



MIND UNLEASHED

75TH ANNUAL WORKSHOPS & SCIENTIFIC PROGRAM
OCTOBER 23-27, 2024
ANAHEIM, CA

Conference Program

Co-sponsored by the *Society for Experimental and Clinical Hypnosis*
and *Amedco LLC*

75th Annual Workshops and Scientific Program

October 23-27, 2024 (Wednesday-Sunday)

Mind Unleashed

Anaheim Majestic Garden Hotel, Anaheim, CA



Join Us

We invite you to be part of our community and join our efforts to promote excellence and progress in hypnosis research, education, and clinical practice.

SCEH - Global Hypnosis Community

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

SCEH Workshops and Scientific Session – CE/CME Credit Opportunities

SCEH provides professional development opportunities that include an Annual Conference, Midyear Workshops and Webinar Series. Members receive a discounted registration.

SCEH Certification

SCEH Certification provides a standard of excellence and dedication for the practice of clinical hypnosis and for the use of hypnosis in research and academic teaching. Given the ongoing flux and uncertainty in the health care industry, it is anticipated that certification in specialized direct care interventions will become the standard expectation from many third-party payers.

SCEH Scholarly Journal

Members receive a subscription to our peer-reviewed publication, the *International Journal of Clinical and Experimental Hypnosis* (IJCEH), one of the most cited journals in psychological literature. IJCEH is the leading voice in hypnosis worldwide for researchers, scholars and clinicians.

Focus, Our Quarterly Member Newsletter

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

SCEH Member Directory Online

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

SCEH is an international organization dedicated to the highest level of scientific inquiry and the conscientious application of hypnosis in the clinical setting. Learn more: <http://www.sceh.us/membership-benefits>

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Acknowledgements

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

2024 CONFERENCE COMMITTEE

OVERALL MEETING CO-CHAIRS

Deanna Denman, PhD and Tova Fuller, MD, PhD

WORKSHOP PROGRAM CO-CHAIRS

Introductory Workshop Co-Chairs:
Barbara McCann, PhD and Tova Fuller, MD, PhD

Intermediate Workshop Co-Chairs:
Nicholas Olendzki, PsyD and Yeganeh Farahzadi, MS

Advanced Workshops Co-Chairs:
Cameron Alldredge, PhD and Jill Ballantyne, PhD, ABPP

SCIENTIFIC PROGRAM CO-CHAIRS

Deanna Denman, PhD and Jessie (Kittle) Markovits, MD

COMMITTEE MEMBERS

Anne Doherty Johnson, SCEH Executive Director

Hotel and Area Map

Anaheim Majestic Garden Hotel, 900 South Disneyland Drive, Anaheim, CA 92802. Telephone: 844-227-8535

- Directions and area map:(scroll down the page): <https://majesticgardenhotel.com/contact>

Hotel - Site and Accommodations

The Anaheim Majestic Garden Hotel is a low-rise hotel with oversized guestrooms that are the most spacious in the area, approximately 480 square feet. The castle-themed hotel is conveniently located just ½ mile from Disneyland® Resort. All guests enjoy complimentary highspeed internet in guestrooms and public spaces, televisions, mini-refrigerator, coffee/tea maker and in-room safes.

- Conference Site and Accommodations: <https://www.sceh.us/site-and-accommodations-anaheim>
- Hotel policies: <https://majesticgardenhotel.com/hotel/hotel-policies/>
- Hotel Reservation Desk: Call 844-227-8535 x3885

Free Shuttle to Disney for Guests Staying at the Hotel: The Dream Machine Shuttle will take registered hotel guests directly to and from Disneyland® Resort during the park's open hours. The ride to Disneyland® Resort from Anaheim Majestic Garden Hotel takes approximately 6 to 10 minutes. The Dream Machine operates during Disneyland® Resort's open hours and is on a first-come basis. The schedule is posted in the lobby daily, so be sure to check it out as soon as you check in to Anaheim Majestic Garden Hotel!

Smoking Policy: All guest rooms and most public areas are 100% smoke-free. Smoking is permitted on the Bistro patio, rose garden, pond courtyard and a designated area in front of the hotel.

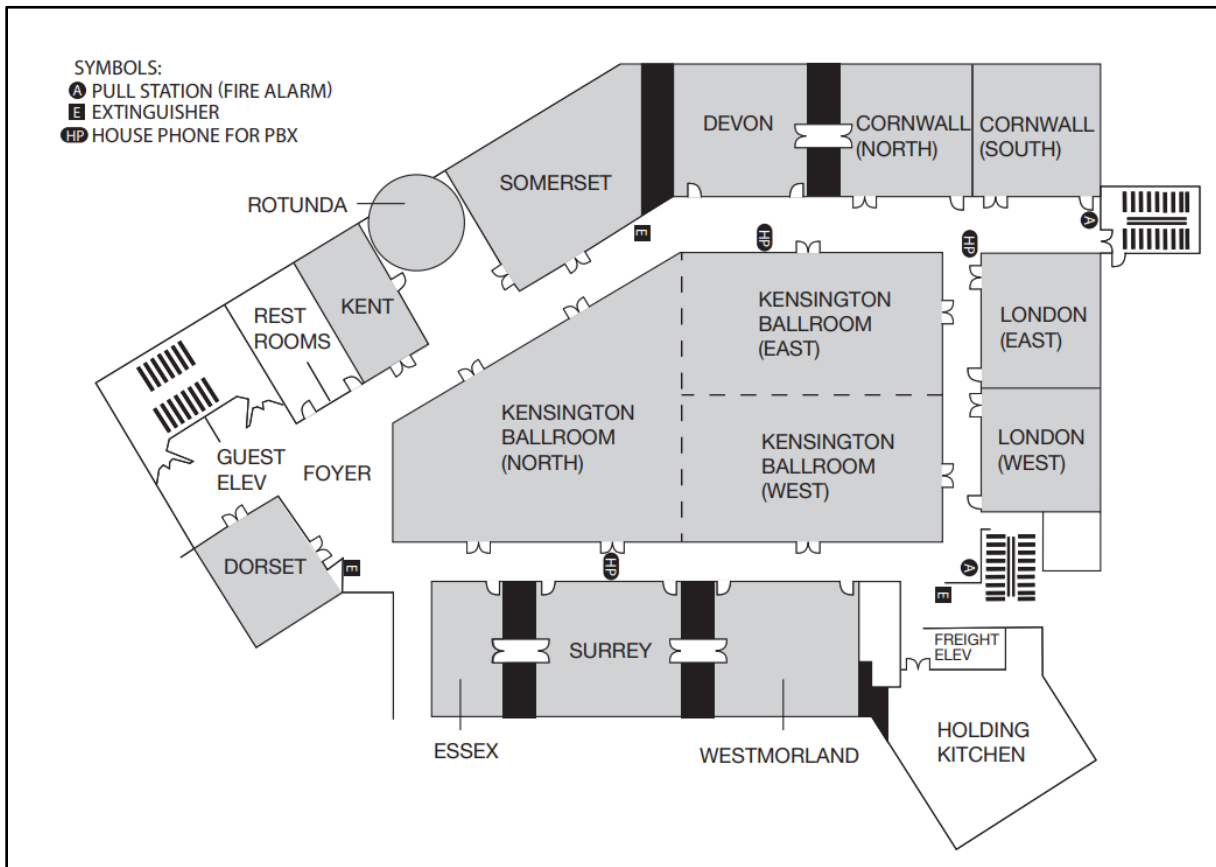
Hotel Parking: Parking for overnight stays is \$16.00 per night, plus a 17.23% tax for parking. Pay at Reception Desk. This will include in and out privileges.

Hotel Dining & Amenities

Choices are abundant for dining experiences:

- Garden Court Bistro: Daily Breakfast and Dinner (hours may fluctuate with seasonal demands)
- Garden Court Lounge: Daily Hours 4PM – 11PM. Happy Hour 4PM – 6PM Full Bar and Food Menu available
- Hanagi Japanese Restaurant: Best Sushi in the Anaheim Resort Area. 5PM – 10PM (Days and hours may fluctuate with seasonal demands)
- California Deli and Gift Shop: Grab and go sandwiches, sales, snacks desserts, beverages, sundries, and gifts.

Hotel Layout – Banquet Area/Meeting Rooms on Second Floor



Conference Registration Desk

Banquet Area Second Floor

Hours: **Wednesday: 3:00-6:30 PM**
Thursday and Friday: 7-9 AM and 3-5 PM
Saturday: 7:00-8:00 AM
Sunday: 7:30-8:30 AM



All attendees -- including Presenters and Banquet Guests -- must check in at the Conference Registration Desk to receive a badge.

Questions? Stop by the Registration Desk or Email us at info@sceh.us.

Conference Badges

All event attendees are required to be registered for the conference and to wear their SCEH name badge at all times during the event. Please note that Spouses and Guests who are not registered to attend the conference are not permitted to attend educational sessions, according to our bylaws. Spouses and Guests are welcome to attend the Annual Awards Banquet if they have purchased a ticket in advance.

Schedule at a Glance

Day	Introductory Workshop - taken as a cohort	Intermediate Workshop - taken as a cohort	Advanced Workshops - concurrent sessions	Scientific Program - General Session	Special Activities & Notes
Wednesday	6:00 - 9:15 PM	6:00 - 9:15 PM	6:00 - 9:15 PM		
Thursday	8:00 AM - 6:00 PM	8:00 AM - 6:00 PM	8:00 AM - 6:00 PM		6-7 PM - Networking Reception - for all registered attendees
Friday	8:00 AM - 6:00 PM	8:00 AM - 6:00 PM	8:00 AM - 5:30 PM		12:15-1:15 PM - Student/ECP Lunch - for students & ECPs
Saturday				8:30 AM - 7:00 PM*	7:30-8:30 AM - Women's Breakfast - for women attendees
					12-1:30 PM - Member Meeting & Lunch - for current members
					4:45-5:45 PM - Evening Break before Poster Session
					6-7 PM - Poster Session - for registered attendees
					7-9 PM - Annual Awards Banquet - for RSVP'd attendees and paid guests**
Sunday				8:30 AM - 1:00 PM	

Special Activities Summary

Thursday

- **Networking Reception - Thursday – 6-7 PM - Bistro Patio**

Mix and mingle with SCEH leaders, conference speakers, SCEH members and fellow attendees

Friday

- **Student/ Early Career Professionals Lunch -Friday - 12:00 Noon - 1:00 PM - Dorset**

For Student or Early Career Professionals. Join your peers and SCEH leaders to learn about SCEH programs and how they can help your career, and share your ideas about increasing student engagement.

Saturday

- **Women's Breakfast -7:30-8:30 AM- Dorset**

For female- attendees, to provide a space for women to discuss their professional goals, interests and concerns and support for one another.

- **Member Meeting and Lunch - Saturday - 12:00 - 1:30 PM - Dorset**

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

- **Scientific Program Poster Session - Saturday - 6:00-7:00 PM - Kensington East & West**

Poster Authors will be on hand with their posters to discuss their research with attendees.


- **Annual Awards Banquet(cash bar) - 7:00-9:00 PM - Annual Awards Banquet -Kensington North**

Join us as we celebrate our 75th Anniversary and recognize individuals who have made significant scientific and professional contributions to the hypnosis community

** Banquet tickets are non-transferable; spouse/guest tickets are available for purchase through Thursday noon.

Conference Meeting Rooms Locations

All conference meeting rooms are in the **Banquet Area / Second Floor**, except the General Networking Reception which will be in the Bistro Patio, outdoors on the ground level.



Please note: We are on a tight schedule so please keep to meeting and break times. Advanced Workshop Presenters : Kindly vacate meeting rooms promptly after your workshop so the next Presenter can start on time. Your cooperation is appreciated. Thank you!

