

## SCEH 2024 Annual Conference

# Advanced Workshops

Wednesday, October 23, 2024

Break: 7:00-7:15 PM

October 23, 2024

6:00 - 9:15 PM

3 CE/CME

## 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 presented 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

**October 23, 2024**

**6:00 - 9:15 PM**

**3 CE/CME**

## **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 3:00-3:15 PM

**8:00 - 10:00 AM**

**2 CE/CME**

### 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.

**October 24, 2024**

**8:00 - 10:00 AM**

**2 CE/CME**

## 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.

**October 24, 2024**

**10:15 AM -12:15 PM**

**2 CE/CME**

## 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.

**October 24, 2024**

**10:15 AM - 3:15 PM**

**4 CE/CME**

## 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 Erickson 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

**October 24, 2024**

**1:15 - 5:30 PM**

**4 CE/CME**

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

*Sandra Paulsen, Ph.D., M.A., 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.

**October 24, 2024**

**3:30 - 6:00 PM**

**2.5 CE/CME**

## **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-Dionysian 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 - 11:15 AM**

**3 CE/CME**

### 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



**October 25, 2024**

**8:00 - 10:00 AM**

**2 CE/CME**

## 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.

**October 25, 2024**

**10:15 AM - 12:15 PM**

**2 CE/CME**

## 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.

**October 25, 2024**

**1:15 - 3:15 PM**

**2 CE/CME**

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

*Brooke Hallowell, Ph.D., 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: 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). 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

**October 25, 2024**

**1:15 - 5:30 PM**

**4 CE/CME**

## **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 reduces 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.

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## **2024 Annual Conference**

**75th Annual Workshops and Scientific Program**

**October 23-27, 2024 (Wednesday-Sunday)**

***Mind Unleashed***

**Anaheim Majestic Garden Hotel, Anaheim, CA**

**Live / In Person / Face to Face Training**

<https://www.sceh.us/conference-details>