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PROTESTS, A PANDEMIC & POLITICAL UNREST:

Hypnosis to Weather the Storm

2021 Annual Conference Brochure

**Co-sponsored by the Society for Experimental and Clinical Hypnosis
and The Institute for Continuing Education.**

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

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Introduction

The SCEH 2021 Annual Conference continues our proud tradition of focusing on the evidence base of clinical hypnosis. This year's event will explore some new and varied topics, while providing attendees the opportunity to gain CE credits, engage in vibrant debate and learn best practices and tools from instructors and colleagues."

All Presenters and Attendees are asked to familiarize themselves with [SCEH Confidentiality Statement for Attendees and Presenters](#).

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

Conference Theme

Our 2021 conference theme, Protests, a Pandemic, and Political Unrest: Hypnosis to Weather the Storm, puts a focus on moving through the seismic events of the past year. Last year revealed waves of shocks to many of our systems, including clients/patients, communities, families, countries -- and the list continues. As we continue to navigate through challenging times marked with widespread hardships, our conference will focus on supporting one another in order to take care of our clients/patients, as well as ourselves. Prominent experts in the field will join us to offer fresh creative interventions and applications of clinical hypnosis. Workshops across three levels (Introductory, Intermediate/Skills and Advanced) will review the utilization of hypnosis as an adaptable adjunct to other therapeutic interventions for enhancing treatment outcomes. The Scientific Program will include keynotes, symposia, and research presentations with speakers from across the world, addressing the scope of hypnosis in both psychological and medical settings. Consistent with prior SCEH conferences, there will be numerous opportunities for interaction with colleagues, both at our networking sessions and throughout the event.

Who Should Attend

Our events are designed for: Psychologists; Physicians; Social Workers; Counselors; Dentists; Chiropractors; Master's level Nurses, Clinical Nurse Practitioners and Health Care Coaches; other Master's level licensed mental health and healthcare professionals, and clinical and experimental researchers in hypnosis. Any health care professional who is eligible for SCEH membership may register. Special student rates apply. [View SCEH membership eligibility requirements here](#).

Conference Times

Please note that all listed times are in Pacific Daylight Time (PDT). [Click here for help converting time zones](#).

Conference Breaks

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

Getting Prepared to Attend our Virtual Event

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

Using the Zoom Online Platform

If unfamiliar with the Zoom online meeting platform, please visit the Getting Started page to do a quick practice session and learn more: <https://support.zoom.us/hc/en-us/categories/200101697>

Suggestion: Use the Zoom desktop app for Windows, Mac OS or Linux for the best experience.

Please test your audio and video prior to presentation, by clicking here:

<https://support.zoom.us/hc/en-us/articles/115002262083-Joining-a-Test-Meeting>

Technical Support

As a small organization, we regret we are not able to provide you with technical support, so please be sure to test your connectivity in advance. We also ask all attendees to log into the meeting at least 15 minutes prior to the start of the Workshop(s) and Scientific Program sessions you are attending, using the links we provide.

Event Start Times

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

Live Attendance Required for Continuing Education (CE) Credit

The Workshops and Scientific Program may be recorded, but please note that you must attend the live event to earn CE. It is your responsibility to complete your CE Packet and submit it to us by the deadline indicated. See Continuing Education section for more information

Slides and Additional Handouts

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

Questions for Presenters

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

Logistic Questions about the Conference

Please direct these to us at info@sceh.us.

PROTESTS, A PANDEMIC & POLITICAL UNREST:

Hypnosis to Weather the Storm

Conference Schedule at a Glance

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

Keynote Speakers

Complete details appear under Scientific Program Agenda and Session Descriptions.

**PROTESTS,
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Hypnosis to Weather the Storm

**#SCEH2021
Conference Keynotes**

October 13-17, 2021 #SCEH2021



Keynotes, left to right: Magda Osman, PhD; Katalin Varga, PhD, DSc; Mark P. Jensen, PhD and Nirit Soffer-Dudek, PhD.



Keynotes (listed in order of appearance)

Saturday, October 16, 2021, 9:45-10:45 AM

Public Perceptions of the Unconscious

Magda Osman, PhD

Saturday, October 16, 2021, 12:00-1:00 PM

Brain Oscillations and Hypnosis: Empirical Findings and Treatment Implications

Mark Jensen, PhD

Saturday, October 16, 2021, 1:00-2:00 PM

The Power of Our Words While Communicating with the Critically Ill

Katalin Varga, PhD, DSc

Sunday, October 17, 2021, 9:45-10:45 AM

Dissociative Absorption and Its Pathological Manifestations

Nirit Soffer-Dudek, PhD

CONTINUING EDUCATION - CE

The SCEH Annual Conference is co-sponsored by the Society for Experimental and Clinical Hypnosis and *The Institute for Continuing Education*. The program offers continuing education credit as listed below. Continuing education credit is awarded on a session-by-session basis with full attendance required for the sessions in which you participate. Partial session credit is not offered. There is no fee to apply for continuing education credit.

Course Completion: To qualify to receive continuing education credit, participants must complete the CE materials and comply with Attendance Monitoring. CE verification is mailed to attendees within 30-days following the receipt of completed CE materials.

Questions: If you have questions regarding continuing education, the program, faculty, or for a listing of learning objectives, comprehensive speaker bios, please contact *The Institute* at: 800-557-1950; e-mail: instconted@aol.com.

Commercial Support: The Institute for Continuing Education receives no funds from any commercial organization for financial support of its activities in providing continuing education sponsorship. The Institute's sponsorship of this Conference does not imply endorsement of featured exhibits.

Note: It is the responsibility of attendees to determine if continuing education credit offered by The Institute for Continuing Education meets the regulations of their licensing/certification board.

Continuing Education Offered:

Psychology: The Institute for Continuing Education is 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. Not all sessions may offer psychology CE credit. CE materials will indicate any non-credit sessions; or you may contact The Institute for Continuing Education within 30-days of the Conference at: instconted@aol.com

Social Work: Application for social work continuing education credits has been submitted. This website will be updated regarding accreditation.

Skill Level: Due to the interdisciplinary nature of this Conference, workshops have not been ranked for skills level (beginning, intermediate, advanced). Participants are urged to review session description for appropriateness for professional and personal development.

Instruction Methodology: May include lecture, audio-visual, demonstration, experiential practice of techniques.

Ethics Hours / Academic Credit: The Conference offers no "academic" credit and CE hours awarded are not eligible toward fulfillment of a degree. No "ethics" hours are offered.

Continuing Education Hours Offered:

Introductory Workshop:	12.50 hrs.
Advanced Workshops:	12.00 hrs.
Intermediate/ Skills Workshops:	12.50 hrs.
Scientific Program:	8.50 hrs.

* hrs. are awarded based on actual participation

CME NOTE: Medical CE credit is not available for this conference. We welcome any inquiries from members, colleges or universities who can work with us to obtain CME for future meetings.

WORKSHOP PROGRAM OVERVIEW

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

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

- **Introductory (Basic) Workshop in Clinical Hypnosis**
(Taken as a cohort)
- **Intermediate/Skills Workshops in Clinical Hypnosis**
*(Taken as a cohort, or Advanced Workshop registrants can choose from a selection of sessions.)
This workshop can be used toward intermediate certification or simply to refresh hypnotic skills.*
- **Advanced Workshops in Hypnosis**
(Choose from a selection of concurrent sessions or mix and match with Intermediate/Skills Workshop sessions.)

Introductory Workshop in Clinical Hypnosis - 12.5 CEs

Wednesday, October 14 through Friday, October 16, 2021

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

Faculty: Casey Applegate-Aguilar, MA, MS, LMHC, LSAA, CCHt, CMHIMP; Vivek Datta, MD, MPH; Tova Fuller, MD, PHD; Cassandra Jackson, MA; Catherine McCall, MD; Barbara S. McCann, PhD and Donald Moss, PhD.

Introductory (Basic) Workshop Overview

This class is taken as a cohort. This workshop meets accepted Standards of Training in Clinical Hypnosis and count toward [SCEH Certification](#).

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

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

Introductory Workshop Agenda and Learning Objectives

NOTE: All times are listed in Pacific Daylight Time (PDT).
Agenda subject to change.

[Click here for help converting time zones.](#)

Wednesday, October 13, 2021		
Time	Topic	Learning Objectives:
8:00-8:30 AM	Introduction to Clinical Hypnosis (30 minutes) Faculty: Barbara McCann, PhD Demo: None	<ul style="list-style-type: none"> ● Provide at least one commonly accepted definition of clinical hypnosis. ● Explain three to four hypnosis terms and how they apply to the clinical hypnosis experience. ● Define two commonly held misperceptions concerning hypnosis and give an accurate rebuttal for each.
8:30-9:15 AM	Neurophysiology of Hypnosis (45 minutes) Faculty: Tova Fuller, MD, PhD Demo: None	<ul style="list-style-type: none"> ● Describe how hypnosis affects the autonomic nervous system and the stress response. ● Detail three implications of neurophysiological research on the practice of clinical hypnosis.
9:15-10:00 AM	Anatomy of the Hypnotic Experience (45 minutes) Faculty: Cassandra Jackson, MA Demo: Brief induction and realerting	<ul style="list-style-type: none"> ● Describe the steps in a formal hypnotic encounter. ● Identify two characteristics of trance exhibited by the subject. ● Define three changes the facilitator made during the realerting phase of trance.
10:00-10:15 AM	Break	
10:15-11:30 AM	Principles and Process of Rapport, Attunement, Induction, and Realerting (75 minutes) Faculty: Barbara McCann, PhD Demo: Another brief session, emphasis on signs of trance	<ul style="list-style-type: none"> ● Describe three effective ways to build and reinforce rapport. ● Describe at least four observable physiological and four psychological/behavioral signs of trance. ● Discuss the importance of removing suggestions. ● Demonstrate at least three methods of realerting.
11:30 AM-12:00 Noon	Group Hypnosis Experience (30 minutes) Faculty: Barbara McCann, PhD	<ul style="list-style-type: none"> ● Experience clinical hypnosis and identify three aspects of the individual experience of trance.
12:00 -1:00 PM	Break	
1:00-1:45 PM	Hypnotic Phenomena (45 minutes) Faculty: Barbara McCann, PhD	<ul style="list-style-type: none"> ● Explain five different hypnotic phenomena. ● Discuss and describe how the concept of trance logic and other hypnotic phenomena can be used therapeutically. ● List at least three principles of eliciting phenomenon. ● Define abreaction and describe how it can be addressed therapeutically.
1:45-2:00 PM	Wrap-Up for Day One (No CE)	