ACTIVITY	EVENT CODE	DAYS	LOCATION
CONFERENCE REGISTRATION		Wednesday - Saturday	Banquet Area / Second Floor
COFFEE BREAKS		See Daily Agendas	Banquet Area / Second Floor - Rotunda
INTRODUCTORY WORKSHOP	100	Wednesday-Friday	London East & West
INTERMEDIATE WORKSHOP	200	Wednesday--Friday	Cornwall North & South
ADVANCED WORKSHOPS	301, 303, 305, 307, 309, 312	Wednesday - Friday	Somerset – see Adv. Workshops Locations next page
ADVANCED WORKSHOPS	302,304, 306, 308, 310, 311, 313	Wednesday - Friday	Devon – see Adv. Workshops Locations next page
SCIENTIFIC PROGRAM (SP)	500	Saturday - Sunday	Kensington North
GENERAL NETWORKING RECEPTION	600	Thurs., 6-7 PM	Bistro Patio
STUDENT/ ECP LUNCHEON	601	Fri. 12-1 PM	Dorset
WOMEN'S BREAKFAST	602	Sat., 7:30-8:30 AM	Dorset
MEMBER LUNCHEON	603	Sat., 12-1:30 PM	Dorset
SCIENTIFIC PROGRAM POSTER SESSION	500	Sat., 6-7 PM	Kensington East & West
AWARDS BANQUET	604	Sat., 7-9 PM	Kensington North

Advanced Workshop Locations

Wednesday		Oct. 23		
Time	Event Code	Session Title	Location	
Break: 7:00-7:15 PM				
6:00 - 9:15 PM	301	Eight Modules of Hypnotically Informed Psychotherapy for Chronic Pain and Illness (Patterson)	Somerset	
6:00 - 9:15 PM	302	Night Dreams, Lucid Dreams, and Hypnotic Daydreams (Sugar)	Devon	
Thursday		Oct. 24		
Time	Event Code	Session Title	Location	
Breaks: 10:00-10:15 AM & 3:15 -3:30 PM				
8:00 - 10:00 AM	303	Hypnotherapy for Hot Flashes in Postmenopausal Women and Women with Breast Cancer (Alldredge/Elkins)	Somerset	
8:00 - 10:00 AM	304	Future Projection Therapy (Tramontana)	Devon	
10:15 AM -12:15 PM	305	Hypnosis for a Mystical Experience (Corlett/Alldredge)	Somerset	
10:15 AM - 3:15 PM	306	It is No Longer Freud's Unconscious (Patterson)	Devon	
1:15 - 5:30 PM	307	EMDR, Ego State Therapy and Imagination in Repair of Early Trauma and Attachment Injury ... (Paulsen)	Somerset	
3:30 - 6:00 PM	308	Integrating Digital Applications of Spiegel's Hypnotic Induction Profile and the AOD Cluster Survey ... (Alexander)	Devon	
Friday		Oct. 25		
Time	Event Code	Session Title	Location	
Breaks: 10:00-10:15 AM & 3:15 -3:30 PM				
8:00 - 11:15 AM	309	Conversational Hypnosis: Power of Unadulterated Curiosity (Bell)	Somerset	
8:00 - 10:00 AM	310	Hypnosis Research Workshop: Designing Case Studies and Randomized Clinical Trials ... (Muniz/Elkins)	Devon	
10:15 AM - 12:15 PM	311	The Adaptive Experiential Theory of Hypnosis: Clinical Implications and Utilization ... (Alldredge/Elkins)	Devon	
1:15 - 3:15 PM	312	Applied Improvisation to Empower Clinicians in Non-Scripted Hypnosis: Theory, Evidence, and Lots of Practice (Hallowell),	Somerset	
1:15 - 5:30 PM	313	Adjunctive Therapies for Use with Hypnosis and Psychotherapy (Moss)	Devon	

Meals

Meals are NOT included in the registration fee except for the Annual Banquet on Saturday evening for registered attendees who have RSVP'd to attend. SCEH members in good standing are invited to attend our Member Meeting and Luncheon on Saturday. Other scheduled activities include a complimentary Networking Reception (open to all registrants), Student/Young Professionals Luncheon (for students and ECPs; RSVP required) and Women's Breakfast (for female attendees; RSVP required). See also Hotel Dining section.

Coffee Breaks

Coffee service is provided during scheduled breaks in the Rotunda area as follows:

- Wednesday -- 7:00-7:15 PM
- Thursday --10:00-10:15 AM and 3:15 -3:30 PM
- Friday -- 10:00-10:15 AM and 3:15 -3:30 PM
- Saturday -- 10:00-10:15 AM and 3:00-3:15 PM
- Sunday -- 10:00-10:15 AM

Banquet Tickets and Banquet Guests

Banquet tickets are non-transferable. Spouse/Guest tickets are available for purchase through Thursday noon. If you are RSVP'd to attend and your plans change, kindly let us know before Thursday noon. Thank you.

Are You a New Member or New to This Event?

Be sure to pick up a New Member ribbon or First Time Attendee ribbon for your badge.

Not Yet a Member of SCEH ?

We invite you to join! Ask at the Registration Desk for more information, or visit our website to review member eligibility and submit an online application form. See <https://www.sceh.us/apply-for-membership>.

Conference Theme

This year's theme, *Mind Unleashed*, invited proposals that explore the dynamic intersections of hypnosis with other mind-body therapies, artificial intelligence (AI), hypnosis apps, psychedelics, and consciousness and that push the boundaries of understanding and application in these transformative fields. We sought submissions on AI's role in hypnosis, the impact and efficacy of hypnosis apps, states of consciousness, renewed interest in psychedelics, mind-body interventions, and hypnosis and related states. Join us in advancing the conversation and unlocking new possibilities in healing and transformation.

Keynote Speakers



2024 Keynotes, left to right in alpha order: Jon Amundson David Spiegel and Michael Yapko.

Keynotes are part of the Scientific Program which takes place in Kensington North.
Refer to the Scientific Program Agenda for additional program details.

Saturday Keynotes

8:30 -9:30 AM

- **Tranceformation: Digital Dissemination of Hypnosis**
David Spiegel, MD, Willson Professor & Associate Chair of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Palo Alto, CA

3:45 - 4:45 PM

- **Process-Oriented Hypnosis: Expanding Targets of Treatment**
Michael D. Yapko, PhD. Private practice, Fallbrook, CA

Sunday Keynote

8:30 AM - 9:30 AM

- **The "Vital" Placebo: Experiences of the Unleashed Mind**
Jon K. Amundson, MA, MAPP, PhD, private practice, Calgary, Alberta, Canada

SCEH Policies

All attendees should be familiar with SCEH Policies as follows.

Required for Presenters at SCEH Events:

- [SCEH Policy on Disclosure of Conflict of Interest](#)

Required for Attendees and Presenters at SCEH Events:

- [Confidentiality Statement for Attendees and Presenters](#)
- [SCEH Policy on Diversity and Inclusivity](#)
- [Liability Waiver and Guidance Form for Participants in Hypnosis Practice](#)

SCEH Recording Policy

Please note that SCEH will not be recording educational workshops and presentations at the 2024 Annual Conference. SCEH may however be taking still photographs of the event for its own uses.

Recording of Presentations is Strictly Prohibited.

No individual or entity— including a presenting author—may electronically record or broadcast video or audio of any portion of the SCEH Annual Conference without prior written consent of SCEH. Unauthorized recording (audio, video, etc.) or streaming of presentations during workshops, sessions, posters, etc., without the express written consent of SCEH and individual authors is strictly prohibited. SCEH reserves the right to any approved audio and video production of presentations at all SCEH events. Those who do not comply with the SCEH recording policy may have their access to meeting content revoked without refund.

Photo Policy

Presenters retain the right to ask that their slides not be photographed by attendees, and have that request honored by those present. Unless the presenter asks otherwise, taking still photographs during workshops or presentation sessions is allowed.

Taking photos to capture casual activities and formal networking sessions is permitted with the permission of those being prominently photographed. Photographing participants, whether identifiable or not, with the intention of harassment or humiliation of anyone present, is strictly prohibited. Those who violate this policy may have their access to meeting content revoked without refund.

Consent to Use Photographic Images

Registration or participation in SCEH meetings and other activities constitutes an agreement by the individual to the use and distribution of their image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities by SCEH.

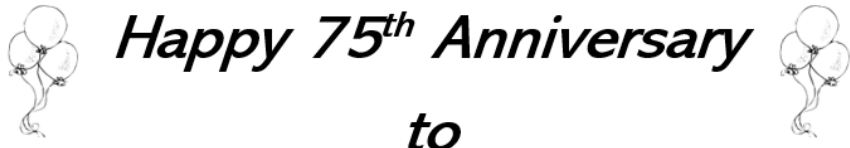
Continuing Education Reminder for Presenters

Your assistance in reminding attendees to complete the continuing education online form for your session is appreciated. Please make an announcement at the start and conclusion of each workshop. Thank you.


Continuing Education Reminder for Attendees

The link to the CE/CME form appears in the Learner Notification, sent to all registrants. Please refer to the Continuing Education section of our conference page for more information on continuing education.

Celebrating the Society



Happy 75th Anniversary
to



SCEH SOCIETY FOR CLINICAL &
EXPERIMENTAL HYPNOSIS

*Celebrating 75 years of promoting excellence and progress in
hypnosis research, education and clinical practice.*

Since 1949 Website: www.sceh.us Contact Us: info@sceh.us

Continuing Education - CE and CME

Accreditation Statement



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by Amedco LLC and Society for Clinical & Experimental Hypnosis. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. Amedco Joint Accreditation #4008163.

Physicians (ACCME) Credit Designation

Amedco LLC designates this live activity for a maximum of 31.25 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- Introductory Workshops: maximum of 20.00
- Intermediate Workshops: maximum of 20.00
- Advanced Workshops: maximum of 22.00
- Scientific Program: maximum 11.25

Psychologists (APA) Credit Designation



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

This course is co-sponsored by Amedco and Society for Clinical & Experimental Hypnosis. Amedco is approved by the American Psychological Association to sponsor continuing education for psychologists. Amedco maintains responsibility for this program and its content. 31.25 hours.

- Introductory Workshops: maximum of 20.00
- Intermediate Workshops: maximum of 20.00
- Advanced Workshops: maximum of 22.00
- Scientific Program: maximum 11.25

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

MI: No CE requirements.

***OK:** Accepts APA credit for live, in-person activities but not for ethics and/or online courses.

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

AL MFTs: Credits authorized by NBCC or any other state licensing agency will be accepted.

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

The following state boards accept courses from APA providers for Addictions Professionals: AK, AR, CO, CT, DC, DE, GA, IA, IN, KS, LA, MD, MO, MT, NC, ND, NE, NJ, NM, NY (held outside NY ONLY), OK*, OR, SC, UT, WA, WI, WY

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



Social Workers (ASWB) Credit Designation

As a Jointly Accredited Organization, Amedco is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Amedco maintains responsibility for this course. Social Workers completing this course receive 31.25 GENERAL continuing education credits.

- Introductory Workshops: maximum of 20.00
- Intermediate Workshops: maximum of 20.00

- Advanced Workshops: maximum of 22.00
- Scientific Program: maximum 11.25

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

***OK:** Accepts ASWB ACE for live, in-person activities but not for ethics and/or online courses.

***WV:** Accepts ASWB ACE unless activity is held live in West Virginia.

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

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

MI: No CE requirement

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

AL MFTs: Credits authorized by NBCC or any other state licensing agency will be accepted.

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

MI: No CE requirement.

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

New York Board for Social Workers (NY SW)

Amedco SW CPE is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0115. 31.25 hours.

- Introductory Workshops: maximum of 20.00
- Intermediate Workshops: maximum of 20.00
- Advanced Workshops: maximum of 22.00
- Scientific Program: maximum 11.25

New York Board for Mental Health Counselors (NY MHC)

Amedco is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed mental health counselors. #MHC-0061. 31.25 hours.

- Introductory Workshops: maximum of 20.00
- Intermediate Workshops: maximum of 20.00
- Advanced Workshops: maximum of 22.00
- Scientific Program: maximum 11.25

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

Amedco is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed marriage and family therapists. #MFT-0032. 31.25 hours.

- Introductory Workshops: maximum of 20.00
- Intermediate Workshops: maximum of 20.00
- Advanced Workshops: maximum of 22.00
- Scientific Program: maximum 11.25

New York Board for Psychology (NY PSY)

Amedco is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0031. 31.25 hours.

- Introductory Workshops: maximum of 20.00
- Intermediate Workshops: maximum of 20.00
- Advanced Workshops: maximum of 22.00
- Scientific Program: maximum 11.25

WORKSHOP PROGRAM OVERVIEW

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

SCEH offers **Introductory**, **Intermediate** and **Advanced** level workshops. Workshops meet accepted Standards of Training in Clinical Hypnosis and count toward [SCEH Certification](#).

100 - Introductory Workshop in Clinical Hypnosis - 20 CE/CME

London East & West

Cohort workshop – must attend all three days (Wednesday – Friday) to earn CE/CME credits. Agenda subject to change.

Co-chairs: Barbara McCann, PhD and Tova Fuller, MD, PhD

Faculty: Cameron Alldredge, PhD; Ciara Christensen, PhD; Deanna Denman, PhD; Tova Fuller, MD, PhD; Cassandra Jackson, MA; Barbara S. McCann, PhD; Donald Moss, PhD, and Nicholas Olendzki, PsyD

Breaks: Wednesday: 7:00-7:15 PM; Thursday & Friday 10:00-10:15 AM and 3:15-3:30 PM

Note some breaks happen within a session; others in between sessions.

Overview: Hypnosis is a powerful tool that clinicians can use to assist patients or clients in making meaningful changes in their physical and mental health. It is also a fruitful area of research that allows for the study of the mind and human experience, as well as the nature of hypnosis itself. In this workshop, participants will be provided with foundations in hypnosis to begin using it within their scope of practice or research.

Get ready for an immersive experience! This workshop is not just about lectures and presentations. It's about active participation and hands-on learning. You'll be part of large- and small-group experiential sessions, engaging in lively discussions and didactic presentations. Our faculty will not only present the historical context and neurobiological basis of hypnosis but also demonstrate hypnotic techniques and phenomena. By the end, you'll have a fundamental understanding of hypnosis and the skills to facilitate it. You'll also receive resources to support your use of hypnosis in research and practice, and suggestions for further training and education, including practice and mentorship opportunities for SCEH members.

