

Society for Clinical and Experimental Hypnosis
2022 Midyear Clinical Hypnosis Workshops
April 29 – May 2, 2022

April 29 & 30:

- Introductory Workshop- 12.5 CE
- Intermediate Workshop - 12.5 CE

May 1 – 2

- Four Advanced Workshops 4 workshops, CE varies by workshop

Continuing Education Packet

Instructions:

A completed “*CE packet*” is required in order to receive continuing education credit. CE packets are accepted by **MAIL only**. Email/ scan packets will not be accepted.

What Does a Complete CE Packet Consist of ?

A complete CE Packet consist of:

1. Continuing Education Application Form
2. Attendance Logs (“Record of Attendance”)
3. Program Evaluation Form for EACH training in which you participate

How Do I Submit my CE Packet ?

CE Packets are accepted by **MAIL only**, and should be postmarked *not later than 30-days following the Conference.*

Mail completed CE packets to:

Linda C. Lakeman
Institute for Continuing Education
P. O. Box 778
Saraland, AL 36571

How Will I receive CE verification ?

Your will send your completed CE packet to *The Institute for Continuing Education* for processing. You will receive CE verification from *The Institute for Continuing Education* by mail, approximately 2-3 weeks following receipt of your completed CE Packet from SCEH. The mailing address you submit on the CE Application Form is used to mail your CE verification.

The Institute for Continuing Education

Questions: 800-557-1950 / email: instconted@aol.com

CONTINUING EDUCATION

This program 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 with the schedule. Full attendance is required for the workshops in which you participate. Partial CE credit is not offered. There is no additional fee for continuing education credit.

Course Completion: *To qualify to receive continuing education credit, attendees must complete a CE Packet and comply with attendance monitoring regulations. 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, please contact The Institute at: 800-557-1950; e-mail: instconted@aol.com.*

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.

New York: The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0043.

Counseling: The Institute for Continuing Education and the Society for Clinical Experimental Hypnosis are cosponsors of this program. This co-sponsorship has been approved by NBCC. The Institute for Continuing Education is an NBCC approved continuing education provider, No. 5643. The Institute for Continuing Education solely is responsible for this program, including the awarding of NBCC credit.

New York: The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed mental health counselors. Provider MHC-0016.

Ohio: The Institute for Continuing Education is recognized as a provider of continuing education by the Ohio Counselor, Social Worker Board, Provider RCS 030001.

Social Work: The Institute for Continuing Education is recognized as a provider of continuing education by the NASW-CO Chapter. This program has been approved for re-licensure hours for social workers, Provider NASW-CO, ICD-2022.

New York: The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers. Provider No. SW-0025.

Ohio: Counseling and Social Work Board, Provider RCS 030001. ***Illinois Dept. Professional Regulation***, Social Work Provider 159-000606. ***Florida Dept. Health, Division counseling, social work, MFT***, Provider BAP 255, expiration 03/2023.

Marriage/Family Therapy: The Institute for Continuing Education, Provider 56590, is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs. The Institute for Continuing Education maintains responsibility for this program and its content. This Course meets the qualifications for LMFTs, LCSWs, LPCC, as required by the California Board of Behavioral Sciences.

New York MFT: The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for Licensed Marriage and Family Therapists, Provider MH-0012. ***Illinois Department Professional Regulation***, MFT Provider 168-000108.

Skill Level: Workshops are noted for skill level (Basic, Intermediate, Advanced).

Instruction Methodology: May include lecture, audio-visual, demonstration, experiential practice of techniques, large and small group discussion.

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.

Application Form

Continuing Education Credit

*Society for Clinical and Experimental Hypnosis
2022 Midyear Clinical Hypnosis Workshops*

Processing Fee: \$ NONE

Please Print Your:

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Telephone: (____) _____ **email:** _____

Request for Continuing Education Credit

I request continuing education credit verification in the professional discipline(s) of:

Psychology **Social Work** **Counseling** **Marriage/Family**

State(s) in which you are licensed: _____

License Number: _____

I hereby make application for continuing education credit. I understand that to be eligible for continuing education credit, I must complete and return a CE Packet. By signing this Application Form, I am certifying that I attended, in its entirety, the sessions listed on the Attendance Logs. I also understand that it is my responsibility to determine if CE credit offered by The Institute for Continuing Education meets the regulations of my licensing/certification board.