Thursday, October 14, 2021		
Time	Topic	
8:00-9:00 AM	Deepening of Hypnotic Experience (60 minutes) Faculty: Barbara McCann, PhD	<ul style="list-style-type: none"> ● Describe three methods of deepening ● Demonstrate the ability to intensify the hypnotic experience in ways best tailored to their patient/client ● Identify how fractionation can be used to deepen trance
9:00-9:45 AM	Fundamentals of Hypnotic Communication and Formulation of Suggestions (45 minutes) Faculty: Barbara McCann, PhD	<ul style="list-style-type: none"> ● Explain at least two ways hypnotic communication creates positive expectancy, ● Discuss Erickson's Principle of Individualization and Utilization as it pertains to language and suggestion ● Name at least four commonly used words/phrases to reinforce the patient's hypnotic experience ● Differentiate between direct and indirect suggestion
9:45-10:00 AM	Break	
10:00-10:45 AM	Ego Strengthening (45 minutes) Faculty: Donald Moss, PhD	<ul style="list-style-type: none"> ● Define what is meant by ego strengthening and how it might be used in clinical practice ● Identify three different types of ego strengthening ● Describe at least three strategies for ego strengthening in clinical hypnosis practice
10:45-11:30 AM	Self-Hypnosis: How and What to Teach Patients (45 minutes) Faculty: Catherine McCall, MD	<ul style="list-style-type: none"> ● Define self-hypnosis and explain the difference between self-hypnosis and hetero-hypnosis ● Describe at least three therapeutic applications of self-hypnosis in clinical practice. ● Explain how to teach self-hypnosis to a patient.
11:30 AM-12:30 PM	Break	
12:30-1:15 PM	Strategies for Managing Resistance (45 minutes) Faculty: Vivek Datta, MD, MPH	<ul style="list-style-type: none"> ● Describe three types of resistance. ● Identify at least four strategies for bypassing or working through resistance.
1:15-1:30 PM	Wrap-Up for Day Two (No CE)	

Friday, October 15, 2021		
Time	Topic	Learning Objectives:
8:00-8:45 AM	Patient/Client Assessment, Introducing Hypnosis to the Patient/Client (45 minutes) Faculty: Barbara McCann, PhD	<ul style="list-style-type: none"> ● Summarize at least three key points about hypnosis to discuss in a non-technical manner with a client or patient/client. ● Review important elements and recommended procedures in obtaining informed consent regarding the use of hypnosis clinically. ● Discuss the fallibility of memory.
8:45-9:45 AM	Treatment Planning, Strategy and Technique Selection in Clinical Hypnosis (60 minutes) Faculty: Barbara McCann, PhD	<ul style="list-style-type: none"> ● Execute a thorough case assessment to elucidate the information necessary to develop a quality treatment plan. ● Design a treatment plan for a patient/client who presents with anxiety. ● List at least four hypnotic techniques or applications that may be best suited to achieve the specific therapeutic goal in the case presented.
9:45-10:00	Break	
10:00-10:45 AM	Hypnosis with Children (45 minutes) Faculty: Casey Applegate-Aguilar, MA, MS, LMHC, LSAA, CCHt, CMHIMP	<ul style="list-style-type: none"> ● Identify three developmental characteristics that make children particularly hypnotizable. ● Describe how hypnotic approaches vary according to the developmental age of the child. ● Describe the therapeutic benefits and applications of using hypnosis with children.
10:45-11:30 AM	Integrating Hypnosis into Clinical Practice (45 minutes) Faculty: Barbara McCann, PhD	<ul style="list-style-type: none"> ● Describe situations of uncertainty that might occur as clinical hypnosis is included in practice and identify strategies for managing/resolving them. ● List at least three uses of hypnosis to your discipline that you have been taught and are ready to apply and three applications of hypnosis that require more training. ● Describe three ways that the attendee will begin to incorporate hypnotic communication, hypnosis and hypnotic techniques into his/her practice.
11:30-12:30 PM	Break	
12:30-1:00 PM	Ethical Principles and Professional Conduct (30 minutes) Faculty: Donald Moss, PhD	<ul style="list-style-type: none"> ● Describe at least two ethical-legal issues. ● Discuss standards for professional conduct in using hypnosis clinically.
1:00-1:15 PM	Membership and Certification in SCEH and ASCH (15 minutes) Faculty: Barbara McCann, PhD	<ul style="list-style-type: none"> ● Discuss ASCH and SCEH clinical hypnosis standards of training, levels of training, and requirements for ASCH and SCEH certification. ● Describe the opportunities available for further training, membership and certification.
1:15-1:30 PM	Wrap-Up for Day Three (No CE) and Workshop Adjourns	

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- Elkins, G. R. (Ed.). (2017). *Handbook of Medical and Psychological Hypnosis: Foundations, Applications, and Professional Issues*. Springer Publishing Company.
- Hammond, D.C. (1990). *Handbook of Hypnotic Suggestion and Metaphors*. Norton.
- Jensen, M. O. (Ed.). (2017). *The Art and Practice of Hypnotic Induction: Favorite Methods of Master Clinicians*. Denny Creek Press.
- Kuttner, L. (2020). Pediatric Hypnosis: Treatment that Adds and Rarely Subtracts. *International Journal of Clinical and Experimental Hypnosis*, 68(1), 16-28. <https://doi.org/10.1080/00207144.2020.1685329>
- Yapko, M.D. (2019). *Trancework: An Introduction to the Practice of Clinical Hypnosis*. 5th Edition. Routledge.

Intermediate/Skills Workshops – 12.5 CEs

Wednesday, October 13 through Friday, October 15, 2021

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

Faculty: John Alexander, PhD; Carol Ginandes, PhD, ABPP; Janna Henning JD, PsyD, FT; Patrick McCarthy, MMB CHB; David Patterson, PhD, ABPP; David B. Reid, PsyD and Shelby Reyes, PhD.

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

Advanced Workshop participants may mix and match with Advanced Workshops.

Intermediate/Skills Workshops Overview

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

This workshop meets accepted Standards of Training in Clinical Hypnosis and count toward [SCEH Certification](#).

Intermediate/Skills Workshops – Program Agenda

Wednesday	
8:00-9:30 AM PDT	Hypnosis and the Management of Acute and Chronic Pain (Patterson)
9:45 AM – 12:00 PM PDT	Applications of the Dialectical Method for Creating Change with Hypnotically Augmented Psychotherapy in the Treatment of Common Clinical Concerns: Habit Disorders, Anxiety, Insomnia, Phobias and Pain (Alexander)
12:15-1:45 PM PDT	The Magnifying Glass Metaphor (McCarthy)
Thursday	
8:00-10:15 AM PDT	Seeding Metaphors to Fertilize and Grow Therapeutic Changes (Ginandes)
10:30-11:30 AM PDT	Hypnosis Application for Anxiety Disorders (Reyes)
12:15-1:15 PM PDT	Special Place of Bliss (McCarthy)
Friday	
8:00-9:30 AM PDT	The Nature of Hypnosis and Memory: Principles & Techniques of Age Regression (Henning)
9:45 AM-10:45 AM PDT	Hypnotic Interventions to Augment Working Through of Traumatic Stress-Related Symptoms (Henning)
11:30-1:15 PM PDT	Ethics and Clinical Hypnosis (Reid)

Intermediate/Skills Workshops – Session Descriptions and Learning Outcomes

Wednesday, October 13, 2021

8:00-9:30 AM PDT

Hypnosis and the Management of Acute and Chronic Pain

David Patterson, PhD, ABPP

1.5 CE

This 1.5-hour presentation will discuss how hypnosis can be applied to help manage acute and chronic pain. The differences between acute and chronic pain will be discussed in terms of diagnosis and treatment. Paradigms will be provided for using hypnosis to treat pain crisis (e.g. emergency room), procedural pain and chronic pain. Demonstrations of these paradigms and approaches will be provided.

Learning Outcomes:

- Describe the difference between acute and chronic pain and how hypnosis is integrated into treatment
- Demonstrate knowledge of three different inductions for pain
- Articulate how chronic pain is best managed through a biopsychosocial model and how using Ericksonian multiple choice suggestions is often an efficient way to cover the layers of suffering that occur with such disorders.

9:45 AM-12:00 PM PDT

(Note break 10:45-11:30 AM)

Applications of the Dialectical Method for Creating Change with Hypnotically Augmented Psychotherapy in the Treatment of Common Clinical Concerns: Habit Disorders, Anxiety, Insomnia, Phobias and Pain

John Alexander, PhD

1.5 CE

The dialectical method is a time-honored procedure in eastern and western philosophies and spiritual traditions for overcoming obstacles, resolving conflicts and transforming lives. Philosophers in the 19th century, expanding upon earlier theories and practices, described a systematic dialectical method for creating social and personal transformation. Dialectical hypnotherapy (DHT) makes use of the dialectical method for creating change in short-term hypnotically augmented psychotherapy, a method first introduced into hypnotherapy by Herbert and David Spiegel and described in their landmark text on hypnosis, *Trance and Treatment* (1978,

2004). The Spiegels refer to their method of dialectical therapy as restructuring and they use it in conjunction with the Hypnotic Induction Profile (HIP), their method for inducing hypnosis, assessing hypnotizability, and teaching self-hypnosis for therapeutic purposes. The purpose of this workshop is to: (1) describe the HIP and demonstrate a digital application of the exam which streamlines both learning and utilizing the exam, the HIP/App; (2) describe the application of the dialectical method for creating change in psychotherapy; (3) demonstrate how hypnosis as experienced with the HIP relates to the dialectical method for creating change; (4) show how the hypnotic phenomena evoked by the HIP can be used to leverage hypnotherapy, and (5) describe the application of dialectical hypnotherapy in the treatment of common clinical concerns, including habit disorders, stress and anxiety disorders, insomnia, phobias and pain

The workshop will provide an understanding of the dialectical method for creating change which can be used to formulate hypnotically augmented treatment strategies to address a variety of common psychological and medical concerns.

Learning Outcomes:

- Describe the dialectical method of change adopted by Herbert and David Spiegel and introduced into hypnotherapy as “restructuring” for creating change.
- Describe how hypnosis as experienced with the Hypnotic Induction Profile relates to the dialectical method.
- Explain how the hypnotic phenomena achieved with the Hypnotic Induction Profile can be used to leverage dialectical hypnotherapy.
- Describe how hypnotically augmented dialectical therapeutic strategies can be applied in the treatment of common clinical concerns including habit disorders, anxiety, insomnia, phobias and pain.

12:15-1:45 PM PDT

The Magnifying Glass Metaphor

Patrick McCarthy, MMB, CHB, Wellington, New Zealand

1.5 CE

This workshop explores the microanalysis of the structure of a generic hypnosis session embedded with many hundreds of hypnotic suggestions.