100 - Introductory Workshop Agenda

Wednesday, October 23, 2024

6:00 - 7:00PM

Hypnosis: An Historical Overview

Barbara McCann, PhD

Learning Objectives:

- 1) Describe the historical and empirical basis for using hypnosis in practice and research
- 2) Describe key terminology in characterizing hypnosis.

7:00 - 7:15 PM

Coffee Break

7:15 - 9:15 PM

Myths and Misconceptions; Ethical Principles and Professional Conduct

Donald Moss, PhD, Barbara McCann, PhD, Cameron Alldredge, PhD

Learning Objectives:

- 1) Describe what hypnosis is, and what it is not; what it can and cannot do.
- 2) Address common myths and misconceptions surrounding the use of hypnosis.
- 3) Describe differences between professionals who use hypnosis within their scope of practice, lay hypnotists, stage hypnotists, and researchers.
- 4) Articulate principles and guidelines for the ethical practice of hypnosis within the participant's scope of practice.

Thursday, October 23, 2024

8:00 - 10:00 AM

Anatomy of the Hypnotic Experience; Group Hypnosis Experience

Barbara McCann, PhD, Cassandra Jackson, MA and Tova Fuller, MD, PhD

Learning Objectives:

- 1) Describe the steps involved in conducting a hypnotic encounter.
- 2) Identify subject characteristics during the trance state.

- 3) Describe specific actions taken by the facilitator during various phases of hypnosis and how they were received by the subject.
- 4) Engage actively in a clinical hypnosis session and subsequently identify and reflect upon distinct aspects of personal experience during trance, focusing on the subjective perceptions, reactions, and sensations encountered.

10:00 - 10:15 AM

Coffee Break

10:15 AM - 12:15 PM

Elicitation and Intensification of Hypnosis; Re-Alerting

Barbara McCann, PhD and Tova Fuller, MD, PhD

Learning Objectives:

- 1) Describe at least three distinct methods of hypnotic induction or trance elicitation, focusing on each method's techniques, rationale, and applicability in various scenarios.
- 2) Articulate three specific methods for deepening trance in hypnotic practice, outlining each technique's steps, effectiveness, and situational appropriateness.
- 3) Demonstrate the ability to effectively deepen the hypnotic experience, employing techniques that are best suited to the unique needs and responses of their individual patient or client.
- 4) Identify and understand how fractionation can be used to deepen trance states.
- 5) Demonstrate at least three different methods of re-alerting.

12:15 - 1:15 PM

Lunch on own

1:15 - 3:15 PM

Hypnotic Phenomena and their Elicitation; Fundamentals of Hypnotic Communication and Formulation of Suggestions

Barbara McCann, PhD

Learning Objectives:

- 1) Describe different types of hypnotic phenomena and how they can be used therapeutically.
- 2) Describe principles of eliciting hypnotic phenomena.
- 3) Define abreaction within the context of hypnosis and how to address it therapeutically.
- 4) Describe ways in which hypnotic communication techniques create positive expectancy, including the psychological mechanisms involved and the practical implications.

- 5) Discuss principles of individualization and utilization.
- 6) Describe several ways in which the patient or client's hypnotic experience can be reinforced and strengthened
- 7) Differentiate direct and indirect suggestions.
- 8) Describe physical, psychological, and behavioral signs of trance.
- 9) Articulate the importance of suggestion removal and demonstrate how to do so.

3:15 - 3:30 PM

Coffee Break

3:30 - 6:00 PM

Small Group Practice

Barbara McCann, PhD; Tova Fuller, MD, PhD; Cameron Alldredge, PhD; Ciara Christensen, PhD; Cassandra Jackson, MA, and Deanna Denman, PhD

Learning Objectives:

- 1) Introduce hypnosis to someone not familiar with it.
- 2) Demonstrate appropriate strategies for elicitation.
- 3) Demonstrate appropriate strategies for intensification of hypnosis.
- 4) Demonstrate appropriate re-altering and debriefing

Friday, October 23, 2024

8:00 - 10:00 AM

Neurophysiology of Hypnosis; Hypnosis with Children

Tova Fuller, MD, PhD, Barbara McCann, PhD

Learning Objectives:

- 1) Describe how hypnosis affects the autonomic nervous system and the stress response.
- 2) Describe the implications of neurophysiological research on the practice of clinical hypnosis.
- 3) Identify three developmental characteristics that make children particularly hypnotizable.
- 4) Describe how hypnotic approaches vary according to the developmental age of the child,
- 5) Describe the therapeutic benefits and applications of using hypnosis with children.

10:00 - 10:15 AM

Coffee Break

10:15 AM - 12:15 PM

Assessment, and Introducing Hypnosis to the Patient or Client When Hypnosis Doesn't Work

Barbara McCann, PhD , Tova Fuller, MD, PhD, and Cameron Alldredge, PhD

Learning Objectives:

- 1) Describe elements of assessment unique to the practice of hypnosis.
- 2) Review approaches to obtaining and documenting informed consent.
- 3) Discuss the fallibility of memory.
- 4) Describe situations in which you may decide not to use hypnosis.

12:15 - 1:15 PM

Lunch on your own

or

if you are a Student or Early Career Professional, attend the Student/ECP Lunch

1:15 - 3:15 PM

Self-Hypnosis

Hypnosis for Empowering and Accessing Resources

Barbara McCann, PhD , Tova Fuller, MD, PhD, Donald Moss, PhD, and Nicholas Olendzki, PsyD

Learning Objectives:

- 1) Define self-hypnosis.
- 2) Describe therapeutic applications of self-hypnosis.
- 3) Demonstrate how to teach self-hypnosis.
- 4) Relate empowerment and resource access to the term ego-strengthening and related concepts.
- 5) Demonstrate how hypnosis can be used to empower patients and help them access personal resources for solving problems.

3:15 - 3:30 PM

Coffee Break

3:30 - 6:00 PM

Integrating Hypnosis into Clinical Practice; Treatment Planning, Strategy, and Technique Selection in Clinical Hypnosis; Best Practices and Professionalism in Clinical Hypnosis

Ciara Christensen, PhD; Barbara McCann, PhD, Tova Fuller, MD, PhD, and Donald Moss, PhD

Learning Objectives:

- 1) Describe uses of hypnosis relevant to your discipline and practice setting that you are ready to apply in practice, and additional applications that will require more training.
- 2) Describe ways you will begin to use hypnotic communication, hypnosis, and hypnotic techniques in practice.
- 3) For the sample case given, describe further information needed to develop a high- quality treatment plan.
- 4) For the sample case given, design a treatment plan.
- 5) For the case given, describe techniques or applications of hypnosis that may be best suited to treatment.
- 6) Discuss pathways to professionalism and best practices for clinical work.
- 7) Discuss evidence-based and research-informed clinical practice, and resources to provide access to current research on clinical protocols.
- 8) Discuss available sources of quality training in clinical hypnosis for continuing education, clinical certification, or re-certification.

6:00 PM

Adjourn Workshop

200 - Intermediate Workshop in Clinical Hypnosis - 20 CE/CME

Cornwall North & South

Cohort workshop – must attend all three days (Wednesday – Friday) to earn CE/CME credits. Agenda subject to change.

Co-chairs: *Nicholas Olendzki, PsyD and Yeganeh Farahzadi, MS*

Faculty: *Ciara C. Christensen, PhD; Louis F. Damis, PhD, ABPP, FASCH; Deanna Denman, PhD; Gary R. Ekins, PhD, ABPP, ABPH; Cassandra Jackson, MA; Zoltan Kekecs, PhD; Barbara S. McCann, PhD; Vanessa Muniz, MA; Nicholas Olendzki, PsyD; David R. Patterson, PhD, ABPP and Liz Slonena, PsyD*

Breaks: Wednesday: 7:00-7:15 PM; Thursday & Friday 10:00-10:15 AM and 3:15-3:30 PM

Note some breaks happen within a session; others in between sessions.

Overview: The Intermediate Workshop, taken as a cohort, builds on the Introductory Workshop content and can be used toward SCEH certification or simply to refresh and expand hypnotic skills.

200 - Intermediate Workshop Agenda

Wednesday, October 23, 2024

7:00 - 7:15 PM

Coffee Break

6:00 - 7:00 PM and 7:15-9:15 PM

Hypnosis for the Treatment of Trauma

Louis F. Damis, PhD, ABPP, FASCH

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

Learning Objectives:

- 1) Describe the three components of the phase-oriented trauma treatment.

- 2) Outline two strategies for establishing a neurophysiological substrate for trauma processing and attachment repair.
- 3) Describe the importance of prioritizing neglect repair and related implicit memory modification hypnotic strategies.
- 4) Describe specific clinical hypnosis strategies for each phase of trauma recovery.

Thursday, October 24, 2024

8:00 AM - 10:00 AM

Alert Hypnosis

Deanna Denman, PhD

Many hypnotic inductions involve a closed-eye, relaxed experience. These inductions make it difficult for clients to participate in other activities during the induction. The current presentation will review alert and active-alert hypnosis with participation in tasks by clients (Banyai, 2018; Wark, 2011). I will review applications of alert hypnosis and provide examples of alert hypnotic strategies (Wark, 2023). The session will offer opportunities for experiential learning and practice with scripts.

Learning Objectives:

- 1) Describe at least two similarities and differences between traditional and alert hypnotic strategies.
- 2) Demonstrate and practice alert hypnosis techniques.

10:00 - 10:15 AM

Coffee Break

10:15 AM - 12:15 PM

Hypnosis for Anxiety

Barbara S. McCann, PhD

This intermediate-level workshop is designed for mental health professionals and medical practitioners. Participants will gain practical knowledge and skills to utilize hypnosis as an effective tool for managing anxiety in various contexts. The evidence base for using hypnosis to address anxiety associated with psychiatric conditions, distressing medical procedures, and performance-related anxiety will be reviewed briefly. This will be followed by practical, hands-on demonstrations and practice. Attendees will learn to incorporate hypnosis techniques into their practice to help clients and patients achieve better outcomes.

Learning Objectives:

- 1) Identify the nature of anxiety in various psychiatric conditions, medical procedures, and performance situations.
- 2) Create effective hypnotic interventions for use in anxiety disorders and related conditions, as preparation for distressing medical procedures or during their acute administration, and for use in several performance situations

12:15 - 1:15 PM

Lunch on your own

1:15 - 3:15 PM

Navigating Clinical Research: Developing a Critical Eye for Evidence

Zoltan Kekecs, PhD

Staying abreast of clinical research is pivotal for evidence-based practice, yet discerning reliable evidence remains a challenge. Biases and methodological limitations often obscure truth. This workshop equips participants with tools to evaluate credibility of clinical hypnosis research papers. Through established best-practice guidelines (such as CONSORT and TIDieR) and standardized tools (such as the Risk of Bias tool 2.0) we explore markers of rigorous methodology as well as red flags for bias detection. Through practical examples, we dissect hypnosis research papers to scrutinize their validity. Leveraging open science resources like preprints and trial registrations, we verify research claims. Join us to fortify your ability to identify robust evidence, ensuring informed clinical decision-making. This workshop is tailored for clinicians, researchers, and healthcare professionals seeking to enhance their critical appraisal skills, empowering them to confidently navigate the complex landscape of clinical research.

Learning Objectives:

- 1) Recognize key indicators of high-quality methodology in clinical research, enabling participants to assess the reliability of study findings.
- 2) Identify common biases and pitfalls in clinical research, equipping attendees with tools to critically evaluate research evidence.
- 3) Utilize open science resources such as preprints and trial registrations to verify research claims and enhance evidence-based decision-making in clinical practice.

3:15 - 3:30 PM

Coffee Break

3:30 PM - 5:00 PM

Ego-strengthening

Louis F. Damis, PhD, ABPP, FASCH and Ciara C. Christensen, PhD

Description:

This workshop will briefly review the nature and relevance of hypnotic ego-strengthening. Knowing what to do is often not sufficient to mobilize behavior change. Ego-strengthening, via the creation of a felt sense of confidence, promotes the self-efficacy needed to actualize constructive behaviors and enhance self-esteem. Two ego-strengthening techniques will be demonstrated and practiced in this 90-minute workshop.

Learning Objectives:

- 1) List three benefits of ego-strengthening.
- 2) Define the nature of “felt sense” and explain its relevance to effective ego-strengthening.
- 3) Delineate and perform two hypnotic ego-strengthening techniques.

5:00 - 6:00 PM

Using Hypnosis for Addressing Stress and Deep Transformation in Daily Life

Cassandra Jackson, MA

This workshop focuses on using hypnosis to address stress and profound transformation in daily life. With the current state of the world, having more tools in your toolkit can prevent stress, burnout, and rust out, which could impact the quality of care we provide to others. In this workshop, we will take a journey through these states and what they look like, as well as apply techniques and develop action plans. Whether you or your clients seek to reduce stress, overcome limiting beliefs, or achieve goals, this workshop will provide you with the tools and techniques to harness the power of your mind and create lasting positive change.

Learning Objectives:

- 1) Identify the key principles of hypnosis and its role in stress management, personal, and life transformation.
- 2) Apply hypnotic techniques for deep relaxation, stress relief, and goal achievement in daily life.
- 3) Develop a personalized action plan with a script for incorporating hypnosis and self-reflection exercises for ongoing stress management and personal growth.