Signature: _____

Date: _____

*The Institute for Continuing Education
P. O. Box 778, Saraland, AL 36571
800-557-1950 / e-mail: instconted@aol.com*

Record of Attendance, Page 1 of 2

Print Your Name: _____

Directions: Check the Session(s) You Attend.

Friday, April 29 – Saturday, April 30, 2022

8:00 a.m. – 4:30 p.m.

6.50 hrs.

— **INTRODUCTORY WORKSHOP – Part 1: Basic Foundations of
Clinical and Applied Hypnosis**

Faculty: Barbara S. McCann, Ph.D. / Donald P. Moss, Ph.D. /
Casey Applegate-Aguilar, MA, MS, LMHC / Vivek Datta, MD, MPH /
Tova Frani Fuller, MD, PhD / Cassondra Jackson, MA /
Catherine McCall, MD / Liz Slonena, PsyD

8:00 a.m. – 4:30 p.m.

6.50 hrs.

— **INTERMEDIATE WORKSHOP – Part 1: Training in Clinical and
Applied Hypnosis**

Faculty: David B. Reid, Psy.D. / Ciara C. Christensen, Ph.D.

Friday April 29 – Saturday, April 30, 2022

8:00 a.m. – 4:00 p.m.

6.00 hrs.

— **INTRODUCTORY WORKSHOP – Part 1: Basic Foundations of
Clinical and Applied Hypnosis**

Faculty: Barbara S. McCann, Ph.D. / Donald P. Moss, Ph.D.
Casey Applegate-Aguilar, MA, MS, LMHC / Vivek Datta, MD, MPH /
Tova Frani Fuller, MD, PhD / Cassondra Jackson, MA /
Catherine McCall, MD / Liz Slonena, PsyD

8:00 a.m. – 4:00 p.m.

6.00 hrs.

— **INTERMEDIATE WORKSHOP – Part 2: Training in Clinical and
Applied Hypnosis**

Faculty: David B. Reid, Psy.D. / Ciara C. Christensen, Ph.D.

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Record of Attendance, Page 2 of 2

Print Your Name: _____

Directions: Check the Session(s) You Attend

Sunday, May 1, 2022 Advanced Workshops

9:00 a.m. – 12:15 p.m. 3.00 hrs.

____ M-301. Hypnosis to Enhance Evidence-Informed Treatment for Traumatic Stress

Faculty: Janna Henning, J.D., Psy.D.

1:30 – 4:45 p.m. 3.00 hrs.

____ M-302. Ego State Therapy Applications for Phase-Oriented Trauma Treatment

Faculty: Wendy Lemke, M.S.

Monday, May 2, 2022 Advanced Workshops

9:00 a.m. – 3:30 p.m. 5.00 hrs.

____ M-303. The Unrepressed Unconscious, Complex PTSD, Attachment and Repair

Faculty: Louis Damis, Ph.D., ABPP

4:30 – 6:00 p.m. 1.50 hrs.

____ M-304. Trance and Trauma

Faculty: David Spiegel, M.D.

Attendee: List the total number of CE hrs. that
you are claiming for the SCEH, Midyear 2022:

Total Hrs.: _____

Introductory / Basic: Foundations of Clinical and Applied Hypnosis

Faculty: Barbara S. McCann, Ph.D. / Donald P. Moss, Ph.D. /

Casey Applegate-Aguilar, MA, MS, LMHC / Vivek Datta, MD, MPH,/

Tova Frani Fuller, MD, PhD / Cassandra Jackson, MA / Catherine McCall, MD / Liz Slonena, PsyD

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high).

