relaxation, and increased energy, regardless of whether they experienced pain relief as a result of the treatment (Patterson & Jensen, 2014). IM environments are ideal for training and practice, where evidence-based hypnotic techniques can be applied to a variety of conditions to assist patients with pain, reducing suffering, and improving quality of life. This symposia offers a series of case presentations in IM, with newly-trained practitioners, and a focus on trainees' overcoming barriers to engagement in hypnosis following initial training.

- Identify evidence-based hypnotic techniques that are most helpful to assist patients with pain, reducing suffering, and improving quality of life.
- List three initial barriers to practicing hypnosis.
- Identify empirical evidence sources that cite positive outcomes using clinical hypnosis to reduce chronic pain.

#### Saturday October 13, 2018, Scientific Program, continued

10:45 - 11:05 AM

#### **BREAK**

11:05 AM - 12:30 PM

Symposium

## **Hypnosis and Memory**

Chair: Shelagh Freedman, MA

Presenters: Arreed Barabasz, PhD, EdD, ABPP; Janna Henning, JD, PsyD, FT; Richard Kluft, MD; and

Michael Yapko, PhD

Hypnosis has long been used to enhance memory recall. What do we know about the effects of hypnosis on memory? While research has armed us with new knowledge, many questions are still unresolved. This symposium will address the history of the practice, current research, clinical effectiveness and legal cautions. Our expert panelists will present their perspectives and discuss issues at the heart of the matter.

#### Learning Outcomes:

- Identify key issues concerning hypnosis and memory.
- Cite current research concerning false memory.
- Identify the pros and cons of using hypnosis to access memory.

12:30 - 2:00 PM

#### **Member Luncheon**

Join fellow SCEH members for an update on SCEH activities and a chance to network with colleagues.

Don Moss, PhD, SCEH President, and members of the SCEH Executive Committee

#### 2:00 - 2:40 PM

#### **Poster Blitz Session**

Moderated by Shelagh Freedman, MA and Zoltan Kekecs, PhD, Scientific Program Chairs

Poster authors participate in the Poster Blitz Session, and in the Poster Session later that evening. At the Poster Blitz Session, each poster presenter has 2-3 minutes to describe his or her poster. After hearing this preview, please join us later in the evening for our Poster Session, where attendees will have the chance to speak to poster authors.

For details on approved posters, visit our conference webpage, www.sceh.us/2018-conference.

#### Learning Outcomes:

• Cite three examples of recent topics and data in hypnosis research.

#### 2:40 - 3:40 PM

Keynote

## Hypnotic Relaxation Therapy: Research and the Future of Integrative Medicine

Gary Elkins, PhD, ABPP, ABPH

Hypnotic Relaxation Therapy (HRT) is a flexible, manualized hypnotherapy intervention with implications for research and clinical practice. Hypnosis is defined as "a state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion" (Elkins, Barabasz, Council, & Spiegel, 2015). HRT involves the use of hypnosis in the treatment of a medical or psychological disorder or concern. New evidence suggests that HRT is effective in improving sleep, reduction of symptoms in breast cancer survivors, reducing hot flashes in postmenopausal women, pain, and decreasing anxiety. Research has also indicated that hypnotizability is a moderator of response to HRT and can be reliability measured with the Elkins Hypnotizabilty Scale (EHS). Randomized clinical trials have demonstrated the efficacy of HRT in reducing symptoms of hot flashes, sleep disturbance, sexual self-image, and anxiety. Other research has suggested that hypnotic suggestion may be combined with music to reduce chronic pain. HRT is a mind-body intervention that can be relevant in integrative medicine and potentially self-administered to increase accessibility to patients and to expand the efficacy and enhance the future of integrative medicine.

- Identify the process of hypnotic relaxation therapy (HRT) as a manualized treatment.
- Identify key research findings on HRT for sleep, pain, hot flashes, sexual health, and anxiety.
- Identify the measurement of hypnotizability.
- Address the implications for the future of integrative medicine.