Friday, October 25, 2024

8:00 - 10:00 AM and 10:15 - 11:15 AM (break 10:00 - 10:15 AM)

Mindful Hypnotherapy: Experiential Principles & Practice

Nicholas Olendzki, PsyD and Liz Slonena, PsyD

Mindful Hypnotherapy is an evidence-based modality for integrating mindfulness and hypnosis into clinical and personal practice. Attendees of this experiential workshop will learn the core principles of mindfulness, the similarities and differences between meditation and hypnosis, understand the existing research supporting the effects of Mindful Hypnosis, and have opportunities to experience and practice Mindful Hypnosis using scripts. Brief clinical vignettes and clinical anecdotes will be incorporated to ignite imagination and discussion. Practical strategies for integrating mindfulness-based inductions and suggestions into hypnosis and establishing a mindful self-hypnosis practice will be presented.

Learning Objectives:

- 1) Describe the core principles of mindfulness and Mindful Hypnotherapy.
- 2) Identify three ways that mindfulness and hypnotherapy traditionally diverge, and three ways they can converge.
- 3) Define the eight sessions of Mindful Hypnotherapy as a manualized intervention, as well as the underlying principles that enable adaptation.
- 4) Demonstrate the ability to use three mindful hypnosis suggestions.

10:00 - 10:15 AM

Coffee Break

11:15 AM - 12:15 and 1:15 - 3:15 PM (lunch 12:15 – 1:15 PM)

Pain Management

David R. Patterson, PhD, ABPP

This intermediate workshop addresses acute and chronic pain management. This three hour workshop show will discuss the neurophysiology of pain, the difference between acute and chronic pain, and how hypnosis is applied to each. The presenter will present research, theory, hypnotic approaches and demonstrations, Attendees will have an opportunity to practice the approaches.

Learning Objectives:

- 1) Describe the neurophysiology and psychology associated with acute and chronic pain. Perform an induction for a patient in acute pain.
- 2) Perform a non-linear induction that integrates biopsychosocial approaches to chronic pain.

12:15 – 1:15 PM

Lunch on your own

or

if you are a Student or Early Career Professional, attend the Student/ECP Lunch

3:15 - 3:30 PM

Coffee Break

3:30 PM - 4:30 PM

Assessment of Hypnotizability in Clinical Practice

Gary R. Elkins, PhD, ABPP, ABPH and Vanessa Muniz, MA

This workshop will review the relevance of hypnotizability in hypnotherapy practice. Research on hypnotizability will be reviewed and relevant scales discussed. Both formal and informal assessment methods will be discussed. The Elkins Hypnotizability Scale-Clinical Form will be presented and demonstrated. Question and answer will be encouraged.

Learning Objectives:

- 1) Define hypnotizability.
- 2) Discuss assessment of hypnotizability.
- 3) Demonstrate the Elkins Hypnotizability Scale-Clinical Form (EHS-CF).

4:30 - 5:15 PM

Hypnotic Language and Phrasing Suggestions in Hypnotherapy

Gary R. Elkins, PhD, ABPP, ABPH and Vanessa Muniz, MA

This workshop will review the principles of hypnotic language and phrasing hypnotic suggestions. The process of delivery of hypnotic suggestions will be covered. In addition, unconscious processing of information will be discussed. Specific examples of hypnotic language, metaphors, and mental imagery will be presented and discussed. Question and answer will be encouraged.

Learning Objectives:

- 1) Explain the purpose and importance of effective hypnotic communication.
- 2) Describe laws and principles underlying the formulation of effective hypnotic suggestions and metaphors.
- 3) Discuss adaptive experiential theory of hypnotherapy and unconscious processes.

5:15 - 6:00 PM

Bridging the Cultural Divide: Understanding and Adopting a Culturally-Congruent Hypnotherapy

Vanessa Muniz, MA and Gary R. Elkins, PhD, ABPP, ABPH

While hypnotherapy has been found to be effective amongst diverse populations, utilizing hypnotic interventions that do not resonate culturally may interfere with therapeutic progress. Examples include not properly assessing for or addressing hypnotherapy-interfering beliefs (e.g. stigma), metaphors that come from the hypnotherapist's cultural background but are not relevant for the patient, utilizing interpreters without appropriate preparation and beginning hypnotherapeutic work before understanding the broader cultural context of the patient. Tailoring hypnotherapy to an individual's cultural background may enhance clinical outcomes in terms of improved rapport between patient & therapist and potentially facilitating & maintaining hypnotic absorption. With this advanced workshop, we hope to provide a framework to define culturally-congruent hypnosis, understand relevant research and how to apply it clinically. Specifically, we aim to discuss relevant multicultural factors in research & practice of hypnosis, providing hypnosis via a vis interpreters and assessing patient- and culture-specific factors to create hypnotic interventions that resonate with an individual's cultural background.

Learning Objectives:

- 1) Articulate what is meant by culturally-congruent hypnotherapy.
- 2) Describe two cultural & linguistic considerations that are relevant to hypnosis.
- 3) Identify three key strategies for providing culturally-congruent hypnosis and working with interpreters.

6:00 PM

Adjourn Workshop

Advanced Workshops up to 22 CE/CME depending on sessions

See chart for session room locations.

Advanced Workshop attendees select from concurrent workshop sessions,

300 level- Advanced Workshops Agenda

Co-chairs: *Cameron Alldredge, PhD and Jill Ballantyne, PhD, ABPP*

Faculty: *John Alexander, PhD; Cameron Alldredge, PhD; Ron Bell, MC; Chris Corlett, MA; Gary Elkins, PhD, ABPP, ABPH; Brooke Hollowell, PhD; Donald Moss, PhD; Vanessa Muniz, BS; David Patterson, PhD, ABPP; Sandra Paulsen, PhD, MA; Jeff Sugar, MD, and Joseph Tramontana, PhD*

Breaks: Wednesday, 7:00-7:15 PM; Thursday and Friday 10:00-10:15 AM and 3:15-3:30 PM.

Note some breaks happen within a session, others in between sessions.

Overview: Advanced Workshops are designed for those who have completed Introductory and Intermediate level clinical hypnosis training. Advanced Workshop attendees are able to select from concurrent sessions that best meet your needs. Total CE/CME earned will vary, depending on the sessions you attend.

Breaks: Wednesday, 7:00-7:15 PM; Thursday and Friday 10:00-10:15 AM and 3:15-3:30 PM.

Note some breaks happen within a session, others in between sessions.

300 level- Advanced Workshops Summary

Advanced Workshop List and Schedule with Event Code, Session Title and Location

Day/ Time	Event Code	Session Title	Location
Wednesday	Oct. 23		
Break: 7:00-7:15 PM			
6:00 - 9:15 PM	301	Eight Modules of Hypnotically Informed Psychotherapy for Chronic Pain and Illness (Patterson)	Somerset
6:00 - 9:15 PM	302	Night Dreams, Lucid Dreams, and Hypnotic Daydreams (Sugar)	Devon
Thursday	Oct. 24		
Breaks: 10:00-10:15 AM & 3:15 -3:30 PM			
8:00 - 10:00 AM	303	Hypnotherapy for Hot Flashes in Postmenopausal Women and Women with Breast Cancer (Aldredge/Elkins)	Somerset
8:00 - 10:00 AM	304	Future Projection Therapy (Tramontana)	Devon
10:15 AM -12:15 PM	305	Hypnosis for a Mystical Experience (Corlett/Aldredge)	Somerset
10:15 AM - 3:15 PM	306	It is No Longer Freud's Unconscious (Patterson)	Devon
1:15 - 5:30 PM	307	EMDR, Ego State Therapy and Imagination in Repair of Early Trauma and Attachment Injury ... (Paulsen)	Somerset
3:30 - 6:00 PM	308	Integrating Digital Applications of Spiegel's Hypnotic Induction Profile and the AOD Cluster Survey ... (Alexander)	Devon
Friday	Oct. 25		
Breaks: 10:00-10:15 AM & 3:15 -3:30 PM			
8:00 - 11:15 AM	309	Conversational Hypnosis: Power of Unadulterated Curiosity (Bell)	Somerset
8:00 - 10:00 AM	310	Hypnosis Research Workshop: Designing Case Studies and Randomized Clinical Trials ... (Muniz/Elkins)	Devon
10:15 AM - 12:15 PM	311	The Adaptive Experiential Theory of Hypnosis: Clinical Implications and Utilization ... (Aldredge/Elkins)	Devon
1:15 - 3:15 PM	312	Applied Improvisation to Empower Clinicians in Non-Scripted Hypnosis: Theory, Evidence, and Lots of Practice (Hallowell)	Somerset
1:15 - 5:30 PM	313	Adjunctive Therapies for Use with Hypnosis and Psychotherapy (Moss)	Devon

Wednesday, October 23, 2024

7:00-7:15 PM

Coffee Break

6:00 – 7:00 and 7:15 -9:15 PM (break 7:00-7:15 PM)

3 CE/CME

301 - Eight Modules of Hypnotically Informed Psychotherapy for Chronic Pain and Illness

David Patterson, PhD, ABPP, University of Washington, Seattle, Washington USA

This three-hour workshop will focus on the clinical application of eight modules of psychotherapy for chronic pain and illness that is informed by hypnosis and meditation/mindfulness. The workshop will focus on a case report (hypothetical) of a patient that represents the most challenging issues faced by clinicians treating chronic illness. The principles of assessment and treatment will also apply to chronic illness. The presenter will review the case and then describe a biopsychosocial assessment that leads to approaching psychotherapy. We will then go through the remaining seven treatment modules (assessment is the first) which include motivational interviewing, assessment of pain cognitions, hypnosis, meditation/mindfulness, monitoring activity, and psychological disorders (including grief, PTSD, depression, and sleep). We will discuss hypnosis not only in its module but as it is integrated with the other aspects of treatment; similarly, mindfulness will be integrated with all the other forms of treatment. Clinical demonstrations will be given for chronic pain hypnotic inductions, as well as teaching mediation for pain management to patients using non dualism in the context of psychotherapy. This workshop will be based on the book *Clinical Hypnosis for Pain Control* (2nd edition) which is scheduled for release in Fall, 2024.

Learning Objectives:

- 1) List and describe eight modules that can form the core of psychotherapy for chronic pain that is informed by hypnosis and meditation/mindfulness
- 2) Perform a biopsychosocial assessment of chronic pain and illness that leads to intervention from these seven modules of treatment (the first is assessment)
- 3) Perform a hypnotic induction for chronic pain or illness that is integrated with mindfulness concepts

6:00 – 7:00 and 7:15 -9:15 PM (break 7:00-7:15 PM)

3 CE/CME

302 - Night Dreams, Lucid Dreams, and Hypnotic Daydreams

Jeff Sugar, MD, JeffSugarMD.com, El Segundo, California USA

Participants experience a simple, direct approach to dreamwork. We begin with an overview of dreams and hypnotic states--what are the commonalities and differences? Hypnotically induced dreams share aspects of both night dreams and lucid dreams. After an introductory PowerPoint, participants are invited to share a night dream. We will work with several. Next, participants experience a hypnotic dream: following imagery induction to lose the bounds of waking realities, dreams occur during a suggested nap or by recognizing the unlimited

nature of the hypnotic world. Some may “sleep and dream,” while others will have dreamlike experiences. The suggestion will be given that participants may become aware that they are dreaming during the dream experience--if they choose to do so. On waking, participants report their experiences. Commenting briefly on each, we work more deeply with several. The primary method will be “Carrying the Dream Forward “ to a felt sense of resolution. If the dreamer reports that the dream's objectives have been fully realized, this will be addressed and there may be no need to carry the dream narrative further. We will discuss the differences among night dreams, lucid dreams and hypnotically induced dreams .We will conclude with Q&A.

Learning Objectives:

- 1) Describe commonalities and differences between dream, lucid dreams, and hypnotic states.
- 2) Experience and describe an accessible, hypnotically induced dream.
- 3) Explain how to apply workshop methods to work with your own dreams and those of patients.
- 4) Examine the value and limitations of group hypnotic dreamwork.

Thursday, October 24, 2024

Breaks: 10:00-10:15 AM and 3:15-3:30 PM

8:00 - 10:00 AM

2 CE/CME

303 - Hypnotherapy for Hot Flashes in Postmenopausal Women and Women with Breast Cancer

Cameron Alldredge, PhD and Gary Elkins, PhD, ABPP. ABPH, Baylor University, Waco, Texas USA

Hot flashes are a common and disruptive symptom that women experience as a result of menopause or treatment for breast cancer. It is estimated that over 25 million women in the United States have hot flashes with up to 80% of women in the general population reporting hot flashes during the menopause transition. Hot flashes negatively impact health related quality of life as they can cause sweating, discomfort, anxiety, fatigue, and can interfere with sleep leading to adverse health outcomes. As evidenced by extensive research and recommendation by the North American Menopause Society (NAMS), clinical hypnosis is an effective treatment option for hot flashes. Dr. Elkins and colleagues have developed a hypnosis intervention involving standardized audio recordings of hypnosis for home practice and individualized hypnosis inductions delivered by a clinical researcher. Past research has found hypnosis to reduce the frequency and severity of hot flash scores by approximately 80% on average in postmenopausal women with and without a history of breast cancer, which is comparable in efficacy to that of hormone replacement therapy. In this workshop, participants will learn about the research on hypnosis for hot flashes and improving sleep in post-menopausal women and breast cancer survivors. The discussion will include points about hypnotizability, session-by-session hypnotherapy, scales to measure progress, and the use of available apps to encourage home practice of self-hypnosis to reduce hot flashes. The workshop will also highlight recent findings from an NIH-funded R01 project involving self-administered hypnosis treatment for hot flashes.