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
I. Content / Relevancy/ Teaching Methods:					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Content was useful, applicable to practice, and enhanced my professional development	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

III. Faculty:					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including applicable risk of medications	5	4	3	2	1

IV. Overall Rating:					
a) This session met or exceeded my expectations	5	4	3	2	1
b) How much did you learn as a result of this CE program	a great deal	some	very little		
c) How useful was the content of this CE program for your practice and other professional development	extremely useful		not useful		

(continued on next page)

	<i>High</i>	<i>Neutral</i>	<i>Low</i>		
V. Logistics / Technology / Administration:					
a) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1 N/A
e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training	5	4	3	2	1
f) Registration went smoothly and the event was well managed	5	4	3	2	1

VI. Comments About This Training: _____

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
II. Learning Objectives: <i>stated learning objectives were met:</i>					
1) Define hypnosis based on current published definitions of hypnosis	5	4	3	2	1
2) Describe the effects of hypnosis on the autonomic nervous system	5	4	3	2	1
3) Describe the steps in a formal hypnotic encounter	5	4	3	2	1
4) Describe at least 4 observable physiological and 4 psychological/ behavioral signs of trance	5	4	3	2	1
5) Explain the importance of removing suggestions	5	4	3	2	1
6) Explain at least 5 different hypnotic phenomena	5	4	3	2	1
7) Define abreaction and explain how it can be addressed therapeutically	5	4	3	2	1
8) Describe three methods of trance intensification	5	4	3	2	1
9) Name at least 4 commonly used words / phrases to reinforce the patient's hypnotic experience	5	4	3	2	1
10) Explain what is meant by ego strengthening and how it might be used in clinical practice	5	4	3	2	1
11) Explain how to teach self-hypnosis to a patient or client	5	4	3	2	1
12) Describe the ways in which memory may be fallible	5	4	3	2	1
13) Describe the therapeutic application of hypnosis to children	5	4	3	2	1

Intermediate Training in Clinical and Applied Hypnosis

David B. Reid, Psy.D. / Ciara C. Christensen, Ph.D.

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high)

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
I. Content / Relevancy/ Teaching Methods:					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

III. Faculty:

a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

IV. Overall Rating:

a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some	very little	
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

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HIGH Neutral LOW

V. Logistics / Technology / Administration:

a) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly and event was well managed	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1
e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training	5	4	3	2	1

VI. Comments About This Training: _____

HIGH Neutral LOW

II. Learning Objectives: *stated learning objectives were met:*

1) Identify at least 2 benefits of including hypnosis in clinical practice	5	4	3	2	1
2) Identify 3 advanced induction techniques to specific clinical concerns	5	4	3	2	1
3) Identify at least 2 strategies for integrating metaphors as a type of hypnotic suggestion	5	4	3	2	1
4) Describe current literature on hypnosis and memory and explain its implications for clinical work	5	4	3	2	1
5) Identify 3 hypnotic phenomena associated with memory	5	4	3	2	1
6) Analyze a case conceptualization protocol base upon hypnotic assessment data	5	4	3	2	1
7) Identify at least 2 ego strengthening interventions that can be used during hypnosis	5	4	3	2	1
8) Explain how hypnosis can be used to help clients manage habit disorders	5	4	3	2	1
9) Explain how hypnosis can be used to help clients manage pain	5	4	3	2	1
10) Generate a treatment plan for treating anxiety disorders with hypnosis	5	4	3	2	1
11) Identify at least 5 potential challenges with hypnosis and interventions to minimize these challenges	5	4	3	2	1
12) Describe potential contraindications for using hypnosis in clinical settings	5	4	3	2	1
13) Demonstrate increased familiarity with clinical hypnosis standards of training, certification, and professional clinical hypnosis societies Ethical Principles	5	4	3	2	1

Advanced Workshop M-301
Hypnosis to Enhance Evidence-Informed Treatment for Traumatic Stress
Jenna Henning, J.D., Psy.D.
9:00 a.m. – 1:15 p.m.