This is the first session of hypnosis for virtually ALL of my patients irrespective of presenting problem. I believe that the first experience of hypnosis should be learning how to experience profound hypnosis, and how to enter and to leave it rapidly.

Learning Outcomes:

- Describe the importance of language and specific words to enhance the transition to hypnosis.
- Demonstrate rapid self-hypnosis to create this state in less than 60 seconds
- Describe amnesic loop metaphor as applied in hypnosis.
- Describe yes sets and truisms as applied to hypnosis

Thursday, October 14, 2021

8:00-10:15 AM PDT

Seeding Metaphors to Fertilize and Grow Therapeutic Changes

Carol Ginandes, PhD, ABPP

2 CE

The purpose of this 90- minute session is to overview the strategic use of therapeutic metaphors and stories in the context of both hypnotic induction and utilization. Also included will be a hypnotic practicum exercise focused on generating original imagery- based metaphors to stimulate therapeutic healing.

Learning Outcomes:

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

10:30-11:30 AM PDT

Hypnosis Application for Anxiety Disorders

Shelby Reyes, PhD

1 CE

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

Learning Outcomes:

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

12:15-1:15 PM PDT

The Special Place of Bliss

Patrick McCarthy, MMB, CHB, Wellington, New Zealand

1 CE

The Special Place of Bliss is a therapy graduation session that can be the final session of therapy for absolutely any patient. It allows people to park all their emotional baggage, worries, fears, problems, upsets and traumas without ever any need for disclosure and with no abreaction. It addresses not only the presenting problem but in fact all of the person's problems, whether spoken or unspoken. It ends the need for any further therapy for that patient! I use it as session five, but you might use it as perhaps session twenty. I have used it with over 10,000 people in New Zealand and it is greatly appreciated by all. Therapists all around the world have used it to great effect. This is the Omega session.

Learning Outcomes:

- Describe why you cannot treat trauma without discussing it.
- Describe why location of the problem is more important than diagnosis or history.
- While the therapeutic aspect takes two minutes, describe how and why to package it with persiflage.

Friday, October 15, 2021

8:00-9:30 AM PDT

The Nature of Hypnosis and Memory: Principles and Techniques of Age Regression

Janna Henning JD, PsyD, FT

1.5 CE

This session will review the nature of hypnosis and memory, and describe the principles and techniques of age regression interventions.

Learning Outcomes:

- Describe current literature on hypnosis and memory, and its implications for clinical work.
- Describe the legal implications of the “constructive” nature of hypnosis and memory.
- Identify three techniques for facilitating age regression.
- Identify how to facilitate therapeutic abreaction and methods for modulating affective intensity in age regression.

Bibliography

- Crespo, M., & Fernandez-Lansac, V. (2016). Memory and narrative of traumatic events: A literature review. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8, 149-156.
- Courtois, C. A. (2001). Implications of the memory controversy for clinical practice: An overview of treatment recommendations and guidelines. *Journal of Child Sexual Abuse*, 9(3-4), pp. 183-210. https://www.tandfonline.com/doi/abs/10.1300/J070v09n03_09.
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- Schwabe, L. (2017). Memory under stress: From single systems to network changes. *European Journal of Neuroscience*, 45, 478-489.
- Sheehan, P.W., & McConkey, K. M. (2001). Forensic hypnosis: The application of ethical guidelines. In: J. W. Rhue, S. J. Lynn, & I. Kirsch, eds., *Handbook of clinical hypnosis*, (pp. 719-738). Washington, D.C.: American Psychological Association.

9:45-10:45 AM PDT

Hypnotic Interventions to Augment Working Through of Traumatic Stress-Related Symptoms

Janna Henning JD, PsyD, FT

1 CE

This session will describe the different symptom profiles associated with exposure to a single traumatic event versus chronic interpersonal violence, and discuss evidence-based treatment approaches for both. The use of specific hypnotic interventions and techniques to augment and enhance the evidence-based overall treatment approaches for symptoms of traumatic stress in adults will be described and explained.

Learning Outcomes:

- Describe and differentiate between common post-traumatic reactions to chronic interpersonal violence exposure (complex/Type II trauma) vs. single-event trauma exposure in adulthood (PTSD/Type I trauma).
- Identify at least one hypnotic intervention to augment an evidence-based overall treatment approach for PTSD/Type I trauma reactions in adults.
- Identify at least one hypnotic intervention to augment an evidence-based overall treatment approach for complex/Type II trauma reactions in adults.
- Describe how to apply several research-supported traumatic stress treatment approaches to develop customized treatment plans for clients.

Bibliography

- Chu, J., Dell, P., van der Hart, O., & Cardeña, E. (2011). Guidelines for treating dissociative identity disorder in adults, third revision. *Journal of Trauma and Dissociation*, 12, 115-187.
- Courtois, C. A., & Ford, J. D. (2012). *Treatment of Complex Trauma: A sequenced, relationship-based approach*. Guilford Press.
- Field, P. B. (1979). Humanistic aspects of hypnotic communication. In E. Fromm & R. E. Shor (Eds.). *Hypnosis: Developments in Research and New Perspectives*, pp. 605-617.
- Hilgard, E. R. (1992). Dissociation and theories of hypnosis. In Fromm, E., & Nash, M. R. (Eds.). *Contemporary Hypnosis Research*, pp. 69-101. New York: The Guilford Press.
- Lynn, S. J., & Rhue, J. W. (1991). Hypnosis theories: Themes, variations, and research designs. In S. J. Lynn & J. W. Rhue (Eds.), pp. 601-62. *Theories of Hypnosis: Current Models and Perspectives*. New York: Guilford Press.
- Wickramasekera II, I.E., (2005). Best of both worlds: How to integrate hypnosis and biofeedback with empathy and hypnotic assessment procedures. *Biofeedback*, Spring, pp. 1-4.

11:30-1:15 PM PDT

Ethics and Clinical Hypnosis

David B. Reid, PsyD

1.5 CE

This workshop will provide an overview of relevant ethical issues as related to the use of clinical hypnosis.

The following topics and learning objectives will be addressed in this Skills (Intermediate) Workshop.

Learning Outcomes:

- Describe potential contraindications for using hypnosis in clinical settings.
- Describe the implications of using hypnosis via remote (i.e., teletherapy/telemedicine) means.
- Describe the importance of informed consent when including hypnosis in treatment.
- Articulate potential conflicts of interest when using clinical hypnosis.
- Become familiar with clinical hypnosis standards of training, levels of certification, and professional clinical hypnosis societies Ethical Principles.
- List at least two ethical issues that may arise during the use of clinical hypnosis and appropriate ways to address/resolve them.

Advanced Workshops – up to 12 CE

Wednesday, October 14 to Friday, October 16, 2021

Co-chairs: David Reid, PsyD and Catherine McCall, MD

Faculty: John Alexander, PhD; Gary Elkins, PhD, ABPP, ABPH; Janna Henning, JD, PsyD, FT; John Lentz, DMin; Samuel B. Lurie, MEd, MSW; David Patterson, PhD; Young Don Pyun, MD; Joshua Rhodes, MS; Jeff Sugar, MD; Laurence Irwin Sugarman, MD; Maureen F. Turner, MEd, LCMHC, RNBC, LCSW; Joseph Tramontana, PhD and David M. Wark, PhD.

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

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

Advanced Workshops – Program Agenda

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

Wednesday

8:00 AM-12:00 PM PDT **Deconstructing Borderline Personality Disorder** (Lentz)

8:00 AM-12:00 PM PDT **Hypnotic Dreamwork** (Sugar)

12:15-1:45 PM PDT **49 Words to Reduce Stress** (Wark)

Thursday

8:00 AM-10:45 AM PDT **Pandemic Effects, Nocebo Effects, Hypnosis Effects** (Sugarman)

8:00 AM-10:45 AM PDT **Promoting Mind-Body Interface with Combining Clinical Hypnosis and Chakra Balancing: Inductions, Techniques, Cases and Practice** (Turner)

11:30-1:30 PM PDT **Future Focus Projection for Developing Resilience and Emotional Growth** (Tramontana)

Friday

8:00-10:15 AM PDT **The Effective Use of Hypnosis in Schizophrenia: Structure and Strategy** (Pyun)

8:00 AM - 12:00 PM PDT **Providing Affirming Care to Transgender/gender Non-binary People: Hypnosis Interventions to Address Minority Stress, Trauma and Internalized Shame to Foster Empowerment, Wholeness and Integrated Sense of Self** (Lurie)

8:00 AM-1:30 PM PDT **Advanced Inductions for Complex Clinical Patients** (Patterson)

12:15-1:30 PM PDT **Hypnosis Research Workshop: Designing Case Studies and Randomized Clinical Trials and Preparing Papers for Publication** (Elkins)

Advanced Workshops Descriptions

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

Wednesday, October 13, 2021

Note scheduled breaks:

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

8:00 AM-12:00 Noon

3 CE

Deconstructing Borderline Personality Disorder

John Lentz, DMin, Shepherdsville, Kentucky, USA

This advanced workshop deconstructs Borderline Personality Disorder into the underlying trances that make up the restrictions that are usually diagnosed as Borderline Personality Disorder. For example, the average Borderline believes their memory is absolutely accurate, that their intuition is spot on and that when they ruminate they are not impacting their memory in any way. Those beliefs and others block a person from relating in any effective ways. Believing those things also causes a person to become angry, defensive and hurt about things the other person may not know were understood as offensive. The workshop will review how to helping the Borderline to stop ruminating, and to recognize that no one's memory is as accurate as they believe, and their intuition can not be trusted with people that really matter to them.

Learning Objectives:

- Recognize at least two underlying trances of Borderlines
- List and use at least one way of breaking the Borderline's trances
- Describe at least two ways of using conversational trance to assist in the treatment of Borderline Personality Disorder.

Bibliography:

- Lentz, John D. and Chrisman, Jennifer et al. *Borderline Fairytale*, 2020, Healing Words Press.
- Lentz, John D. et al. *Rocky's Road: A Journey to Purpose, Meaning and Fulfillment*. Healing Words Press (August 24, 2019)
- Lentz, John D. *Transforming Bipolar: How to Help Folks Diagnosed with Bipolar Disorder Indirectly* Healing Words Press (May 10, 2016) (May 10, 2016)

8:00 AM-12:00 Noon

3 CE

Hypnotic Dreamwork

Jeff Sugar, MD, El Segundo, California, USA

This workshop demonstrates a process developed following years using both hypnosis and dreamwork methods separately with clinical patients and students. The method was developed to allow participants to have a current dream experience that could be treated as a normally occurring night dream. Following an imagery induction, participants are invited to nap on a beach with instructions to have an experience unbounded by normal laws of physics -- they can encounter anyone they choose, in any place they wish to be, at any age and have the ability to do things like flying. If they are unable to have a hypnosis-induced nap (as has been true for about 30% of prior participants), they can still have a dream-like experience, simply by recognizing the unlimited nature of their imaginative world. After about ten minutes participants are awakened from trance and invited to report their experiences. The facilitator will comment briefly on each dream. We will then work more deeply with several of the participants' dreams, using methods much like the Jungian method of "Carrying the Dream Forward," well described by Robert Bosnak in his volume, *A Little Course in Dreams*. The goal here is to bring the dream to a state of resolution that may or may not include a cognitive understanding of dream symbols. The workshop will open with a brief discussion of dreams and their commonality with hypnotic states, continue with the group demonstration and end with an opportunity for questions.