Learning Objectives:

- 1) Describe prevalence/@impact of hot flashes and evidence for psychological interventions.-
- 2) Identify efficacy of hypnotherapy for hot flashes based on empirical research.-
- 3) Examine how hypnotizability modulates hot flash reductions.-
- 4) Explore findings from recent NIH-funded randomized clinical trials on self-@administered hypnosis for hot flashes.-
- 5) Discuss clinical delivery and access to hypnotherapy for hot flashes.

8:00 - 10:00 AM

2 CE/CME

304 - Future Projection Therapy

Joseph Tramontana, PhD, Private Practice, New Orleans, Louisiana USA

Much focus is given in the hypnosis literature on searching for past experiences that effect present functioning (developing an affect bridge). The presenter believes that increased attention needs be given to the future. For example, depressed individuals often dwell on feelings of "hopelessness" and the proposed approach focuses on an alternative world of "hopefulness." One difference in this approach from others who write about the future is to have the patients write their own scripts (within reason) with their own estimated time lines. Several case histories will be presented covering different clinical issues.

Learning Objectives:

- 1) Participants will be able to describe the value of future focus versus age regression.
- 2) They will practice techniques to better work with patients on future projection.

10:00-10:15 AM

Coffee Break

10:15 AM -12:15 PM

2 CE/CME

305 - Hypnosis for a Mystical Experience

Chris Corlett, MA and Cameron Alldredge, PhD, Baylor University, Waco, Texas USA.

During this presentation, participants will learn about past research on the use of hypnosis to induce a mystical-/psychedelic-type experience. A general overview of mystical experiences will be provided and participants will be invited to participate in a hypnotic procedure designed to induce a mystical experience. There will be a discussion on how these ideas can be used in a therapeutic context and why it might be useful. Results from a recent study aimed at establishing feasibility of a hypnosis intervention for a mystical experience will be discussed.

Learning Objectives:

- 1) Describe what mystical experiences typically entail and what the research says about inducing these experiences with hypnosis only. Identify ethical considerations and potential risks associated with using hypnosis to induce mystical experiences.
- 2) Construct a theoretical rationale for the use of hypnosis- induced mystical experiences within therapeutic interventions.
- 3) Demonstrate the ability to design and deliver suggestions to integrate mystical elements into hypnosis and therapy.

10:15 -12:15 PM and 1:15- 3:15 PM (Lunch 12:15-1:15 PM)**4 CE/CME****306 - It is No Longer Freud's Unconscious***David Patterson, PhD, ABPP, University of Washington, Seattle, Washington USA*

This workshop will focus on recent developments in neuroscience as they relate to unconscious processing. We will discuss that cerebral processing that people in Western cultures are aware of is largely dependent on consciousness which in turn is based on logical sequential thinking. However, most of the cerebral processing is happening outside of conscious awareness. Communicating with the unconscious requires moving away from logical, sequential constructs and language. Further, learning is more efficient when it occurs consciously. This workshop will demonstrate various approaches to create clinical change through communication with the unconscious. Examples of such approaches include metaphors (perhaps the most obvious), priming, the incubation effect, confusion, generative solutions, and disruption of regular conscious processing (most of which can be recognized in the work of Milton Erikson and his contemporaries). The workshop will alternative between 1) a significant finding in neuroscience about the unconscious, 2) the application to this finding to hypnotic practice and 3) demonstration and practice. We will argue that the best types of psychotherapy often lead patients to arriving at a solution rather than providing it for them. Finally, we will illustrate that by engaging the unconscious, conventional approaches such as CBT can be greatly enhanced rather than abandoned.

Learning Objectives:

- 1) Describe the findings from neuroscience that enhance the clinical ability of communicate with the unconscious
- 2) Demonstrate hypnotic language that generates unconscious processing
- 3) Perform a non-linear hypnotic induction that enhances interventions from a thorough clinical conceptualization of the patient

12:15-1:15 PM**Lunch on your own**

1:15 – 3:15 and 3:30- 5:30 PM (break 3:15-3:30 PM)

4 CE/CME

307 - EMDR, Ego State Therapy and Imagination in the Repair of Early Trauma and Attachment Injury: Catalyzing the Brain's Healing Tendency

Sandra Paulsen, PhD, MA, Paulsen Integrative Psychology, PLLC, Bainbridge Island, Washington USA

Standard EMDR is demonstrably curative with simple PTSD, however, it is more elusive when addressing very early trauma and neglect in the attachment period. The Early Trauma modifications of EMDR enable clinicians to address injuries held in implicit memory using ego state maneuvers and imagery with EMDR. Ego state maneuvers begin with reconceptualizing "dual attention awareness" (then and now) as child state and adult state, with the task being for the therapist and adult client to hear "Baby's untold unheard story" as it is revealed in myriad channels of information ranging from client affect and soma, therapist observations of client behavior, therapist intuition, reenactments in the relationship field and more. Once heard for a specific developmental time period, taken seriatum from the beginning of life, the therapy repairs using the vivid ministrations of imaginary parents who offer what the child needed on the child's terms.

Learning Objectives:

- 1) Describe three modifications to the standard EMDR protocol needed when working with implicit memory in the attachment period.
- 2) List six channels of information by which the child's story emerges during EMDR temporal integration.
- 3) List six common themes that emerge when hearing the child self state's untold unheard story.
- 4) Provide reparative scripting for mythic parents to offer in imagination for specific developmental time periods.

3:15 – 3:30 PM

Coffee Break

3:30 - 6:00 PM

2.5 CE/CME

308 - Integrating Digital Applications of the Spiegel's Hypnotic Induction Profile and the AOD Cluster Survey in Clinical Practice for Measuring Hypnotizability Tailoring Treatment Strategies and Promoting Self-Understanding

John E. Alexander, PhD, Kent, Ohio USA

The HIP is a 5-10 minute procedure for profiling an individual's capacity to enter into hypnosis, experience sensory and motor alterations, and exit trance on cue. In addition to identifying levels of trait hypnotizability, it also provides insights into a patient's core biological personality style, degree of psychological wellness and capacity to utilize trance to augment psychological and medical therapies. The Apollonian-Odyssean-Dionysion Cluster Survey (AOD) is a brief 10-item self-report questionnaire designed to describe how individuals characterize themselves on an array of traits related to different personality styles and levels of hypnotizability. Taken together the HIP and the AOD provide an efficient biopsychosocial model for understanding patients and tailoring treatment strategies to varying personality styles and levels of hypnotizability to augment physical and psychotherapeutic treatment strategies. With the advent of the HIP/App and the AOD/App, these exams are

now easier to learn, administer, interpret and translate into therapeutic strategies for use by a wide audience of healthcare professionals.

Learning Objectives:

- 1) Describe how the HIP/App facilitates assessment of trait hypnotizability, and provides indexes of core biological personality styles, psychological wellness and the capacity to utilize hypnosis to create change.
- 2) Describe the three personality styles and their variants identified by the AOD, their relationship to hypnotizability, and how the AOD/App facilitates the delivery of the survey and aids translation of the exam findings into therapeutic strategies.
- 3) Describe how the AOD and HIP, taken together, provide a biopsychosocial model for enhancing rapport, informing treatment decisions and promoting self-understanding.

Friday, October 25, 2024

Breaks: 10:00-10:15 AM and 3:00-3:15 PM

8:00 -10: AM and 1:15- 11:15 AM (break 10:00-10:15 AM)

3 CE/CME

309 - Conversational Hypnosis: The Power of Unadulterated Curiosity

Ron Bell, MC, Southwestern Oregon Community College, Coos Bay, Oregon USA

Hypnotherapy is effective when it establishes communication with the unconscious mind. The question is whether this is best accomplished by speaking to the unconscious? Or listening? And if both, who starts the conversation? In this workshop, participants will have the opportunity to use a two-way conversation with the unconscious as a method of trance induction, founded in the utilization method championed by Milton Erickson who described it as a “reversal of the usual procedure of inducing hypnosis”. This can be contrasted with suggestibility, which implies that the therapist has the solution -- but to what problem? An induction that occurs before the problem is recognized, may take the client to a comfortable place but that is rarely where the solution resides. The most elegant induction is the one that both uncovers and resolves the root issue. Once resolved, the solution must be tested - most elegantly within trance -before the client’s return to real world experience. Participants will learn how to test in an environment of constant unconscious feedback.

Learning Objectives:

- 1) Scrutinize client utterances to identify unconscious communication in contrast to conscious recitation.
- 2) Enhance unconscious communication through selective use of paraphrase and circumscribed forms of questioning
- 3) Utilize unconscious, contradictory communication to induce trance and resolve issues
- 4) Verify unconscious acceptance of problem resolution

8:00 - 10:00 AM

2 CE/CME

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

Vanessa Muniz, BS and Gary Elkins, PhD, ABPP, ABPH, Baylor University, 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, and updates of the International Journal of Clinical and Experimental Hypnosis. 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:

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

10:00 – 10:15 AM

Coffee Break

10:15 AM - 12:15 PM

2 CE/CME

311 - The Adaptive Experiential Theory of Hypnosis: Clinical Implications and Utilization

Cameron Alldredge, PhD and Gary Elkins, PhD, ABPP, , Baylor University, Waco, Texas USA

This work will explore a recently proposed theory of hypnosis called the "adaptive experiential theory." This new theory is predicated on Epstein's cognitive-experiential self theory, a dual-process model that provides a comprehensive understanding of the rational system and the experiential system. While these two systems work together in synergy, they function quite differently in terms of their characteristics and methods. The rational system, which is influenced by logic and reason, demands a significant amount of cognitive resources and operates with concentrated effort, while displaying minimal emotional influence. On the other hand, the experiential system is powered by emotions, relies on associations, and encodes

reality through images and feelings effortlessly, without conscious exertion. According to the adaptive experiential theory, the ability to engage in complex hypnotic responses can be attributed to an individual's capacity to adapt and consciously transition from predominantly using the rational system to the experiential system. Having a stronger connection with the experiential system leads to shifts in how reality is processed, enabling hypnotic suggestions to be internalized and put into action with less interference from the rational

system. It is assumed that emotional and psychological problems arise primarily from the experiential system and most psychotherapeutic approaches are designed to try to influence that system with varying success. This workshop will highlight implications this theory has for the clinical use of hypnosis and assessing hypnotizability which emphasize the idea that content and language of hypnotic suggestions matter.

Learning Objectives:

- 1) Identify and describe the rational system and the experiential system, how they differ, and how they are related to hypnosis.
- 2) Describe hypnosis and how it works for a lay audience using the adaptive experiential theory.
- 3) Demonstrate understanding of how to measure hypnotizability and design hypnotic suggestions in a way that is informed by the adaptive experiential theory.

1:15 - 3:15 PM

2 CE/CME

312 - Applied Improvisation to Empower Clinicians in Non-Scripted Hypnosis: Theory, Evidence, and Lots of Practice

Brooke Hallowell, PhD, Springfield College, Springfield, Massachusetts USA

The participatory art of improvisational acting (or theatrical improvisation, here called improv) is a form of living theater in which characters, roles, plots, actions, and verbal and non-verbal expressions are made up in the moment, making it distinct from scripted theater. Also distinct is improv's clear set of rules. The most important rule is "YES, AND," the acceptance of verbal and nonverbal "offers" from others, and the absence of judgment about right or wrong responses. Benefits of improv applied to training of clinicians in a wide array of healthcare disciplines include improved: Self-efficacy and confidence in engaging in specific treatment tasks/strategies; engagement, focus in the moment during complex communication/interaction tasks; attunement, rapport building, emotional connection with those being served; and effectiveness in enhancing quality of life, perceived health, and reported benefit from those treated (Bermant, 2013; Koon Boon Tan, 2020; Morse et al., 2018; Sutherland et al, 2023)

The Special Appeal of Applied Improv for Clinical Hypnotists: The YES, AND tenet is vitally connected to the goals of attunement with the people we serve and non-scripted conversational hypnosis, a core component of Ericksonian approaches. Short (2018) refers to conversational hypnosis as "creating the social context that will allow hypnosis to occur (Erickson, 1980; Matthews, Lankton, & Lankton, 1993) without having to establish an arbitrary boundary dividing induction versus postinduction phases of hypnotic suggestion" (p. 126). When our words and behaviors contingent on what the person is doing, as they are in improv, the process is "intentionally progressive" (Sugarman & Linden, 2021, p. 2) just as many hypnotic processes are. Yapko et al. (1998) capture this well: "It is rarely enough to apply a standardized hypnotic induction, assume the patient goes into hypnosis, and then hope to say something therapeutic. Rather, it is essential that the clinician skillfully recognizes and uses what the patient offers" (p. 11). Again, the notion of the offer is key in improv. In hypnosis and improv, the relationship between clinician and client (or actors) is at the heart of feeling safe, understood, and valued (Staffin, 2024).