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high)

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
I. Content / Relevancy/ Teaching Methods:					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met:					
1. Describe and differentiate between common post-traumatic responses to chronic interpersonal violence exposure during developmental periods (complex/Type II trauma) vs. single-event trauma exposure in adulthood (PTSD/Type I trauma)	5	4	3	2	1
2. Describe how to utilize this distinction to select an evidence-informed overall treatment approach to PTSD/Type I trauma reactions in adults	5	4	3	2	1
3. Identify at least 1 hypnotic intervention to augment an evidence-based overall treatment approach for PTSD/Type I trauma reactions in adults	5	4	3	2	1
4. Identify at least 1 hypnotic intervention to augment an evidence-informed overall treatment approach for complex/Type II trauma reactions in adults	5	4	3	2	1

III. Faculty: Jenna Henning, J.D., Psy.D.					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

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Advanced Workshop M-301
Hypnosis to Enhance Evidence-Informed Treatment for Traumatic Stress
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	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
IV. Overall Rating:					
a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some	very little	
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

V. Logistics / Technology / Administration:					
a) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly and event was well managed	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1
e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training	5	4	3	2	1

VI. Comments About This Training: _____

Advanced Workshop M-302
Ego State Therapy Applications for Phase-Oriented Trauma Treatment
Wendy Lemke, M.S.
1:30 – 4:45 p.m.

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high)

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
I. Content / Relevancy/ Teaching Methods:					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met:					
1. Identify at least 3 principles of Ego State Therapy relevant to the treatment of trauma	5	4	3	2	1
2. Describe the 4 phases of trauma treatment according to the SARI model	5	4	3	2	1
3. Explain a hypnotic application at each phase of the SARI model	5	4	3	2	1
4. Describe 3 hypnotic applications for Ego strengthening	5	4	3	2	1

III. Faculty: Wendy Lemke, M.S.					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

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Advanced Workshop M-302
Ego State Therapy Applications for Phase-Oriented Trauma Treatment
 Page -2-

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
IV. Overall Rating:					
a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some		very little
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

V. Logistics / Technology / Administration:					
a) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly and event was well managed	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1
e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the training	5	4	3	2	1

VI. Comments About This Training: _____

Advanced Workshop M-303*The Unrepressed Unconscious, Complex PTSD, Attachment and Repair**Louis Damis, Ph.D., ABPP**9:00 a.m. – 3:30 p.m.*

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high)

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
I. Content / Relevancy/ Teaching Methods:					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met:					
1. Describe the differences between PTSD and CPTSD and describe the 3 aspects of Disordered Self Organization that characters of CPTSD	5	4	3	2	1
2. Describe the 2 major human memory systems and explain how different hypnotic strategies can modify each	5	4	3	2	1
3. List three types of insecure attachment and describe 2 hypnotic strategies to facilitate repair of each	5	4	3	2	1
4. List the functions of secure attachment and describe how they are incorporated into hypnotic attachment repair interventions	5	4	3	2	1

III. Faculty: <i>Louis Damis, Ph.D., ABPP</i>					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

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Advanced Workshop M-303
The Unrepressed Unconscious, Complex PTSD, Attachment and Repair
 Page -2-

	<i>HIGH</i>		<i>Neutral</i>		<i>LOW</i>
IV. Overall Rating:					
a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some	very little	
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

V. Logistics / Technology / Administration:					
a) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly and event was well managed	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1
e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the training	5	4	3	2	1

VI. Comments About This Training: _____

Advanced Workshop M-304
Trance and Trauma
David Spiegel, M.D.
 4:30 – 6:00 p.m.

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high)

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
I. Content / Relevancy/ Teaching Methods:					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met:					
1. Explain hypnosis as a form of controlled dissociation	5	4	3	2	1
2. Explain hypnosis as a kind of brief rather than prolonged exposure therapy regarding traumatic experiences	5	4	3	2	1
3. Articulate the importance of hypnotic control over the intensity of the reliving of traumatic experiences	5	4	3	2	1
4. Describe the utilization of the screen technique in hypnosis to facilitate restructuring of the meaning of traumatic experiences	5	4	3	2	1

III. Faculty: David Spiegel, M.D.					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

(continued on next page)

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Trance and Trauma
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	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
IV. Overall Rating:					
a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some	very little	
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

V. Logistics / Technology / Administration:					
a) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly and event was well managed	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1
e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the training	5	4	3	2	1

VI. Comments About This Training: _____