Learning Objectives:

- Recognize the commonalities and differences between hypnotic imagery and dream experiences.
- Apply hypnotic methods to personal and patient-related work with dreams.
- Recognize when a dream experience is complete and when dreams might benefit from further resolution.

Bibliography:

- Bontempo e Silva, L., & Sandstrom, K. (2020, April 27). Group Dream Work Incorporating a Psychophysical Embodied Approach. *Dreaming*. Advance online publication. <http://dx.doi.org/10.1037/drm0000131>
- Ellis, L. A. (2019). Common factors leading to a universal approach to dreamwork: A qualitative analysis. *Dreaming*, 29(1), 22-39. <https://doi.org/10.1037/drm0000098>
- Vedfelft, O. (2017). *A Guide to the World of Dreams: An Integrative Approach*, Routledge, UK
- Bosnak, R. (1993). *A Little Course in Dreams*, Shambala, Boston

12:15-1:45 PM

1 CE

49 Words to Reduce Stress

David M. Wark, PhD, Minneapolis, Minnesota, USA

This presentation focuses on the analysis and treatment of psychological stress, a pervasive and increasingly common clinical issue. It starts with an evolution-based overview of how threat impacts living things, and what cognitive and physiological systems humans have evolved to deal with a stressful situation. The analysis assumes nothing technical beyond knowledge of standard, empirically defined human biological processes, which will be reviewed in appropriate detail during the presentation. Using the described mechanisms, the presenter will offer a validated treatment model, illustrated by several case studies. Participants will then have a chance to practice their own personally and privately defined application, led by the instructor. There will be time for questions and answers. Participants will receive a handout with guidelines for clinical applications.

Learning Objectives:

- List three common examples of stress.
- Describe four normal brain functions.
- Explain two ways stress can develop.
- Explain three methods to reduce stress.
- Demonstrate and practice stress reductions.

Bibliography:

- Aron, A. R., Robbins, T. W., & Poldrack, R. A. (2014). Inhibition and the right inferior frontal cortex: one decade on. *Trends Cogn Sci*, 18(4), 177-185. doi:10.1016/j.tics.2013.12.003
- Cannon, W. (1932). *Wisdom of the Body*. United States: W.W. Norton & Company.
- Fallgatter, A. J., & Strik, W. K. (1999). The NoGo-anteriorization as a neurophysiological standard-index for cognitive response control. *International Journal Psychophysiology*, 32(3), 233-238.
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- Strik, W. K., Fallgatter, A. J., Brandeis, D., & Pascual-Marqui, R. D. (1998). Three-dimensional tomography of event-related potentials during response inhibition: evidence for phasic frontal lobe activation. *Electroencephalograph Clinical Neurophysiology*, 108(4), 406-413.
- Wark, D. (2015). Traditional and Alert Hypnotic Phenomena: Development through Anteriorization. *American Journal of Clinical Hypnosis*, 57(3), 254-266. doi:10.1080/00029157.2014.976784
- Wark, D. (2020). Hypnosis and End Stage Renal Disease: Review and Suggestions. *American Journal of Clinical Hypnosis*, 63(1).

Thursday, October 14, 2021

Note scheduled breaks:

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

8:00 AM-10:45 AM PDT

2 CE

Pandemic Effects, Nocebo Effects, Hypnosis Effects

Laurence Irwin Sugarman, MD, Rochester, New York, USA

The recent pandemic serves to emphasize the limits of biomedicine and the importance of a broader biopsychosocial frame for health and care. Pandemic effects are evident in our changing self-care and social behaviors (masking, distancing, cleaning, grieving, vaccinating and more). Placebo and nocebo effects are in the meaning we attribute to those changes along with their psychobiological correlates (autonomic, immune, endocrine and affective). Hypnosis effects are how we learn to alter those attributions to recognize and strengthen our abilities to self-regulate in the midst of it all. For example, how does seclusion affect immune response to illness and vaccination? What might we do about that hypnotically? In this workshop, we will define our terms and concepts, cull research evidence, then use that as a foundation to discuss and create hypnotic approaches to strengthen resilience in the face of ongoing change. Bring your experience.

Learning Objectives:

- Define, compare, and contrast the meaning of the terms “placebo effects,” “nocebo effects” and “hypnosis effects” as used in this workshop.
- Cite at least one example of stress effects associated with pandemic restrictions in each of the following psychobiological systems: affective, metabolic, endocrine, immune.
- Create at least three types of hypnotic interactions that can be used to address nocebo effects related to pandemic restrictions.

Bibliography:

- Benedetti, F. (2020). *Placebo effects: Understanding the mechanisms in health and disease*. 3rd. ed. New York, NY: Oxford University Press.
- Amanzio, M., Howick, J., Bartoli, M., Cipriani, G. E. & Kong, J. (2020). How Do Nocebo Phenomena Provide a Theoretical Framework for the COVID-19 Pandemic? *Frontiers in Psychology*, 11, 1-6.
- Sugarman, L. I., Linden, J. H., & Brooks, L. W. (2020). *Changing minds with clinical hypnosis: Narratives and discourse for a new health care paradigm*. New York, NY: Routledge

8:00 AM-10:45 AM PDT

3 CE

Promoting Mind-Body Interface with Combining Clinical Hypnosis and Chakra Balancing: Inductions, Techniques, Cases and Practice

Maureen F. Turner, MEd, LCMHC, RNBC, LCSW, Isle La Motte, Vermont, USA

Practices of hypnosis date back to most ancient cultures. In India, as early as 1500-500 BC, the Sanskrit book known as the Law of Manu described different levels of hypnosis in terms of sleep. Around the same time, India's Vedas texts described the origins of yoga and documented the chakras (Sanskrit for wheel or disk - vortexes of energy located throughout the body). Our body has seven major and many minor chakras. Chakra balancing has become central to numerous mind-body-spirit healing therapies. Over the past 20 years, the presenter has developed hypnosis inductions and self-hypnosis techniques based on the chakra system. These have been well received by patients, and have become the most requested mode of induction/treatment via telehealth treatment during the Covid-19 Pandemic. The anchoring of chakras provides the patient with guidance, encourages confidence, enables agency, and facilitates the practice of self-hypnosis. Simultaneously, the clinician can tap into positive strengths of the chakra system, using the framework to suggest healing images for both day and night. This workshop will explain qualities and functions of chakras, introducing the attendees to relevant theory, background, and research. For example, one study found that cortical interactions are enhanced during Chan meditation (Kaur & Singh, 2015). Techniques and tools for chakra inductions/treatments, utilizing trance states and self-hypnosis will be demonstrated. Case studies will be reviewed, handout guides will be provided, and experiential opportunities will be integrated. This novel approach of combining hypnosis and chakra balancing offers attendees innovative options to weave into their practice. Every effort has been made to provide attendees with the highest quality evidence-based practices and the knowledge and techniques shared will have a positive impact on patient care.

Learning Objectives:

- Discuss current research, identify the qualities and practical functions of the seven basic chakras, and articulate how they can be incorporated into hypnotic clinical practice.
- Deliver a chakra based hypnotic induction, utilizing anchoring techniques (labels), and design novel treatment plans based on patient goals and capabilities.
- Demonstrate how the chakra system framework can enhance imagery and treatment with a patient, and teach patients the application for self-hypnosis.

Bibliography:

- Poonia, S. and Mukherjee S. (2017). A comparative study on effect of different variation of Chakra Meditation on Brow Chakra of athletes, International Journal of Physical Education & Sports Sciences, Vol.11, Issue No. 02, April-2017, ISSN 2231-3745.
- Lee, HJ and Lim, S. (2019). The effects of meditative motivation on mental health in those who experienced chakra meditation: Mediating effect of health state, International Journal on Consulting Psychology for Patients, Vol.3, No.1, pp.23-30. Research Reference
- Patel, M. (2016). Healing chakras. Journal of Traditional Medicine & Clinical Naturopathy, 5: e122.

11:30 AM-1:30 PM PDT

2 CE

Future Focus Projection for Developing Resilience and Emotional Growth

Joseph Tramontana, PhD, New Orleans, Louisiana, USA

While many of our members use the term "Age Progression," I prefer to call this technique "Future Projection." I suggest to the client, in trance, to imagine they can write their own script, almost as if they were a playwright, screenwriter or book author, and they can write the script for this person we call (name). Cases presented will include working with: PTSD; erectile dysfunction; tinnitus; fear of public speaking; sports performance, and some more extreme cases such as addictions, personality disorder with impulse control issues, and ridding the self of "demons".

Learning Objectives:

- Describe how to use these techniques to promote what Erickson referred to as "Embody Expectancy."
- Be able to develop a sample script to accomplish future success.

Bibliography:

- Tramontana, J. (2011). "Sports hypnosis in practice: Strategies, scripts, and case examples." Crown, Carmathen, UK. Tramontana, J. (2009). "Hypnotically enhanced treatment for addictions: Alcohol abuse, drug abuse, gambling weight control, and smoking cessation."
- Crown, Carmathen, UK. Torem, M.S. "Future focused therapeutic strategies for integrative health." Int. J. Clin. Exp. Hyp. 65 (3): 353-378.

Friday, October 15, 2021

Note scheduled breaks:

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

8:00-10:15 AM PDT

2 CE

The Effective Use of Hypnosis in Schizophrenia: Structure and Strategy

Young Don Pyun, MD, Seoul, Republic of Korea

Many schizophrenia patients seek hypnosis when they have not improved with psychopharmacological therapy. However, there has been controversy regarding the use and effectiveness of hypnosis in schizophrenia. Hypnotherapeutic methods such as direct and indirect suggestions, psycho-strengthening suggestions and imagery, hypnoprojective restructuring, guidance, and neutralization of affect associated with delusions have been effective in selected highly hypnotizable patients. Details of the hypnotherapeutic structure and strategy used for managing delusions in schizophrenia are presented with representative cases.