Teaching / Learning: Despite the known value of non-scripted conversational hypnosis, scripts remain popular, especially among clinicians who are new to hypnosis. Scripts provide a helpful crutch to those nervous about what to say, and those lacking confidence in their abilities. Ironically, reliance on scripts creates a lack of opportunity to practice and thus hone skills in non-scripted work, thus perpetuating discomfort with more

creative and engaging processes that lead to deeper attunement and flexible adaptation to each individual being treated. Designing training programs to encourage more personalized conversational approaches sets learners on a more creative and - in the long-term - more effective path (see Hope & Sugarman, 2015 and Alter & Sugarman, 2017). Additional benefits of incorporating applied improv techniques in hypnosis training include the following:â€¢Improv techniques can be taught efficiently and practiced immediately multiple times in a session, allowing for many more trials for each learner than in a format where participants engage in lengthier sessions with one another. Adult learning theory can be readily incorporated in improv training methods (e.g., redundancy and spiraling of key points, knowledge of performance versus knowledge of results, strategic self-reflection).â€¢Research on applied improv in numerous healthcare fields underscores its effectiveness in boosting confidence of trainees. And we know that self efficacy of clinicians is important to enhancing the self-efficacy of the people we serve. In group training/educational contexts, improved benefits extend well beyond individuals' outcomes. Dynamics of flow (natural interactional synergy of actions, ideas, and emotions; Nakamura & Csikszentmihalyi, 2011), collective effervescence (people's simultaneous coming together of thought and action, enhancing a sense of belonging; Carlton-Ford, 1992), and assemblage (the relational network of co-created, emergent, inanimate/animate aspects of interaction) may be key to many long-term benefits for individuals and groups.

Overview of the Workshop: In this session, we will: review the nature of agreements common in improv contexts; invite attendees to participate in illustrative experiential improv games; review the theoretical support and empirical evidence for the potential influence of improv on hypnosis outcomes; and review potential frameworks, outcomes, and measures to guide further training and research in this arena. Participants will be invited to interact and "play" or practice, using activities for: getting a feel for scripted versus conversational hypnosis; practicing and observing attunement and implicit rapport; ego strengthening, pacing, empathy, gestures; destabilization. Reflection and discussion will be encouraged.

Learning Objectives:

- 1) Describe three agreements typical in improv contexts
- 2) List at least three potential benefits of applied improvisation for advancing non-scripted hypnosis skills
- 3) Demonstrate the use of applied improvisation in at least three different hypnosis skill or performance areas
- 4) Identify at least three types of outcome measures to track the effectiveness of improv-based activities in hypnosis training/education

1:15- 3:15 and 3:30- 5:30 PM (break 3:15-3:30 PM)

4 CE/CME

313 - Adjunctive Therapies for Use with Hypnosis and Psychotherapy

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

Adjunctive therapies are interventions that combine well with clinical hypnosis and psychotherapy. These adjunctive techniques augment the therapeutic effect of hypnosis and psychotherapy. The combined therapeutic effect of hypnosis and adjunctive skills together is often greater than the effect of either intervention alone. Regular home practice of adjunctive relaxation skills improves basal autonomic nervous system regulation and reduce the onset of problematic symptoms. This workshop introduces six adjunctive therapies, including progressive muscle relaxation, autogenic training, paced diaphragmatic breathing, guided imagery, meditation, and expressive writing. Three of them will be demonstrated, as time allows, and brief clinical vignettes will illustrate the use of the adjunctive techniques with clients. Each of these skill sets can be administered on its own, with therapeutic effect, or provided in combination with clinical hypnosis and

psychotherapy as a treatment package. Each of these skill sets is also valuable as a form of self-care, facilitating wellbeing and resilience under stress. Attendees will practice two to three techniques in breakout sessions: progressive muscle relaxation, paced diaphragmatic breathing, and autogenic training.

Learning Objectives:

- 1) Attendees will identify appropriate moments in therapy for introduction of an adjunctive technique.
- 2) Attendees will compare two or more adjunctive therapies for combination with frequently used and personally preferred hypnosis/psychotherapy interventions and protocols.
- 1) Attendees will explain evidence-based therapeutic benefits of two or more adjunctive therapies.
- 2) Attendees will discuss use of adjunctive techniques as homework during the course of hypnotically-based therapy and as prescription for post-therapy maintenance.

3:15-3:30 PM

Coffee Break

500 - Scientific Program

11.25 CE/CME

Kensington North - Scientific Program
Kensington East & West - Poster Session
Kensington North - Annual Awards Banquet

Co-chairs: Deanna Denman, PhD and Jessie (Kittle) Markovits, MD

Faculty: *Cameron Alldredge, PhD; Jon K. Amundson, MA, MAPP, PhD; Gary Elkins, PhD, ABPP, ABPH; Yeganeh Farahzadi, MS; Claire Green, BS; Victor Padilla, MS; Zoltan Kekecs, PhD; Mathieu Landry, PhD; Barbara McCann, PhD; Merranda McLaughlin, MS; Vanessa Muniz, BS; Victor Padilla, ScM; Olafur Palsson, PsyD; Nicola Park, MD; David Patterson, PhD, ABPP; Aman Raturi, MA; Katherine Scheffrahn, BS; David . Spiegel, MD; Meredith Vagner; Michael D. Yapko, PhD, and Azadeh Zandi, MA*

Overview: The Scientific Program covers empirical issues in hypnosis research and practice and related areas, featuring Keynotes, Research Presentations, Symposia, and a Poster Session.

General Session - Agenda subject to change.

Breaks: Saturday: 10-10:15 AM and 3:00-3:15 PM
Sunday: 10:00-10:15 AM

Scientific Program Agenda

Saturday, Oct. 26, 2024

8:30 -9:30 AM

1.0 CE/CME

Keynote

Tranceformation: Hypnosis in Mind, Brain, Body, and Apps

David Spiegel, MD, Willson Professor & Associate Chair of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Palo Alto, CA

Hypnosis was the first Western conceptualization of psychotherapy, yet it remains underutilized, misunderstood, and disrespected as it was during its early years in the late 18th Century in France, where it was dismissed as “nothing but heated imagination”. I will review recent developments in our understanding of the neural basis of hypnosis, which illuminates how it works to mobilize natural aspects of brain function to enhance motivation and ability to change. Hypnosis involves highly focused attention, coupled with dissociation of aspects of awareness, an increase in cognitive flexibility, and an enhanced ability to modulate perception”. Considerable evidence has emerged regarding underlying brain mechanisms, including studies employing event-

related potentials, PET and fMRI. Our recent resting state fMRI data demonstrate functional connectivity between the executive control and salience networks among high but not low hypnotizable individuals. The hypnotic state involves reduced activity in the dorsal anterior cingulate cortex (key region in the salience network), heightened functional connectivity between the left dorsolateral prefrontal cortex (executive control network) and the insula, and inverse functional connectivity between the left DLPFC and the posterior cingulate cortex, part of the default mode network. The hypnotic ability to modulate perception has clear clinical application, especially in pain and anxiety control. Randomized clinical trials that we have conducted demonstrate the efficacy of hypnosis in reducing pain, anxiety, somatic complications, and procedure duration during radiological interventions. It has been shown to reduce pain for women with metastatic breast cancer by 50% over the course of a year on similar analgesic medication regimens to those of controls. Despite this progress in understanding the neural basis of hypnosis, it remains drastically underutilized. For example, some 500,000 Americans have died of opioid overdoses in the past decade, while hypnotic analgesia has been largely ignored. People tend to view hypnosis as either useless or dangerous. It is really dangerously effective. We have decided to make hypnosis as widely available as possible by developing a digital interactive hypnosis app, Reveri, downloadable from www.Reveri.com, the App Store and Google Play, with automated programs for testing hypnotizability, and learning how to better cope with stress, focus, pain, insomnia, eating, drinking, and smoking problems. We have had some 900,000 downloads from 130 countries. Other excellent hypnosis apps such as Oneleaf in France and Nerva in Australia, have also been developed. The time has indeed come to liberate hypnosis from the prison of misunderstanding in which it has languished and widely disseminate its proven benefits.

Learning Objectives

- 1) Describe revisions to the definition of hypnosis involving cognitive flexibility rather than suggestibility.
- 2) Describe the brain basis of hypnosis and how it explains the definition revision and the usefulness of app-based hypnosis.
- 3) Describe the use of the suspension of regular self-awareness in hypnosis and how it facilitates remote app-based psychotherapy with hypnosis.
- 4) Describe the app-based availability of hypnosis for widespread dissemination – opportunities and results.

9:30 - 10:00 AM

0.5 CE/CME

Technology Spotlight 1

Reliability and Validity of a New, Remotely Delivered Hypnotizability Scale

Vanessa Muniz, BS; Cameron T. Alldredge, PhD; and Gary Elkins, PhD, ABPP, ABPH, Baylor University, Waco, Texas, USA

Hypnotizability assessment plays a crucial role in understanding and implementing hypnotherapy interventions effectively. This presentation introduces a novel hypnotizability assessment scale, the Brief Remote Elkins Alldredge Test of Hypnotizability (BREATH), developed to provide a brief, remote, and electronic method for assessing hypnotizability. This scale was created based on the gold standard of hypnotizability scales, the Elkins Hypnotizability Scale (EHS). Previous literature has demonstrated that the EHS has strong reliability and validity data in general adult and clinical populations. Building upon this foundation, the primary objective of this study

was to evaluate the reliability and validity of BREATH as a brief and remote measure of hypnotizability. As well as to explore potential correlations between hypnotizability and variables such as empathy, strength of religious faith, and cognitive expectancy, as suggested by prior research. We will provide an introduction to the BREATH and findings on the reliability and validity, as well as its possible associations with relevant variables will be discussed. This research contributes to advancing the understanding and application of hypnotizability assessment in clinical and research settings.

Learning Objectives

- 1) Describe data on the reliability, acceptability, and validity of a new, brief hypnotizability scale

10:00 – 10:15 AM

Coffee Break

10:15 AM - 12:00 PM

1.75 CE/CME

Research Presentations 1: Hypnosis, Mind, and Body

Hyp1 - In the Clue of Your Steps- The Phenomenology of Active-Alert Hypnosis and Passionate Dance
Zsuzsanna Besnyo, BA and Katalin Varga PhD, DSc, Professor, Head of Department of Affective Psychology, Eotvos Lorand University Budapest, Hungary

I would like to introduce a quasi-formalised dance method (Groove). How can it induce altered state of consciousness, why is it so special for scientific reasons in 2024? I used the Phenomenology of Consciousness Inventory (Pekala, R.J. 1986) with 26 participants and I compared the state of consciousness of them with the active-alert database from ELTE Affective Psychology Department. The speciality of the project is the ethical aspect of a double point of view: my full involvement personally and professionally. I didn't examine the previous experience in dancing because the professionalism of the method of expression doesn't affect the involvement. Everybody focusses on themselves, talk through the body. There isn't intentional physical contact, the members of a group act and move like love relationship. The exercise is related to and act on the symbolical, associative, subconscious communication, the archaism of tribal dance and it is parallel to the beginner and intuitive inductive techniques. The alternative inductive techniques make stronger alter state of consciousness (Varga, GÁ'sinÁ©rpus, 12 p.119.). According to my results the active-alert and the Groove group do not differ in multiple key aspects. I will demonstrate the potential reasons of it and the therapeutic potentials.

Learning Objectives

- 1) Describe the difference between two active inductive techniques: Groove dance and active-alert hypnosis.

Hyp2 - Word Blindness Effect: Do non-hypnotic suggestions work better than hypnosis ? - A systematic review & Meta-analysis

Aman Raturi, MA, University of Delhi, Delhi, India and S.P.K. Jena, PhD, Department of Applied Psychology, South Campus, University of Delhi, Delhi, India

Word Blindness Effect refers to a temporary inability to recognize written words, despite having normal reading ability, following a post hypnotic suggestion. Studies have explored impact of suggestion on this effect, aiming to understand how effective suggestion is modulating this phenomenon. This systematic review and meta-analysis rigorously examine the Word Blindness Effect, with a particular focus on the distinct influence of Post-Hypnotic Suggestion versus Non-Hypnotic Suggestion. Relevant English-language studies spanning database inception to January 2023 from PubMed, Web of Science, PsycINFO, Scopus, and ScienceDirect were thoroughly examined. The JBI appraisal checklist assessed study quality, and potential publication biases were analysed. Subgroup analyses and effect size estimation using Hedges' g under a random effects model were conducted. The review comprised 19 studies, with 14 exploring Post-Hypnotic Suggestion's effect on Stroop Interference Effect (SIE) and six investigating suggestion effects on accuracy. Results unveiled significant overall effects of suggestion on cognitive performance, evidenced in both SIE and accuracy. Subgroup analyses underscored differential impacts based on suggestion types. The observation of reduced heterogeneity in our subgroup analysis, which was based on the type of suggestions given, offers valuable insights. Specifically, it suggests that studies utilizing non-hypnotic suggestions showed more consistent results compared to those employing hypnotic suggestions.