#### Saturday October 13, 2018, Scientific Program, continued

3:40 - 4:00 PM

**BREAK** 

4:00 - 5:30 PM

Symposium

## What Can We Learn from Stage Hypnosis?

Chair: Shelagh Freedman, MA

Invited Guests: Michael DeSchalit; Catherine Hickland; Richard Nongard and Marc Savard

Las Vegas is a hub for stage hypnotists, mesmerizing audiences with their powers! Here, some of the great Las Vegas hypnotists will join us for a behind the scenes peek at what goes into a performance. Presenters will share their knowledge and experiences and discuss their views on hypnosis. We anticipate a lively discussion and an informative question and answer session. This will be a rare opportunity to learn about stage hypnosis in a scientific setting.

#### Learning Outcomes:

- Identify the similarities and differences of stage hypnosis from other uses of hypnosis.
- Explain how stage hypnotists assess hypnotizability and work with their participants.
- Learn how stage hypnosis can inform clinical and research practices.

#### 5:30 - 6:30 PM

#### **Free Time**

Freshen up and then join us for our Poster Session and Cocktail Party, followed by our Annual Banquet.

6:30 - 7:30 PM

## **Poster Session & Networking Cocktail Hour**

Meet with poster authors and enjoy our cocktail reception prior to our Annual Banquet. Cash bar.

#### Saturday October 13, 2018, Scientific Program, continued

7:30 - 9:30 PM

### **Annual Awards Banquet**

Join us for our Annual Awards Banquet to celebrate colleagues and enjoy the camaraderie of the SCEH community.

## Sunday, October 14, 2018

8:45 - 9:00 AM

## **Morning Remarks**

Donald Moss, PhD, SCEH President, Zoltan Kekecs, PhD and Shelagh Freedman, MA, Scientific Program Chairs

#### 9:00 - 10:15 AM

Symposium

## **Assessing Hypnotizability in a Clinical Setting**

Chair: Zoltan Kekecs, PhD

Presenters: John Alexander, PhD; Ciara Christensen, PhD; Gary Elkins, PhD and Elvira Lang, MD, FSCEH

More information coming soon.

#### **Learning Outcomes**

- Identify key benefits and barriers of hypnotizability assessment in a clinical context.
- Name several tools for assessing hypnotizability, with pros and cons for clinical use.
- Name two current trends in assessing suggestibility in a medical setting.

10:15 - 10:35 AM

## **Networking Break**

10:35 - 11:00 AM

Research Presentation

## Paper #1 -- Hypnotic Relaxation Therapy Reduces Anxiety Among Post-Menopausal Women

R. Lynae Roberts, BS and Gary Elkins PhD, ABPP, ABPH

This study reports on anxiety reductions following a hypnosis intervention for hot flashes. Hypnosis is an effective intervention for hot flash reduction and is generally a relaxing experience for individuals. However, the anxiety reducing effects of hypnosis that treats hot flashes has yet to be fully determined. In this randomized, controlled trial involving 187 post-menopausal women, hot flashes significantly reduced within the hypnosis intervention group. In the present study, secondary analysis was completed analyzing anxiety measures.

Preliminary results show a significant anxiety reduction as measured by the Hospital Anxiety and Depression scale, anxiety subscale (HADS-A) and the State-Trait Anxiety Inventory (STAI) for those in the hypnosis group. Pre- and post-treatment VAS anxiety ratings also significantly reduced at each visit for those receiving the hypnosis intervention, with the pre-treatment rating significantly declining from baseline to endpoint.

Factors mediating the strength of response and implications for future research are discussed. Although anxiety is not always a primary symptom that women in menopause present with, it is strongly correlated with hot flash severity and frequency. Hypnosis can effectively reduce hot flashes, but the degree to which a hypnotic treatment for hot flashes can affect anxiety has not been examined. This study analyzes the anxiety measures in a randomized controlled trial of a hypnosis intervention designed for hot flash amelioration. Future studies of hypnotic interventions should examine whether reduction in anxiety is a mediator of therapeutic response, or whether anxiety decreases as the primary symptom improves.