Learning Objectives:

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

Bibliography:

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

8:00 AM –12:00 Noon PDT

3 CE

**Providing Affirming Care to Transgender/gender Non-binary People:
Hypnosis Interventions to Address Minority Stress, Trauma and Internalized
Shame to Foster Empowerment, Wholeness and Integrated Sense of Self**

Samuel B. Lurie, MEd, MSW, Burlington, Vermont, United States

With increased visibility of transgender, gender non-conforming and gender non-binary (TGNB) people, we also have seen a backlash, such as laws being passed in a number of states which dehumanize trans people, exclude them from participation in public life, and ban medical treatment for youth determined necessary by doctors, parents and patients. TGNB people face levels of violence, discrimination and minority stress resulting in increased levels of anxiety, depression, substance use and suicidality which far outpaces the general U.S. population. In this climate, it is essential to look at our clinical work through a social justice and trauma lens that offers healing and hope to individuals who often are unable to access care or have been harmed when accessing treatment. The presenter, a clinician working at a community health center with a substantial number TGNB patients, will first offer a brief overview of terms and concepts, including how discrimination and minority stress impact mental health, safety and sense of wellness for this population. We will examine issues which typically present in treatment, including complex trauma and shame, needed support for coming out, self-advocacy and preparing for or adjusting to medical interventions. Case presentations will examine application and outcomes of various hypnosis strategies, and participants will leave with increased awareness and tools to apply in their own work. The last section will include a group experiential hypnosis experience to explore aspects of wounded or traumatized sense of self and a technique for re-integration, ego strengthening and empowerment. The knowledge and techniques gained in this session will positively impact patient care.

Learning Objectives:

- Provide overview of issues facing Transgender/Gender Non-binary (TGNB) people in context of social justice movements.
- Explain terms and concepts related to TGNB experience and issues of minority stress, discrimination and importance of access to affirming care.
- List two common presenting issues to address using hypnosis such as coming out to self and others, preparation for surgery and healing post-surgery, self-advocacy and strengthening internal sense of self.
- Utilize case presentations describing several hypnosis strategies for supporting clients in addressing and resolving various issues.
- Experience a “Whole Self Integration Process” as group hypnosis to explore, strengthen and integrate multiple parts of the self.

Bibliography:

- Editors, (2020). Transgender health, identity and dignity, *Lancet Public Health*, 5(4), E177. doi.org/10.1016/S2468-2667(20)30059-1

- James, S.E., Herman, J.L., Rankin, S., Keisling, M., Mottet, L. & Anafi, M. (2016). The report of the 2015 US transgender survey. Washington, DC: National Center for Transgender Equality.
- Kattari, S. K., Kinney, M.K., Kattari, L, & Walls, E. ed. (2021). Social work and health care practice with transgender and nonbinary individuals and communities: Voices for equity, inclusion, and resilience. New York, NY: Routledge.
- Manakem, R. (2017). My Grandmother's Hands: radicalized trauma and the pathway to mending our hearts and bodies. Las Vegas, NV, Central Recovery Press.
- Nickerson, M. Ed (2017). Cultural competence and healing culturally based trauma with EMDR therapy: innovative strategies and protocols. New York, NY: Springer Publishing Company.
- Schwartz, A. (2016). The complete PTSD workbook: a mind-body approach to regaining emotional control and becoming whole, Berkeley, CA: Althea Press.

8:00-1:30 PM PDT

4 CE

Advanced Inductions for Complex Clinical Patients

David Patterson, PhD, ABPP, Mercer Island, WA, United States

This workshop, designed for all skill levels, will teach attendees to use dissociation, the neurophysiology of consciousness, social psychology and Erickson techniques and mindfulness to increase the sophistication and complexity of hypnotic inductions and suggestions. Each of the four hours will take scientifically based concepts and offer them in user-friendly ways with demonstration and short practices. By the end of the workshop, participants will be able to use and integrate these concepts to put together elaborate, non-linear inductions. After the presenter provides theory and science, he will demonstrate each concept and the participants will rehearse the language in a manner that is Zoom friendly. Time will be left for questions and discussion.

Learning Objectives:

- Demonstrate an understanding and ability to use dissociation in hypnosis.
- Describe the neurophysiology of hypnosis and how it applies to hypnosis.
- Elaborate three ways social psychological and Erikson concepts make hypnosis more effective.
- Describe how mindfulness concepts can be used to deepen hypnosis and make it more integrated with it.

Bibliography:

- Jensen, M.P., Mendoza, M.E., Ehde, D.M., Patterson, D.R., Molton, I.R., Dillworth, T.M., Gertz, K.J., Chan, J., Hakimian, S., Battalio, S.L., Ciol, M.A., "Effects of hypnosis, cognitive therapy, hypnotic cognitive therapy, and pain education in adults with chronic pain: a randomized clinical trial." Pain (in press)
- Patterson, D. R. (2010) Clinical Hypnosis for Pain Control, Washington, DC: American Psychological Association.

- Williams, R.M., Ehde, D.M., Day, M., Turner, A.P., Hakimian, S., Gertz, K., Ciol, M., McCall, A., Kincaid, C., Pettet, M., Patterson, D., Suri, P., & Jensen, M.P. (2020). "The Chronic Pain Skills Study; Protocol for a randomized controlled trial comparing hypnosis, mindfulness, and pain education in Veterans," *Contemporary Clinical Trials*, 90. PMID: 31926321

12:15-1:30 PM PDT

1 CE

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

Gary Elkins, PhD, ABPP, ABPH and Joshua Rhodes, MS, Waco, Texas, USA.

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

Learning Objectives:

- Identify key components of well-designed case studies of hypnosis interventions.
- Describe the purpose and design of pilot studies.
- Identify three components of randomized clinical trials of hypnosis interventions.

Bibliography:

- Elkins, G. (2017). *Handbook of Medical and Psychological Hypnosis*, Springer Publishing
- Zoltan Kekecs , Lynae Roberts , Hyeji Na , Ming Hwei Yek , Elizabeth E. Slonena , Ezrhiel Racelis , Tamara A. Voor , Robert Johansson , Pietro Rizzo , Endre Csikos , Vanda Vizkievicz & Gary Elkins (2021). Test-Retest Reliability of the Stanford Hypnotic Susceptibility Scale, Form C and the Elkins Hypnotizability Scale, *International Journal of Clinical and Experimental Hypnosis*, 69:1, 142-161, DOI: 10.1080/00207144.2021.1834858
- Nicholas Olendzki, Gary R. Elkins, Elizabeth Slonena, Julia Hung & Joshua R. Rhodes (2020). Mindful Hypnotherapy to Reduce Stress and Increase Mindfulness: A Randomized Controlled Pilot Study, *International Journal of Clinical and Experimental Hypnosis*, 68:2, 151-166, DOI: 10.1080/00207144.2020.1722028

Scientific Program - 8.5 CE

Saturday and Sunday October 16-17, 2021

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

Scientific Program Co-Chairs: Barbara S. McCann, PhD and Vivek Datta, MD, MPH

Faculty: Mattie Biggs, MSCP; Erin Connors, PhD; Gary Elkins, PhD, ABPP, ABPH; Michael T. M. Finn, PhD; Holly Forester-Miller, PhD, LCMHC, NCC; Mark Jensen, PhD; Anna Grace Kelly, BA; Zoltan Kekecs, PhD; Mathieu Landry, PhD; Elvira Lang, MD, PhD; Melvin S. Marsh, MS; Donald Moss, PhD, BCB; Magda Osman, PhD; Olafur S. Palsson, PsyD; Mikhail Reshetnikov, MA; Joshua Rhodes, BS; Nicole Ruysschaert, MD; Morgan Snyder, MA; Nirit Soffer-Dudek, PhD; Madeline Stein, MA; Devin Terhune, PhD and Katalin Varga, PhD, DSc.

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

Scientific Program Agenda

Saturday, October 16, 2021

8:00-9:30 AM PDT

PRESIDENTIAL SYMPOSIUM

1.5 CE

Using Hypnosis for Stress and Burnout

Chairperson & Moderator: *Janna A. Henning, JD, PsyD, FT, SCEH President, Chicago, Illinois, USA*

Presenters (by presentation order): *Nicole Ruyschaert, MD and Holly Forester-Miller, PhD, LCMHC, NCC*

On top of an already stress-laden life, the COVID-19 pandemic has introduced a substantial amount of stress, concern, and exposure to trauma risk factors. Healthcare professionals are particularly prone to high stress environments and, thus, are at an even greater risk for burnout. While lay recommendations for self-care are limited, hypnosis-based interventions open an alternative path to managing stress and minimizing the risk and impact of burnout. The speakers of the SCEH 2021 Presidential Symposium will discuss different approaches to using hypnosis for stress management, burnout reduction, and addressing related and relevant symptoms.

The symposium will include three 25 minute presentations plus a 5 minute Q&A per presenter. This symposium includes the following three presentations:

- **Hypnotic Interventions to Support Helping Professionals and their Patients in Challenging Times**
- **Stress and Burnout in Clinical Work and Professional Development: (Self) Hypnosis to Decrease Risks of Burnout and Compassion Fatigue**
- **Using Hypnosis to Be Your Best Clinical Self**

Hypnotic Interventions to Support Helping Professionals and their Patients in Challenging Times

Janna A. Henning, JD, PsyD, FT, SCEH President, Chicago, Illinois, USA

The stressors and challenges associated with providing professional services can result in negative responses in helping professionals in all types of work settings. Stress responses (e.g., burnout, compassion fatigue, and vicarious traumatization) are associated with reduced empathy and quality of care for patients and impaired health, morale, and job satisfaction in providers. These responses may be heightened in the context of external stressors such as a global pandemic and political unrest. Recommendations for self-care and coping strategies often include short-term, materialistic, transactional approaches such as taking a vacation or getting a massage, which may not be effective or feasible. Interventions for patients and the professional should address physical, psychological, emotional, interpersonal, and spiritual domains. Hypnotically-enhanced interventions can be uniquely useful in enhancing effective, customized self-care approaches to manage and prevent stress-related conditions. This presentation will address identification of perceived stressors and needs, and hypnotic interventions to reduce stress reactions and increase perceptions of thriving in each domain of functioning.

**Stress and Burnout in Clinical Work and Professional Development:
(Self) Hypnosis to Decrease Risks of Burnout and Compassion Fatigue**

Nicole Ruyschaert, MD, private practice, Ghent, Brussels

Even early in their career health care workers can be at risk of burnout. Facing challenges in new unfamiliar environments, demanding changes, long working hours, and the interface between developing a professional career, amid other familial and relationships challenges can put a lot of stress and bring along insecurity and anxiety. The pandemic adds on the already stressful life many have to face with exposure to human suffering.