Learning Objectives

- 1) Describe and challenge the notion that the influence of suggestions is solely dependent on hypnosis
- 2) Describe the broader applicability of suggestion-based interventions.

Hyp3 - Nerva, a Mobile-Application of Gut-Directed Hypnotherapy for Irritable Bowel Syndrome: User Characteristics, Patterns of Use, and Predictors

Lauren Simicich, PhD; Vanessa Muniz, BS; Katherine Scheffrahn, BS; Gary Elkins, PhD, ABPP, ABPH, Baylor University, Waco, Texas, USA

Hypnotic intervention for irritable bowel syndrome (IBS), or gut-directed hypnotherapy (GDH), is an effective treatment for improving IBS symptoms with minimal burden and risk. However, there is a lack of broad accessibility to GDH. The Nerva app shows promise for dissemination and implementation of evidence-based GDH intervention for IBS. This study aimed to describe the demographic and clinical characteristics of Nerva app users, examine usage patterns, and explore potential factors associated with Nerva app usage. A retrospective analysis was conducted of data from 14,898 individuals who downloaded and used the Nerva app between January 2022 and September 2022. Descriptive statistics and Chi-square tests of independence were calculated to examine demographic/clinical characteristics, usage patterns, and their associations to program persistence. Simple linear regression models were used for correlations of GI symptoms severity scores to user persistence. Thirty-one percent of users persisted with the program. A small statistically significant association was found between Nerva app program persistence and age, $\chi^2(6, N = 6745) = 164.82, P < .001, V = .16$. This study found promising adherence rates for the Nerva app program within the first six weeks of use. Significant associations were found between user/clinical characteristics and Nerva app program persistence.

Learning Objectives

- 1) Describe data about user characteristics, patterns of use, and factors of engagement of a mobile application delivery of GDH for individuals with IBS.

Hyp4 - Subconscious Connectedness: A Recently Identified Hypnosis-Related Personality Super-Trait That Provides a Broader Context for Hypnotizability and Hypnosis

Olafur Palsson, PsyD, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States

Research over several decades has shown hypnotizability to be correlated with a range of other stable personal characteristics. The implications have received relatively little attention, and hypnotizability is often seen as a relatively isolated trait mostly of relevance to hypnosis and suggestibility. However, a recently identified broad personality trait, subconscious connectedness (SC), unites hypnotizability and its various correlated characteristics into a meaningful broader whole. Subconscious connectedness can be defined as each person's overall degree of capacity (or "bandwidth" for communication between conscious and non-conscious mental functions in everyday life. Measured on the validated Thought Impact Scale, it has been tested in seven studies involving 9000+ participants. It correlates most strongly with absorption ($r=.70$), but also robustly with dissociation, fantasy-proneness, emotional empathy, magical thinking, artistic/creative activities, and anomalous experiences. Although SC correlates modestly ($r=.33$) with hypnotizability, its emerging hypnosis research importance is highlighted by substantial correlations with people's ability to experience classic hypnosis-related phenomena in hypnosis (effortless automaticity, vivid visual imagery, altered body perception) and its role in driving hypnotherapy-seeking. This presentation will provide overview of SC, how it delineates a constellation of diverse human psychological capabilities of which hypnotizability is but one star, and its potential value in hypnosis research.

Learning Objectives

- 1) List at least three typical psychological or behavioral characteristics of people who score high on subconscious connectedness.

Hyp5 - Clinical Hypnosis and Cognitive Behavioral Therapy for Hot Flashes: Findings from a Scoping Review

Vanessa Muniz, BS; Victor Julian Padilla, MS; Cameron T. Alldredge, PhD; and Gary Elkins, PhD, ABPP, ABPH, Baylor University, Waco, Texas USA

The prevalence of hot flashes among postmenopausal women is a significant concern, often complicated by the adverse effects of traditional treatments like hormone therapy. This scoping review aims to evaluate the effectiveness of cognitive behavioral therapy (CBT) and clinical hypnosis in addressing hot flashes. We conducted a thorough search on PubMed, Web of Science, and PsycINFO for peer-reviewed studies in English focusing on CBT or clinical hypnosis for women aged 18 years and above. After meticulous screening following PRISMA guidelines for scoping reviews, 23 studies were included in this study. While CBT showed promise in alleviating stress associated with hot flashes, only studies investigating clinical hypnosis demonstrated noteworthy reductions in both frequency and severity of hot flashes. Clinical hypnosis emerged as a more effective treatment modality, surpassing CBT by a considerable margin, as evidenced by the current literature. While both approaches effectively address psychological distress, clinical hypnosis stands out for its ability to reduce severity and frequency of hot flashes and shows clinical significance. This review discusses limitations and suggestions of future research directions for CBT and clinical hypnosis in managing hot flashes.

Learning Objectives

- 1) Articulate a comprehensive synthesis of the primary literature concerning the efficacy of Cognitive Behavioral Therapy (CBT) and clinical hypnosis as treatments for hot flashes.

12:00 – 1:30 PM

Lunch on your own

OR

Member Meeting & Luncheon

1:30 - 3:00 PM

1.5 CE/CME

Research Presentations 2: Pain and Hypnosis

Pain1 - Efficacy of hypnosis in pain control before and after orthopedic surgery in adults

Azadeh Zandi, MA, Eotvos Lorand University, Budapest, , Hungary

Hypnosis has emerged as a promising intervention for pain management across various medical contexts. There is also growing evidence in support of the effectiveness of various non-pharmacological interventions such as hypnosis used in orthopedic surgery. Mind-body interventions in orthopedic surgery usually target pain, stress, and health-related quality of life. Although these interventions seem effective, the precise mechanisms underlying its efficacy remain unclear. This systematic review aims to explore the impact of hypnosis-based interventions on pre- and post-orthopedic surgery, as well as to show the diverse approaches employed in this domain. The review is based on systematic searches conducted in multiple databases including PubMed, EMBASE, PsycINFO, CINAHL, Dissertations and Thesis database, and the International Clinical Trials Registry Platform (ICTRP). Eligible studies employ hypnosis to alleviate pain in orthopedic surgery contexts. Specifically, our focus is on assessing the effect of hypnosis on postoperative pain intensity over time, alongside secondary outcomes such as postoperative anxiety and quality of life. As an ongoing project, the results of this study will be presented at a forthcoming conference. We think that our findings will contribute to a better understanding of the utility of hypnosis-based interventions in orthopedic procedures.

Learning Objectives

- 1) Explain and analyze efficacy of hypnosis in pain control before and after orthopedic surgery

Pain2 - Synchronicity in Pain Management Through the Lens of Biofeedback and Hypnosis

Zsuzsanna Besnyo, BA; Zoltan Kekecs PhD, Assistant Professor, Institute of Psychology, Head of the Behavioural Medicine and Research Credibility Laboratory, Eotvos Lorand University; Katalin Varga PhD, DSc, Professor, Head of Department of Affective Psychology, ELTE Eotvos Lorand University, Budapest, Hungary

In my study I intended to explore the realm of synchronicity between a hypnotist and the participants during cold pressor task. My goal is to measure sensory perception using suggestions and two hypnosis sessions with hypnotizability measuring after the task. How can participants manage and elaborate pain, how could this manifesting in their electrodermal activity (EDA) in the historical and stable theoretical, empirical base of this department interaction of synchronicity measuring (research of Eva Banyai and Kata Varga) I have a deep interest to understand how two individuals can make strong connections during hypnosis and how can a hypnotist reach a state of person intuitively, scientifically and "facilitate" them to manage their acute pain in this experiment. The EDA measuring made an interesting base to understand this vegetative, sensory explicit and implicit connection as well beat by beat. I would like to demonstrate the relationship between pain management techniques and hypnotic susceptibility. The study also looks for strategies that the participants use to induce hypnoanalgesia and assess the factors associated with the strategies which yield to the individual phenomenological field. I would like to underline the scientific, methodological and ethical spice of this study. Data analysis is ongoing yet.

Learning Objectives

- 1) Describe electrodermal activity based hypnotizability measuring and how other laboratories could adapt our unique ice pressor task.

Pain3 - Combining virtual reality and hypnosis in pain management: A mixed co-construction study with chronic pain patients.

David Ogez, PhD, Alexandra Chevestrier-Lefevre, Student, Msc Pharmacy; Floriane Rousseaux, Post-doctorate, Psychology; Jade Varonneau, Student, Msc Psychology, Centre de recherche Hopital Maisonneuve-Rosemont, Montreal, Quebec, Canada

Objective: Evaluation of a combined virtual reality and hypnosis (VRH) intervention through a mixed-method study, integrating quantitative and qualitative approaches with patients, aiming at its integration into chronic pain management. Methods: A study involving 16 patients was conducted across 3 stages:

- 1- completion of questionnaires on pain, anxiety, and relaxation pre-VRH,
- 2- VRH usage with a psychologist present,
- 3- completion of satisfaction, user experience, and sickness, pain, anxiety, and relaxation questionnaires post-VRH, and
- 4- participation in semi-structured interviews documenting VRH benefits, drawbacks, and improvement suggestions.

Data analysis is descriptive, comparing questionnaire scores with theoretical averages for satisfaction and pre-post intervention for pain, anxiety, and relaxation. Interview verbatims were qualitatively analyzed using QDA Miner, employing an iterative coding process to detail each participant's experience. Reliability measures were implemented to ensure analysis integrity. Results: Findings indicated reduced pain, anxiety, and relaxation scores post-intervention. They also assessed VRH satisfaction and user experience; participants' views on home use relevance; potential adverse effects; tool's added value on pain, anxiety,

and relaxation; and provided recommendations for optimizing home utilization. Conclusion: This study contributed to evaluating VRH effects on participants' well-being and pain, offering recommendations for enhancing VRH application in anticipation of home implementation.

Learning Objectives

- 1) Describe and co-construct co-construction of an RVH intervention program with patients with chronic pain.

Pain4 - Eight Modules for Psychotherapy for Chronic Pain Informed by Hypnosis and Mindfulness

David Patterson, PhD, ABPP, University of Washington, Seattle, Washington, United States

This 20 minute presentation will provide the theoretical and scientific basis for an eight-module psychotherapy approach to chronic pain management that is informed by hypnosis and mindfulness. The modules include assessment, motivational interviewing, mindfulness, cognitions about pain, hypnosis, monitoring activity, and psychological issues (e.g., depression, anxiety, PTSD, grief and sleep). The core of treatment will be a biopsychosocial assessment. For each module, the presenter will describe the science that is involved with treatment. The presenter will present research that he has help publish with colleagues on the combination of cognitive restructuring and hypnosis, as well as a comparison between education, hypnosis, and meditation for chronic pain in a sample of VA veterans. The approach described in detailed in *Clinical Hypnosis for Pain Control* (2nd edition) by DR Patterson and ME Mendoza, to be published in Fall, 2024

Learning Objectives

- 1) Describe eight modules of psychotherapy for chronic pain that is informed by hypnosis and mindfulness.

3:00 - 3:15 PM

Coffee Break

3:15 - 3:45 PM

0.5 CE/CME

Research Spotlight 1

Self-Administered Hypnosis for Hot Flashes: Preliminary Findings and Implications for Clinical Practice

Gary Elkins, PhD, ABPP, ABPH, Cameron Alldredge, PhD; Grant Morgan, PhD, and Vanessa Muniz, BA, Baylor University, Waco, Texas, USA

Hot flashes negatively impact 80% or more of the female population experiencing menopause due to aging and/or diagnosis and treatment for breast cancer, causing decreases in both emotional and physical role functioning. The most effective treatment for hot flashes, estrogen based treatment, is either contraindicated or a cause for worry amongst many women due to cancer and serious side effect risks. Effective, non-hormonal treatments for hot flashes that are not associated with unwanted side effects and are accessible to all women are needed. Hypnotherapy is the only psychological treatment that has demonstrated the ability to reduce hot

flashes to a clinically significant amount in women experiencing menopause from natural aging as well as breast cancer treatment. However, access to this effective treatment is limited. This study reports preliminary findings from a randomized controlled trial comparing self-administered hypnosis to a white noise condition. All participants received information about hot flashes and supportive remote contact. Participants completed daily hot flash diaries and ratings of acceptability and quality of life. Preliminary findings suggest the self-administered hypnosis practice resulted in significant reduction in hot flashes. Findings are discussed in regard to implications for future research and potential mechanisms.

Learning Objectives

- 1) Discuss research evidence for hypnotherapy in reducing hot flashes in menopause.

3:45 - 4:45 PM

1 .0 CE/CME

Keynote

Process-Oriented Hypnosis: Expanding Targets of Treatment

Michael D. Yapko, PhD. Private practice, Fallbrook, CA

“You’re unique...just like everyone else.” This statement highlights a challenging conundrum: if everyone is special then is anyone special? Anyone who has been doing therapy for any significant length of time will likely have noticed that while each person is unique as an individual, their problems are often remarkably redundant: here’s yet another person suffering with an anxiety disorder, another couple suffering in a distressed marriage, and another person feeling unhappy with life, and so on. Is the problem in them? Or is it in their process, i.e., the steps they follow leading to distress? By asking ‘how’ questions rather than ‘why,’ we can more readily identify unhelpful processes and know where to intervene. In this address, I will describe how hypnosis can be used to help build better processes that are life-enhancing.