11:00 - 11:25 AM

Research Presentation

# Paper #2 -- Expectancy of the Effectiveness of Unconventional Hypnosis Techniques

Zoltan Kekecs, PhD; Nils Arlinghaus, MA; Daniel P. Johnson and Alice Kathryn O'Donnell

Our current study represents the first stage of a larger project aiming to develop minimally effective control conditions for hypnosis research that can be used to control for the expectancy of undergoing hypnosis (either in a clinical or a laboratory setting). We have developed three new methods that are not used for hypnosis induction by clinicians or researchers ('unconventional hypnosis techniques'), and that we presumed would be acceptable for naïve participants as potentially effective ways to induce hypnosis. In a three parallel group online study, we will present participants with a leaflet describing two 'hypnoanalgesia' methods to relieve pain during dental procedures. One of the techniques will be a regular hypnosis induction while the other will be one of the three unconventional hypnosis techniques selected randomly. We will contrast the expected effectiveness of the unconventional and regular hypnosis inductions through a series of questions about expected effects.

The effective components of an intervention can be uncovered by using a dismantling design. In this design, important components of the treatment are isolated and are removed or added to different versions of the therapy, which be contrasted to measure the impact of the component on treatment outcomes. One of the effective components of hypnosis is thought to be expectancy, a treatment component the effectiveness of which is routinely tested in medical research using sham/placebo procedures. Our current project addresses the need in hypnosis research for a well-established control condition that could effectively match the expectancy of 'being in hypnosis'.

11:25 - 11:50 AM

Research Presentation

# Paper #3 -- Relatedness in Hypnosis Phenomenology: Integrating Dimensions of Experiencing

Michael T.M. Finn, PhD; Lindsey C. McKernan, PhD; Connor L. Smith; and Michael R. Nash, PhD, ABPP

Shor advocated for a "theoretical approach" account of hypnosis experience as opposed to the one-dimensional "traditional approach" of hypnotic depth (1979). He promoted an approach to describing hypnosis experience along his eight theorized dimensions notably including archaic relational involvement. Recent work has demonstrated two stable subtypes of experiencing hypnosis from an individual stance: dissociated control and inward attention (Kihlstrom, 2015; Terhune & Cardea, 2010).

#### Sunday October 14, 2018, Scientific Program, continued

We propose to explore these subtypes using Phenomenology of Consciousness Inventory (PCI; Kumar, Pekala, & Cummings, 1996) and Archaic Involvement Measure (AIM; Nash & Spinler, 1989), which both assess hypnosis experience following an induction -- the PCI from the first-personal dimension and the

AIM from a relational dimension. We expect to replicate known typologies of hypnosis experience and elaborate upon these profiles with their differential experiences of their relationship to the hypnotist. Replication of previous subtypes of hypnosis experience would provide strong indications toward the major ways that hypnosis acts on the first-person perspective, giving important distinctions to be incorporated into applied, clinical settings. Exploring corresponding experiences of the hypnotist would add to our knowledge of how this might play a role in the quality of the first-person experience as well as have direct implications for treatment (e.g., therapeutic relationship).

11:50 AM - 12:50 PM

**Invited Address** 

### **Exploring Inner Experience in the Natural Environment**

Russell T. Hurlburt, PhD

Do people silently speak to themselves most of the time? What goes on in the inner experience of women with bulimia nervosa just before they purge? When people describe emotion by saying, "I feel it in my heart," what do they mean? Do people with OCD constantly think repetitive thoughts or do they just mistakenly believe they do? When people silently read, do they "innerly" speak the text? Is it possible to have multiple simultaneous images? Is it possible to have visual experience with no figure/ground phenomena? Is it possible (or frequent) to think without experiencing words, visual images, or any other symbols? When people describe their inner experience, do they use a shared language? Such questions would seem to be important to psychology, neuroscience, poetry, art, and the human condition in general, yet they draw almost no study.

Psychologist Russ Hurlburt, widely regarded as perhaps Western science's leading expert in the exploration of naturally occurring, spontaneous inner experience, will show that people likely do not know the characteristics of their own experience (even though they are immersed in it their entire waking lives) and will provide provocative answers to some of these questions.

#### Learning Outcomes:

- Learn the frequent characteristics of everyday inner experience.
- Explain why inner experience is difficult to study.
- Explain if it is possible to experience thinking without words.

12:50 - 1:00 PM

### **Closing Remarks**

Shelagh Freedman, MA and Zoltan Kekecs, PhD, Scientific Program Chairs