(Self) hypnosis is helpful to develop an inner locus of control to better deal with daily hassles and have a long-term vision from where daily obstacles (“stumbling stones”) can be reframed to ways to make progress (“stepping stones”). Emotion regulation plays an important role in stress-regulation: with self-hypnosis you have many options to let go, balance emotions, re-focus on positive and helpful images and access and mobilize your resources. In preparing for future confrontations with upcoming stress health care workers can explore new behaviors and attitudes which can be tried out in a safe and effective way on an imaginary level and check level of stress and emotional aspects: practice in hypnosis helps to creating “memories of the future” or promoting brain plasticity. With efficient methods of stress regulation health care workers can generate “compassion satisfaction” instead of “compassion fatigue” and burnout. I will review some of the individual and team aspects being helpful to be or become more satisfied in work, you can integrate to “blossom” in your career and embrace stress as a friend for life or an energy resource.

Using Hypnosis to Be Your Best Clinical Self

Holly Forester-Miller, PhD, LCMHC, NCC, Durham, North Carolina.

Dr. Forester-Miller will discuss ways you can use self-hypnosis to bring the best of you to every client encounter. She will present self-hypnosis methods for quick stress reduction and for cueing to reset between client/patients interactions. Additionally, the presenter will help you learn how to tap into your unconscious to find answers for how to proceed with difficult or confusing cases.

Learning objectives:

- Describe the changes in workload expectations, severity of patients’ clinical needs, and impacts on the self of the professional in the context of a global pandemic and political unrest that may be associated with increased burnout and other stress responses in professionals.
- Describe aspects of team work to promote blossoming career
- Describe three self-hypnosis methods for stress reduction and to reset between client/patient interactions.

9:30-9:45 AM PDT

Break

9:45-10:45 AM PDT **KEYNOTE (60 minutes) – 1 CE**

Public Perceptions of the Unconscious

Magda Osman, PhD, Queen Mary University of London, London, United Kingdom

Dr. Osman is Reader in Experimental Cognitive Psychology at Queen Mary University of London. She is an Alan Turing Research Fellow, Head of the Dynamic Learning and Decision-Making Lab, and head of the Centre for Mind in Society. Her research interests cover a range of areas that include decision-making, learning, problem-solving, biases, risk and uncertainty, agency and control, and the unconscious.

The presentation introduces work that has been carried out of the last four years, examining public perceptions of the unconscious, and manipulation of the unconscious in real world contexts such as advertising, political campaigning, social media, therapy (e.g. hypnosis). These findings show that across countries and irrespective of demographics, people show remarkable consistency in the understanding of the unconscious and associated concepts.

Learning Objectives:

- Describe the value of assessing the validity and reliability of materials used to examine an especially nebulous concept.
- Describe ways that people share more in common, and have stable views of the unconscious, that cut across political, religious, age, gender and educational divides, as well as across countries, and across time.

10:45-11:00 AM PDT **Poster Blitz #1 (15 minutes)**

During the Poster Blitz, several poster authors will present brief summaries of their posters. See the conference website for more information.

11:00-11:30 AM PDT **Poster Session #2 (30 minutes)**

During the Poster Session, authors will be available to discuss their posters with attendees..

11:30AM -12: Noon PDT **Lunch Break**

12:00-1:00 PM PDT

KEYNOTE (60 minutes) – 1 CE

Brain Oscillations and Hypnosis: Empirical Findings and Treatment Implications

Mark Jensen, PhD, University of Washington, Seattle, WA, USA

Dr. Jensen is Professor and Vice Chair for Research in the Department of Rehabilitation Medicine at the University of Washington in Seattle. He is the President Elect of the International Society of Hypnosis.

This talk will present the findings from four studies that evaluate the role of brain oscillations as a predictive marker for response to hypnotic and non-hypnotic treatments for chronic pain. The evidence from these studies suggests that slow wave oscillations (alpha and in particular theta) may facilitate response to hypnotic treatment, perhaps because of their role in control of brain activity. The presentation will end with a discussion of the clinical and research implications of the findings.

Learning Objectives:

- Describe the role of dissociative absorption in obsessive-compulsive disorder and maladaptive daydreaming.
- Describe the role of dissociative absorption in obsessive-compulsive disorder and maladaptive daydreaming.
- Describe the role of EEG-assessed brain oscillation power as a predictor of response to hypnotic and non-hypnotic pain treatment.
- Describe the implication of the findings to determine which treatments an individual may benefit the most from (i.e., precision treatment) and for potentially enhancing response to hypnosis treatment.

1:00-2:00 PM PDT

KEYNOTE (60 minutes) – 1 CE

The Power of Our Words While Communicating with the Critically Ill

Katalin Varga, PhD, DSc, Eötvös Loránd University, Budapest, Hungary

Dr. Katalin Varga is a member of the Faculty of Education and Psychology at Eötvös Loránd University in Budapest. She is Head of the Affective Psychology Department, and a board member of the International Society of Hypnosis.

Various research results will be presented proving that appropriate communication – called Psychological Support Based on Positive Suggestions -- can improve the medical care in various settings: intensive care; eye-surgery; orthopaedic surgery; obstetrics, etc.. The effect of these techniques is reflected in various parameters (shorter hospital stay, better cooperation, less medication, reduced side effects, etc.). The approach is based on the observation that the patients in medical settings are in a state very close to the hypnotic state, so any comment may function as a powerful hypnotic suggestion.

Scientific Program, continued

Learning Objectives:

- List the criteria and typical processing mode of the critically ill
- Identify the most important principles while communicating with the critically ill
- Review two outcome measures that can be used to check communication effectiveness

2:00 PM PDT Scientific Program Day One Adjourns for the Day

Sunday, October 17, 2021

8:00-9:45 AM PDT CONCURRENT SESSIONS

8:00-9:30 AM PANEL (90 minutes) – 1.5 CE

Hypnosis at the Medical Front Line

Panelists: Elvira Lang, MD, PhD, Hypnalgescics, Brookline, MA, USA; Jacqueline Viegas, RN, Toronto Hospital for Sick Children, Labatt Family Heart Centre, Toronto, ON, Canada; ,Alexandra Chisholm, PT, PgCPain, Fellow CFCH, Foothills Medical Centre, Calgary, AL, Canada; Nina A. Mayr, MD, FASTRO, FAAAS ,Professor Department of Radiation Oncology, University of Washington, Seattle, WA, USA.

Hypnosis is mostly provided by specialists. This panel reviews the potential of frontline medical staff using hypnosis. It is anchored by a clinical trial directed by J. Viegas, RN. The trial used Comfort Talk techniques for advanced rapport and hypnoidal language. It assessed self-hypnotic script-reading by nurses in 160 children undergoing cardiac catheterization with general anesthesia, prospectively randomized to: script before entering the procedure room, script before extubation, both scripts, no scripts. After the pre-script, the anesthesiologists, blinded to group attribution, used significantly fewer intraoperative sedatives even though the children did not self-report less anxiety. Dr. Lang will supplement this presumed subconscious patient-clinician interaction with experience from her other trials. A. Chisholm, PT, reports on the use of Comfort Talk during the pandemic to manage stress among patients and staff in burns and plastics settings. Dr. Mayr discusses her experience with integrating these techniques in radiation therapy for cancer patients.

Learning Objectives:

- Assess the feasibility of integration of hypnotic techniques for frontline personnel
- Describe the potential and usage of hypnotic script elements in varied clinical settings

9:30-9:45 AM PDT Poster Blitz #2

During the Poster Blitz, several poster authors will present brief summaries of their posters. See the conference website for more information.

8:00-9:45 AM PDT RESEARCH PRESENTATIONS (105 minutes) – 1.5 CE

Paper Session 1 (20 minutes each including Q&A)

Five papers are included in this session.

1. How Do Suggestibility and Dissociation Contribute to Symptoms Attributed to Environmental Factors?
2. Taxometric Evidence for a Dimensional Latent Structure of Hypnotic Suggestibility
3. Revisiting the Position of Hypnosis in the Domain of Suggestion and Suggestibility
4. Suggestion Alters Stroop Automaticity: Hypnotic Alexia Through a Proactive Lens
5. Group Hypnosis for Chronic Pain: Potential Benefits and Comparison to Individual Hypnosis

How Do Suggestibility and Dissociation Contribute to Symptoms Attributed to Environmental Factors?

Madeline V Stein, MA; Saybrook University, Pasadena, CA, USA; Rebecca Holt, Goldsmiths, University of London; London, United Kingdom; Lillian Wieder, Goldsmiths, University of London; London, United Kingdom and Devin B. Terhune, PhD, Goldsmiths, University of London, London, United Kingdom

Symptoms attributed to environmental factors (SAEF) are commonly reported in healthy and clinical populations and include diverse conditions such as perceived sensitivity to chemicals, electromagnetic fields, and other environmental stimuli (also known as idiopathic environmental intolerance). SAEF are typically conceptualized as psychogenic in origin, and multiple models have proposed that dissociation and suggestibility may contribute to the manifestation or expression of these symptoms. According to these accounts, environmental triggers may function as external suggestions, leading to a feedback loop wherein individuals become preoccupied and subsequently distressed by environmental stimuli that they infer to be associated with nondescript symptoms. In turn, this leads to amplification of somatic experiences, furthering preoccupation with perceived environmental triggers. Although the reporting of SAEF symptoms are associated with variables germane to hypnosis and suggestion, it remains unclear whether, and to what extent, proneness to direct verbal suggestions, dissociation and trauma indirectly and interactively relate to the experience of SAEF. This pre-registered study sought to characterize these variables' independent predictive utility and interaction by testing multiple moderation models. Participants (N=300) completed psychometric measures of dissociative tendencies, trauma, SAEF symptoms, and a behavioral measure of direct verbal suggestibility. Suggestibility, dissociation, and trauma all independently predicted SAEF with positive albeit weak correlations. Moderation analyses further indicated that the predictive utility of suggestibility was not independent of dissociation and

that dissociation and trauma interacted in the prediction of SAEF. These results align with the proposal that environmental factors may function as suggestions that trigger involuntary symptoms in some individuals. In addition, our findings suggest that among individuals with a history of trauma exposure, those with dissociative tendencies may be at an increased risk of experiencing SAEF.