When people follow ineffective sequences, identifiable steps that lead them down a symptom-producing path of experience, anyone following those same steps will end up in the same psychological place. Individual differences matter less: it no longer matters how many academic degrees they might have, or what their job is, or what they like to do on their days off. For as long as they continue to do whatever they do (cognitively, behaviorally, emotionally, interpersonally, etc.) in the same problematic way, the unfortunate outcome can be quite predictable. The problem is not in them. Rather, it’s in their process.

Based on Dr. Yapko’s most recent book, *Process-Oriented Hypnosis: Focusing on the Forest, Not the Trees*, the advantages of a macro-view of people’s problems will be described as a complement to the more typical micro-views clinicians focus upon. The Society for Clinical and Experimental Hypnosis gave this book its esteemed Arthur Shapiro Award for “best book on hypnosis in 2021.

Learning Objectives

- 1) Describe and discuss recent studies on the role of over-general cognitive style in treatment response.
- 2) Demonstrate how general language can generate specific effects in the listener.
- 3) List and describe the key components of a "process-oriented hypnosis".

4:45 – 5:45 PM

Break Before Poster Session

5:45 -6:00 PM

Poster Set up for Poster Presenters

Poster presenters should affix their poster to the poster board number that corresponds with their listing on the website of [Accepted Posters](#).

6:00 - 7:00 PM

1.0 CE/CME

Poster Session

Join colleagues as we visit with our Poster Authors to view and discuss their work. View the list of [Accepted Posters](#).

7:00 - 9:00 PM

Annual Awards Banquet

Join colleagues as we celebrate the 75th Anniversary of the Society and recognize the work of colleagues in the hypnosis community. View a list of [SCEH Awards](#).

Sunday, Oct. 27, 2024

Sunday, Oct.27

8:30 AM - 9:30 AM

1.0 CE/CME

Keynote

The "Vital" Placebo: Experiences of the Unleashed Mind

Jon K. Amundson, MA, MAPP, PhD, private practice, Calgary, Alberta, Canada

This presentation explores the capability of the mind when freed from habitual constraints, showcasing both traditional and non-traditional healing practices. We will try to string both evidence-based, scientific methods like brain stimulation, bio/neurofeedback, and hypnosis as well as traditional healing approaches: meditation, yogic disciplines, traditional Chinese practices, and the use of plant medicine/psychedelic therapies on common thread. The talk touches upon states of mind existent and the external, contextual influences that shape our responses. Central to our discussion is the "vital" placebo--highlighting its significant role in enhancing patient outcomes by bridging clinical practices with patient experiences through both a philosophical and research-based lens.

Learning Objectives

- 1) Describe an expanded definition of the placebo and its place in healing.

9:30- 10:00 AM

0.5 CE/CME

Research Spotlight 2

Neural correlates and discrete response patterns of hypnotic susceptibility

Mathieu Landry, PhD, Universite de Montreal, Montreal, Quebec, Canada and David Ogez, PhD, and Karim Jerbi, PhD, Universite de Montreal & CRHMR, Montreal, Quebec, Canada

Hypnotic phenomena exhibit significant variability across individuals, often attributed to the interplay between a primary psychological ability and secondary skills. This study utilizes the Harvard Group Scale for Hypnotic Susceptibility to explore this concept across two investigations. In the first study (N=40), we used resting-state electroencephalography (rs-EEG) to identify neural correlates of hypnotic susceptibility before and after hypnotic induction. A classifier differentiated between low and high susceptibility based on spectral features and connectivity patterns, highlighting the complexity of hypnotic susceptibility. Notably, aperiodic rs-EEG activity outside hypnosis emerged as a critical neural feature distinguishing susceptibility level, supporting the notion that hypnotic susceptibility represents a latent trait. The second study (N=681) examined patterns of hypnotic responsiveness based on the factorial structure underlying hypnotic susceptibility. Factorial analysis revealed a central component underpinned by secondary factors. Discrete clustering of scores identified a specific group highly susceptible to hypnosis, while no similar group was found for low susceptibility. This

suggests that individuals with low susceptibility scores may have a greater capacity to respond than previously recognized.

Learning Objectives

- 1) Describe the latest advances in the neurophysiology of hypnotic phenomena.
- 2) Describe recent research on individual differences in hypnotic responsiveness.
- 3) Describe the application of machine learning tools in neurophysiological research on hypnosis.

10:00 – 10:15 AM

Coffee Break

10:30 - 11:00 AM

0.5 CE/CME

Technology Spotlight 2

Predicting Hypnotic Depth using Transfer Learning

Yeganeh Farahzadi, MS, Eotvos Lorand University, Belvaux, Luxembourg; Morteza Ansarinia, PhD, Department of Behavioral and Cognitive Sciences, University of Luxembourg, Belval, Luxembourg; Zoltan Kekecs, PhD, Department of Affective Psychology, Eotvos Lorand University, Budapest, Hungary

This research introduces a novel approach in EEG data analysis for exploring the neural basis of hypnosis through deep neural networks. Traditional EEG methods are limited by their reliance on predefined features, which may not capture the complexity of phenomena such as hypnosis. Our approach utilizes neural networks to automatically learn optimal data representations directly from EEG signals with minimal preprocessing steps. We leverage the publicly available Mind-Brain-Body dataset, containing EEG recordings from 204 individuals during rest. Using a self-supervised learning approach, we train a neural network to reconstruct corrupted data segments, enabling it to learn the inherent spatial and temporal characteristics of EEG signals. We then fine-tune this model using data from 52 participants collected during hypnosis sessions, focusing on decoding their hypnotic experiences. Finally, we apply interpretable AI techniques to elucidate the specific features extracted by the network and their role in predicting hypnotic experiences. This project is still ongoing, but we anticipate promising outcomes by the time of the conference. We believe that our findings will significantly advance our understanding of neural underpinning of hypnosis, potentially leading to more effective and personalized treatment plans.

Learning Objectives

- 1) Explain how state-of-the-art deep learning methods, including self-supervised learning, can be applied to analyze EEG data in the context of hypnosis research, while considering the potential advantages and limitations of these approaches.

Presidential Symposium: Clinical Directions

Chair: *Barbara McCann, PhD, University of Washington, Seattle, Washington, United States, and President, Society for Clinical and Experimental Hypnosis*

PS1 - A Pilot Investigation of a Culturally-Adapted and Islamically-Infused Group Therapy for Muslims with Serious Mental Illness and Transdiagnostic Concerns

Merranda McLaughlin, MS; Salman Ahmad, MS; Malena Price, MS; Amy Weisman de Mamani, PhD, University of Miami, Coral Gables, Florida, USA

Muslims living in the United States (MLUS), despite growing mental health concerns (Amer & Hovey, 2012; Awaad et al., 2021) tend to underutilize psychotherapy (Ali et al., 2022). Some barriers to help-seeking include mental health stigma and lack of cultural/religious knowledge of potential clinicians (McLaughlin et al., 2022). Culturally Informed Therapy, a module-based CBT therapy (Weisman de Mamani et al., 2022) was adapted to a remote, group therapy setting for Muslims across Florida with either serious mental illness or transdiagnostic concerns. We hypothesized clients would have high rates of satisfaction as measured by a 0-7 rating scale and show reductions in distress (CORE-10). Our preliminary data of 11 Muslim participants indicates there were high levels of satisfaction ($M = 6.00$, $SD = .93$) and decreased distress pre-to-post intervention, $t(10)=2.78$, $p = .020$. Qualitative findings from clients indicate they benefitted from the infusion of Islamic principles within the foundation of CBT, weekly session-relevant Quranic verses, the use of Islamic meditation, as well as connecting the research on mindfulness to Islamic prayer and ritual. Expanding on these findings, we will consider how our application of Islamic meditation and mindful practice might give insight into the application of other hypnotic techniques for this population.

Learning Objectives

- 1) Identify a culturally-sensitive method of integrating Islamic religious coping or mindfulness to promote wellbeing for Muslim clients within a therapeutic setting

PS2 Combining brief hypnotic intervention for perinatal anxiety with acceptance and commitment therapy techniques

Nicola Park, MD and Badeea Qureshi, PhD, University of Washington, Seattle, Washington, United States

Hypnosis is effective for perinatal anxiety and depression and known to improve subjective experience of pregnancy. Acceptance and commitment therapy (ACT), also evidence-based, encourages values-based cognitive flexibility and present-moment awareness. We describe a brief intervention integrating ACT and hypnosis. The subject was a 32-year-old psychiatry resident G3P2 at 35w gestation age with pregnancy complicated by gestational diabetes. She described high stress following an ultrasound appointment, complicated by feeling overwhelmed by conflicting health and work demands. Hypnosis included suggestions for visualizing a healthy fetus on ultrasound. ACT-based suggestions included values-focus and present-moment awareness to address stressful feelings. The subject reported rapid resolution of physiological and mental stress during/after the session. She experienced gratitude towards her growing family, increased confidence and appreciation in pregnancy, and ability to re-frame her ultrasound experience. She felt permission to make the health of self and baby a priority. Six months post-hypnotic intervention she recalled a lessened burden of

health appointments. She noted the session's experiential approach allowed these notions to become rapidly and deeply learned. We conclude that hypnosis and ACT synergize to enhance here-and-now experiences, value-finding, metaphors, collaboration between therapist and client, and cognitive flexibility.

Learning Objectives

- 1) Describe the overlap between the principles of hypnosis and acceptance and commitment therapy (ACT).
- 2) Describe how ACT principles can synergize with hypnosis to help subjects clarify their values, contact the present moment, and practice cognitive flexibility.

PS3 - Hypnosis Training and Certification: A Systematic Review

Cameron Alldredge, PhD; Claire Green, BS; Meredith Vagner, Baylor University, Waco, Texas, United States

Using hypnosis in a therapeutic setting remains unregulated in most U.S. states. Lay hypnotists, those without formal medical or mental health training, are increasingly offering hypnosis services under various titles such as "certified hypnotherapist" or "master hypnotist." This trend raises questions regarding the ethical and clinical implications of lay certification programs. We conducted a systematic review to examine the landscape of hypnosis training and certification. We analyzed 133 organizations offering hypnosis/hypnotherapy training and certification programs. Data were collected from organizational websites and available training materials. We evaluated programs based on content related to: a) certification title, b) certifying organization, c) training format, d) training time, e) training requirements, f) price, g) prerequisites, h) specializations, i) instructor credentials, j) availability of ethical guidelines, and k) efficacy claims. Data are currently being analyzed and we anticipate they will provide a detailed overview of hypnosis training. We will discuss the current training landscape and its implications for clinical hypnosis as a field of science and therapeutic intervention. We anticipate that further research is needed to explore the potential impact of lay hypnotists on patient safety and well-being.

Learning Objectives

- 1) Describe the current landscape of both professional and lay hypnosis training and certification.
- 2) Identify ethical considerations associated with training programs considering current state regulations.

PS4 - Feasibility of a Brief Mindful Hypnosis Intervention for Emotion Regulation and Wellbeing in College Students: A Mixed-Methods Randomized Controlled Feasibility Trial

Victor Padilla, ScM and Gary Elkins, PhD, ABPP, ABPH, Baylor University, Waco, Texas, United States

College students are prone to an array of mental health problems stemming in part from poor emotion regulation skills and an increase in academic and life stressors. Mindful hypnotherapy has been previously shown to be potentially beneficial for improving emotion regulation. The aim of the present study is to investigate the impact and feasibility of a single session mindful hypnotherapy intervention for emotion regulation and wellbeing in college students. Participants are randomly assigned to either a single session mindful hypnotherapy session or a progressive muscle relaxation and education session and are provided with an audio recording for home practice. The feasibility of accrual, randomization, retention, adherence, and satisfaction are primary outcomes. In addition, themes and changes in emotion regulation, mindfulness, depression, anxiety, stress, and wellbeing will be explored. Preliminary findings will be shared and discussed.

Learning Objectives

- 1) Describe how mindful hypnotherapy can be applied to improve emotion regulation and wellbeing.

1:00 PM

Scientific Program Adjourns



See you at our next event.

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SCEH Publications & Website



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76th Annual Workshops & Scientific Program

September/October 2025 – Live Online

Includes Introductory, Skills and Advanced Workshops plus Scientific Program. Workshops meet accepted Standards of Training in Clinical Hypnosis. Watch our website for details.

2025 Midyear Workshops

2025 Midyear Clinical Hypnosis Workshops

March 7-10, 2025 - Live online

Includes Clinical Hypnosis Workshops at the Introductory, Intermediate and Advanced levels (each 12.5 CE/CME). Workshops meet accepted Standards of Training in Clinical Hypnosis and count toward SCEH Hypnosis Certification Programs. Save the date and stay tuned as event details are finalized. Workshops meet accepted Standards of Training in Clinical Hypnosis. Watch our website for details.

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