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Taxometric Evidence for a Dimensional Latent Structure of Hypnotic Suggestibility

Mikhail Reshetnikov, MA; Devin Terhune, PhD, Goldsmith's - University of London, London, United Kingdom

Hypnotic suggestibility denotes a capacity to respond positively to direct verbal suggestions in an involuntary manner in the context of hypnosis. Elucidating the characteristics of this ability has bearing on responsiveness to suggestions in a variety of clinical and non-clinical contexts. A considerable amount of research has focused on a small subgroup of individuals who display strong responsiveness to hypnotic suggestions. However, it remains poorly understood whether these highly suggestible individuals constitute a discrete subgroup (taxon) that is characterized by a qualitatively distinct mode of responding from the remainder of the population or whether hypnotic suggestibility is better modelled as a dimensional ability. In this study, we applied taxometric analysis, a statistical method for distinguishing between dimensional and categorical models of a psychological ability, to behavioral and involuntariness subscale scores of the Harvard Group Scale of Hypnotic Susceptibility Scale: Form A (HGSHS:A) in a sample of neurotypical individuals (N=584). Analyses of HGSHS:A behavioral and involuntariness subscale scores with different a priori taxon base rates yielded consistent evidence for a dimensional structure. These results suggest that hypnotic suggestibility, as measured by the HGSHS:A, is dimensional and have implications for current understanding of individual differences in responsiveness to direct verbal suggestions.

Bibliography:

- Acunzo, D. J., & Terhune, D. B. (2021). A critical review of standardized measures of hypnotic suggestibility. *International Journal of Clinical & Experimental Hypnosis*, 69, 50-71.
- Wieder, L., Brown, R. J., Thompson, T., & Terhune, D. B. (2021). Suggestibility in functional neurological disorder: A meta-analysis. *Journal of Neurology, Neurosurgery and Psychiatry*, 92, 150-157.
- Wieder, R., & Terhune, D. B. (2019). Dissociation and anxious attachment influence the relationship between trauma and suggestibility: A moderated-moderation analysis. *Cognitive Neuropsychiatry*, 24, 191-207.

Revisiting the Position of Hypnosis in the Domain of Suggestion and Suggestibility

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

Although there is emerging consensus that responsiveness on standardized hypnosis scales is best conceptualized as an index of hypnotic suggestibility, many researchers continue to view hypnosis as unique

and dissimilar from other suggestion-based phenomena. In particular, the claim that hypnotic suggestibility is either unrelated, or only weakly related, to measures of non-hypnotic suggestibility persists. Here I will argue that formulations along these lines have misrepresented the available data. Part of the problem is that researchers have long neglected the importance of scale reliability. A closer inspection of these data, taking into consideration scale reliability, reveals that hypnotic suggestibility, as measured by standardized hypnosis scales, reliably correlates moderately to highly with scores on standardized, reliable measures of direct verbal suggestibility. Responsiveness to hypnosis scales is best understood as a form of direct verbal suggestibility.

Learning Objectives:

- Characterize the state of the evidence regarding the association between hypnotic and non-hypnotic suggestibility.

Bibliography:

- David J. Acunzo and Devin B. Terhune. A Critical Review of Standardized Measures of Hypnotic Suggestibility. <https://pubmed.ncbi.nlm.nih.gov/33513059/>
- David A Oakley, Eamonn Walsh, Mitul A, Mehta, Peter W. Halligan and Quinton Deeley. Direct verbal suggestibility: Measurement and significance. <https://pubmed.ncbi.nlm.nih.gov/33556865>

Suggestion Alters Stroop Automaticity: Hypnotic Alexia Through a Proactive Lens

Mathieu Landry, PhD, McGill University, Montreal, Canada; Jason Da Silva Castanheira, BSc, McGill University, Montreal, Canada; David Milton, MSc, McGill University, Montreal, Canada and Amir Raz, PhD, McGill University, Montreal, Canada.

Hypnotic suggestions can exert substantial effects on cognitive control. For example, in the classic Stroop paradigm, a posthypnotic suggestion can produce word-blindness in highly susceptible individuals. While the mechanisms underpinning this form of alexia remain speculative, some tentative explanations emphasize the importance of anticipation. In line with the dual framework of cognitive control, the present work draws from a unified dataset comprising several published studies (N = 67) to examine whether posthypnotic suggestions engage proactive executive control. Our approach rests on delta plots -- a form of time-course analysis for estimating the resolution of cognitive conflict to through response time distributions. We hypothesized that proactive control would manifest at the early stages of cognitive conflict during word-blindness. Our results support this hypothesis. These findings highlight the centrality of anticipation in hypnosis and opens new research prospects for a nuanced scientific understanding of cognitive control in hypnotic phenomena.

Learning Objectives:

- Describe the prevailing view that hypnosis represents a form of increased executive control
- Describe the Stroop paradigm - a classic experimental framework to study executive control
- Define delta plots “an analytic framework to evaluate the time course of executive control”
- Describe the dual framework theory of cognitive control and recent findings highlighting the contribution of anticipation and response expectancy in the context of hypnosis.

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Group Hypnosis for Chronic Pain: potential benefits and comparison to individual hypnosis

Erin Connors, PhD, Department of Physical Medicine & Rehabilitation, Vanderbilt University Medical Center, Nashville TN, USA; Michael T. M. Finn, PhD, Adult Congenital Heart Disease Program, Helen DeVos Children's Hospital, Grand Rapids, MI, USA; Anna Grace Kelly, BA, Department of Psychiatry & Behavioral Sciences, Vanderbilt University Medical Center, Nashville, TN, USA; Lindsey C. McKernan, PhD MPH, Department of Psychiatry & Behavioral Sciences, Vanderbilt University Medical Center, Nashville, TN, USA

In spite of a growing body of research evaluating the efficacy of hypnosis for chronic pain, key gaps in research applications include empirical evaluation of group-based treatment and hypnosis delivery to diverse pain samples. We discuss the results of a pragmatic pretest-posttest clinical study evaluating pain outcomes in individuals receiving structured group (n=85) and individual (n=13) hypnosis intervention. Pain intensity, pain interference, and global health were evaluated before, immediately after, 3 and 6 months following treatment. Participants had a variety of complex pain presentations with longstanding symptom duration averaging 13 years. This talk will present findings regarding significant gains made following treatment and temporal patterns of change over time with respect to individual outcomes. Further, we will discuss the lack of observed differences between treatment modes and implications for future research and clinical practice.

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9:45-10:45 AM PDT KEYNOTE (60 minutes) – 1 CE

Dissociative Absorption and Its Pathological Manifestations

Faculty: Nirit Soffer-Dudek, PhD, Ben-Gurion University of the Negev, Beersheba, Israel

Dr. Soffer-Dudek is Head of the Clinical Psychology track at the Department of Psychology, Ben-Gurion University of the Negev. She is Director of The Consciousness and Psychopathology Laboratory, and Co-Director of The International Consortium for Maladaptive Daydreaming Research.

Dissociative absorption and imaginative involvement is the tendency to become spontaneously deeply immersed in internal or external stimuli (e.g. daydreaming, a movie or book) to the point of obliviousness to one's surroundings and "automatic" behavior. It is popularly referred to as "non-pathological dissociation" and some have even construed it as a tendency for altering consciousness that is not essentially dissociative. However, it has important linear links with psychopathology in general, and specifically, with "pathological" dissociation, post-traumatic stress disorder, obsessive-compulsive disorder and maladaptive daydreaming. The nature of absorption as a dissociative trait and its links with psychopathology will be discussed.

Learning Objectives:

- Describe the concept of dissociative absorption, including what it means in terms of human consciousness and why it is indeed dissociative.

10:45-11:00 AM PDT Break

11:00 AM - 12:00 Noon PDT CONCURRENT SESSIONS

11:00 AM - 12:00 Noon PDT SYMPOSIUM (60 minutes) – 1 CE

Mind Over Bladder: Application of Hypnosis to Manage Urgency & Frequency

Faculty: Erin Connors, PhD and Lindsey McKernan, PhD, MPH, Vanderbilt University Medical Center, Nashville, TN, USA

There is overwhelming evidence that lower urinary tract symptoms (LUTS) are associated with numerous psychosocial factors, affective disorders, and reduced overall quality of life (Coyne et al., 2009; Sanford &

Rodriguez, 2017; von Gontard et al., 2019). Storage-related LUTS (e.g., urinary frequency, urgency, and nocturia) in particular, significantly interfere with physical activities, social life, sleep, and employment due to a complex interaction between symptom management and emotional burden (Margareta et al., 2009). Despite its limited use in the treatment of lower urinary tract dysfunction, exploratory analyses suggest that hypnosis can reduce symptoms of urgency and frequency (Komesu et al., 2011; Komesu et al., 2020). The secondary benefits of hypnosis to urinary symptoms has yet to be evaluated in individual and group contexts. Accordingly, this symposium will review the potential benefits of hypnosis for urgency and frequency with empirical data from both group and individual investigations and case study.

Learning Objectives:

- Describe the effects of hypnosis on urinary urgency and frequency
- Provide secondary analyses of both group and individual hypnosis interventions for managing lower urinary tract symptoms (LUTS minutes)

11:00 AM - 12:00 PM PDT

RESEARCH PRESENTATIONS (60 minutes) – 1 CE

Paper Session 2 (20 minutes each including Q&A)

Three papers are included in this session:

1. Guided Imagery-based Suggestions Increase Cooperation in the "Stag Hunt" Game
2. Music and Suggestion for Chronic Pain: Theoretical Perspectives, Proposed Mechanisms, and Current Research
3. The Effectiveness of Different Sham and Real Hypnosis Inductions at Evoking Hypnotic Experiences in a Balanced Placebo Design

Guided Imagery-based Suggestions Increase Cooperation in the "Stag Hunt" Game

Melvin S. Marsh, MS, Georgia Southern University, Statesboro, GA, USA; Michael E. Nielsen, PhD, Georgia Southern University, Statesboro, GA, USA; Lawrence Locker Jr, PhD, Georgia Southern University, Statesboro, GA, USA

The present study assessed whether cooperation can be influenced by means of an imagery and suggestion-based intervention. Participants (N=126) were adult university students. After removing 21 participants due to failure to follow directions, 105 participants remained. Participants were randomized into two groups which either listened to an approximately seven minutes long audio which included suggestions designed to encourage trust in others or trust in self. Participants then played a "Stag Hunt" game in pairs, where highest scores can be achieved by cooperation. There was a significant difference in the scores for the trust others (M= 21.47, SD=3.28) and the trust self (M=19.82, SD=3.92) conditions, $t(103) = -2.35$, $p = .021$, $d = 0.46$. The results support the hypothesis that suggestions made in a guided imagery task may generate increased cooperation. A replication study including a neutral control is in progress.

Learning Objectives:

- Describe how suggestion based interventions may be useful in influencing cooperation

Bibliography:

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Music and Suggestion for Chronic Pain: Theoretical Perspectives, Proposed Mechanisms and Current Research

Morgan Snyder, MA, Baylor University, Waco, TX; Joshua Rhodes, BS, Baylor University, Waco, TX; Mattie Biggs, MSCP, Baylor University, Waco, TX; Gary Elkins, PhD, ABPP, ABPH, Baylor University, Waco, TX

Chronic pain is a prevalent and complex condition and involves a multitude of factors including biological, psychological, and social factors. Treatment for chronic pain is multidimensional and includes pharmacological and non-pharmacological options. Given the negative side effects of opioids and other pharmacological treatments, the development of non-pharmacological treatment options is crucial. Music listening has been studied as a treatment option for chronic pain, and we propose that music will be more effective for chronic pain relief when it is paired with therapeutic suggestion. Suggestion may enhance the effects of music listening interventions by influencing cognitive mechanisms and increasing positive expectancy. We will discuss theoretical perspectives and proposed mechanisms of music and suggestion for the reduction of chronic pain. We will also discuss the method of an ongoing study in which music and suggestion is compared to music listening alone and pain education recordings.

Learning Objectives:

- Describe what chronic pain is, the consequences of chronic pain, and chronic pain treatment options
- Describe the proposed mechanisms of the use of music and suggestion for reducing chronic pain

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The Effectiveness of Different Sham and Real Hypnosis Inductions at Evoking Hypnotic Experiences in a Balanced Placebo Design

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Sham hypnotic inductions are an important component in the development of control conditions for hypnosis research. Expectancy, social norms, and contextual factors may influence hypnotic responses, but the extent of their effect and the mechanisms are not fully understood. In our ongoing study, we explore the role of expectancy and procedural elements of inductions in a balanced placebo design. University students (target N=52) underwent four different induction procedures. Two of the techniques were “real” hypnosis inductions (relaxational induction and confusion induction) while two were “sham” inductions. One real and one sham induction were described as effective hypnosis inductions to the participants, while the others were described as control procedures that are relaxing but do not evoke hypnosis. Expected and self-reported hypnosis depth, self-reported hypnosis experiences and EEG were recorded. Preliminary results will be discussed, focusing on the differences and similarities in the four conditions regarding expectancies and experiences.

Learning Objectives:

- Describe differences and similarities in the experiences evoked by sham and real hypnosis induction procedures.

Bibliography:

- Kekecs, Z., Arlinghaus, N., Johnson, D. P., & O’Donnell, A. K. (2018). Expectancy of the effectiveness of sham hypnosis techniques, *International Journal of Clinical and Experimental Hypnosis*, 67(1), 111-112 Gaab, J., Locher, C., & Blease, C. (2018).
- Placebo and psychotherapy: differences, similarities, and implications. *International review of neurobiology*, 138, 241-255.
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12:00-12:30 PM PDT

Lunch and Poster Session #2

Lunch is from 12-12:30 PM. Attendees wishing to visit the Poster Sessions during this time are invited to do so. During the Poster Session, authors will be available to discuss their posters with attendees..

12:30-2:00 PM PDT

SYMPOSIUM (90 minutes) – 1.5 CE

Report from the Research Task Force on Guidelines for the Assessment of the Efficacy of Clinical Hypnosis

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

Presenters (by presentation order): Zoltan Kekecs, PhD, Assistant Professor, Institute of Psychology, Eotvos Lorand University, Budapest, Hungary; Gary Elkins, PhD, ABPP, ABPH, Editor, *International Journal of Clinical and Experimental Hypnosis* and Professor, Dept. of Psychology and Neuroscience, Baylor University, Waco, TX, USA and Olafur Palsson, PhD, Professor of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

About the Symposium: The program will consist of three presentations and a moderated discussion.

In 2018, the Society for Clinical and Experimental Hypnosis initiated an organizational meeting at the Montreal meeting of the International Society of Hypnosis. Six major hypnosis societies agreed to sponsor an international “Task Force on Guidelines for the Assessment of the Efficacy of Clinical Hypnosis.” Co-sponsors included SCEH, ASCH, APA Division 30, the Milton Erickson Foundation, the National Pediatric Hypnosis Training Institute, and the International Society for Hypnosis. Researchers from nine countries participated in monthly meetings commencing in February 2019 and continuing to the present. Five additional researchers agreed to serve as consultants. The Task Force pursued three objectives: 1) To create guidelines for the assessment of the efficacy of hypnosis applications, based on methodological criteria, 2) To create recommendations for best practices in future outcomes research on clinical hypnosis, and 3) To conduct an international survey of clinicians, researchers, and students in the field of hypnosis, to provide the most comprehensive picture to date on current practices and views in clinical and experimental hypnosis. This symposium will report on all three areas, including results from the survey responses by over 400 researchers and clinicians in over 30 countries.

Hypnosis has historical strengths in pure and applied research, with thousands of published studies. Nevertheless, the outcomes literature on applying hypnosis to clinical disorders in medicine and mental health is inconsistent with many methodological lapses. The emphasis in healthcare today is on the use of Evidence-Based interventions, and methodological standards in outcomes research have advanced dramatically, with expectations of randomized controlled trials, pre-registration of research protocols, and samples of adequate power to support significant results.

Presentation 1 -- Guidelines for the Assessment of Efficacy of Clinical Hypnosis Interventions

Dr. Kekecs will present the Hypnosis Efficacy Task Force’s Guidelines for the Assessment of Efficacy of Clinical Hypnosis Applications, that were designed to assist researchers and clinicians when assessing the efficacy of the application of clinical hypnosis in the treatment of medical and mental health disorders. The field of clinical hypnosis is at a state where there are hundreds of research trials investigating the effectiveness of hypnosis-based interventions. Clear evidence-based recommendations are needed for the efficacious hypnosis interventions to be integrated into public health. So far there has been no consensus on standards for formulating such clinical recommendations, preventing the field from putting out a clear and unequivocal message about the efficacy of hypnosis-based treatments. In order to facilitate the take-up of efficacious clinical hypnosis interventions in public healthcare, the Hypnosis Efficacy Task Force. This presentation will review the guidelines put forward by the Task Force, the consensus-process through which they were formulated, and the rationale behind the recommendations.

Presentation 2 -- Best Practice Recommendations for Hypnosis Research Randomized Clinical Trials

Dr. Elkins will summarize the best practices recommendations of the Task Force for future outcome research in hypnosis. Empirical evidence attests to the effectiveness of clinical hypnosis in treating a wide range of conditions. Efficacy of hypnosis interventions have been supported through randomized clinical trials (RCTs) in the treatment of acute pain, chronic pain, irritable bowel syndrome, anxiety, menopausal hot flashes, and a range of medical and psychological disorders. In addition, hypnosis may be employed as an adjunctive tool to complement and enhance existing medical, psychological, and behavioral therapies. However, best practices for conducting RCTs is essential future research empirical investigation. The Task Force collaboration aims include the creation of clear recommendations for best practices in future outcomes research on clinical hypnosis. This presentation will review recommendations for design of hypnosis intervention RCTs, registration of clinical trials, protocol development, considerations for blinding, identification of outcome measures, consideration of mediators and moderators of hypnosis intervention effects in RCTs, hypnotizability assessment, and rigor in clinical research. Future research directions will be discussed.

Presentation 3 -- Key findings of the International Survey of Hypnosis Clinicians and Researchers

Dr. Palsson will summarize key findings of this large and detailed Internet survey of hypnosis professionals in more than 30 countries, carried out in late 2020 and early 2021 by the Task Force on Guidelines for the Assessment of the Efficacy of Clinical Hypnosis. The survey findings provide insights into current clinical hypnosis practices, the frequency and nature of adverse effects associated with hypnosis treatment, the extent of the recent shift to video and telephone delivery of clinical hypnosis services necessitated by the COVID-19 pandemic and the experience with such teletherapy, clinician perceptions of relative effectiveness of their own hypnosis intervention for different presenting problems, and the views by both hypnosis clinicians and researchers of future research priorities and standards for good research in the field of hypnosis.

Learning Objectives:

- Explain the difference between clinical efficacy and clinical effectiveness.
- List two best practices for outcomes research in hypnosis.
- Compare clinician and researcher perspectives on the effectiveness of various hypnosis applications.

2:00 PM

Scientific Program & Annual Conference Adjourns

2021 Conference Pricing

Registration rates vary depending on selected package.

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FULL MEETING PACKAGE	Members	Non Members	Student Members	Student Non-Members
<i>Full Meeting -- includes Workshops, Scientific Program and all Networking Events</i>	\$280.00	\$330.0	\$110.00 <i>Scholarships available: see below</i>	\$130.00 <i>Scholarships available: see below</i>
<i>Presenter/Faculty</i>	\$99.00	\$149.00		
<i>Student Presenter or Approved Poster Author</i>			FULL SCHOLARSHIP	FULL SCHOLARSHIP
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<i>Intro Workshop only</i>	\$230.00	\$300.00	\$110.00	\$130.00
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2021 Conference Registration

ADVANCE REGISTRATION IS REQUIRED.

➔ Online registration deadline: October 10, 2021 at 5 pm EST USA. We regret we will not be able to accommodate last minute registrations.

ALL ATTENDEES AND FACULTY MUST REGISTER ONLINE: All attendees and instructors must register online.

PAYMENT OPTIONS: After you hit the Submit button, you will be brought to the payment page where you have the option to pay by credit card or mail a check. If paying by check, you must still complete an online registration form. **Your check must be postmarked no later than October 1 to ensure we receive it in time; your registration is not complete until we have payment in hand.** Make checks payable to Society for Clinical and Experimental Hypnosis, and mail to: SCEH, 305 Commandants Way – Commoncove Suite 100, Chelsea, MA 02150-4057 USA. Use the complete address to help ensure we receive your materials.

EARLY BIRD REGISTRATION DISCOUNT: in effect to September 12, 2021. Note that all registration prices above increase by \$75 after September 12 at 11:59 PM EST USA. Pay before 9/12 to get the best pricing.

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

(continued on next page)

PRICING NOTES

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- **Special Scholarships Available for Qualified Students and Trainees*:** SCEH is offering special scholarships to qualified students and trainees to attend the conference at the deeply discounted rate of \$15 (a value of \$110-\$130). *Before applying, please review SCEH member eligibility requirements -- these scholarships are open to health care students and trainees who qualify for membership. Note: Applications will be reviewed on a rolling basis and scholarships will be closed if we exceed our quota before the deadline. Approved scholarship recipients will be notified via email and sent details on how to register. Be sure to add us to your safe senders list so you receive our communications.

Scholarship Application Requirements:

- Scholarship Application Deadline: September 1, 2021.
 - Response Required: All scholarship recipients will need to respond to the scholarship offer and pay the registration fee within two weeks of being notified.
 - Incomplete applications will not be reviewed. Complete applications include:
 - 1) *A letter, attesting that you are a current student /trainee, in an approved mental health related discipline, in good standing, at your institution or university.* This letter should come from your Academic Advisor/ Research Advisor or a Primary Instructor. Upload the letter as part of your scholarship application form or email it to info@sceh.us, using the subject line "Student Trainee Documentation" and your name.
- AND
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