



Conference Brochure

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

**76th Annual Workshops and Scientific Program
The Future of Healing: Hypnosis in Multidisciplinary Care
October 8-12, 2025 – Live online (Wednesday-Sunday)**

- **October 8-9: Scientific Program**
- **October 10-12: All Workshops**

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Acknowledgements

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Barbara McCann, PhD, President and Anne Doherty Johnson, Executive Director



About the Conference

Conference includes Introductory, Intermediate and Advanced Workshops plus a Scientific Program. Workshops meet accepted Standards of Training in Clinical Hypnosis and count toward SCEH Hypnosis Certification Programs. Both CE and CME are offered. Agenda subject to change. Advance registration is required. Register early for the best rates.

Conference Theme

The theme of our conference, the 76th Annual Workshops and Scientific Program of the Society for Clinical and Experimental Hypnosis, is *The Future of Healing: Hypnosis in Multidisciplinary Care*. This year's program highlights the exciting integration of hypnosis into collaborative healthcare settings. We invite submissions that showcase how hypnosis enhances outcomes in areas such as trauma recovery, pain management, chronic illness, behavioral health, and integrative therapies. We encourage submissions that highlight collaborative research, share clinical applications, introduce innovative techniques, or offer interdisciplinary approaches. Join us in exploring how hypnosis is shaping the

Schedule at a Glance

76th Annual Workshops and Scientific Program

The Future of Healing: Hypnosis in Multidisciplinary Care

October 8-12, 2025 – Live online (Wednesday-Sunday)

➤ October 8-9 - Scientific Program

➤ October 10-12 – All Workshops

Conference Time Zone

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

Day	Scientific Program	Introductory Workshop - taken as a cohort	Intermediate Workshop - taken as a cohort	Advanced Workshops - select individual sessions	Networking Events & Audience	TIME
Wednesday	8:00 AM - 1:45 PM PT				General - All attendees	2:00-3:00 PM PT
Thursday	8:00 AM - 1:45 PM PT				SCEH Members	2:00-3:00 PM PT
Friday		8:00 AM - 2:00 PM PT	8:00 AM - 1:45 PM PT	8:00 AM - 1:45 PM PT	Students / Early Career Professionals	2:15-3:15 PM PT
Saturday		8:00 AM - 2:00 PM PT	8:00 AM - 1:15 PM PT	8:00 AM - 1:15 PM PT	Women	2:15-3:15 PM PT
Sunday		8:00 AM - 2:00 PM PT	8:00 AM - 1:15 PM PT	8:00 AM - 1:15 PM PT		
Continuing Education	8 CE/CME	15 CE/CME	12.5CE/CME	Up to 12.5 CE/CME	No CE/CME	

Conference Format

The conference is being held live on the Zoom Meetings platform. Live participation is required.

Breaks

Breaks are as marked on the respective session agendas.

Networking Events

Please note that we will host the following Networking Events at the end of the day on Wednesday through Saturday. Please plan your day accordingly so that you can attend to network with colleagues. Each event is for one hour.

DATE	DAY	NETWORKING EVENT / AUDIENCE	START TIME
Oct. 8	Wed.	General - All attendees	2:00 PM PT
Oct. 9	Thurs.	SCEH Members	2:00 PM PT
Oct. 10	Fri.	Students / Early Career Professionals	2:15 PM PT
Oct. 11	Sat.	Women	2:15 PM PT

Not Yet a Member of SCEH ?

We invite you to join! Visit our website to review member eligibility and submit an online application form. See <https://www.sceh.us/apply-for-membership>.



SCEH Policies

All attendees should be familiar with SCEH Policies which can be found on our website at:

<https://www.sceh.us/bylaws-code-of-ethics-policies>

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
- 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.

- 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.

Continuing Education Information – CE and CME

Accreditation Statement



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.

View our [conference web page](#) for the latest information and details on conference continuing education.

A Learner Notification will be posted on the conference web page as soon as it is available and provided to all registered attendees in advance of the conference in the Final Event Confirmation. The Learner Notification includes detailed continuing education information and instructions on how to obtain your Continuing Education Certificate.

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.

500 - Scientific Program

9 CE/CME

Scientific Program - Earn 9 E/CME.

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

Note: All posted event times are in Pacific Time (PT). [Click here to convert time zones.](#)

Daily Schedule:

Wednesday, Oct. 8:	8:00 AM-1:45 PM PT
Thursday, Oct. 9:	8:00 AM-1:45 PM PT

Breaks: See agenda for scheduled breaks.

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

Faculty: *Cameron Alldredge, PhD; Eva Banyai, PhD; Zsuzsanna Besnyo, BA; Vindhya Ekanayake, MS, MSCP; Youssef El-Allam, BA; Gary R. Elkins, PhD, ABPP, ABPH; Carol Ginandes, PhD, ABPP; Alex Hood, BA; Zoltan Kekecs, PhD; Barbara McCann, PhD; Farnaz Moghaddamfar, MA; Donald Moss, PhD; Vanessa Muniz, MA; Victor Padilla, BS; David R. Patterson, PhD, ABPP; Katherine Scheffrahn, BS; Kaitlin Seidenberg, BS; Audrey Vanhaudenhuyse, PhD; Katalin Varga, PhD, DSc and Peter Whorwell, BSc, MD, PhD, FRCP*

Keynote Speakers Schedule



Above, left to right, in order of conference appearance: Katalin Varga, PhD, DSc; Audrey Van Haudenhuyse, PhD, and Carol Ginandes, PhD, ABPP

Keynotes are a part of the Scientific Program. Read on through the Scientific Program Agenda for details.

Wednesday, October 8 -- 8:00-9:00 AM PT

Psychological Support Based on Positive Suggestions: Possibilities in Various Medical Settings

Katalin Varga, PhD, DSc, Psychologist, Department of Affective Psychology, Eötvös Loránd University, Budapest, Hungary

Wednesday, October 8 -- 9:45-10:45 AM PT

Modified States of Consciousness: From the Bench to the Bedside of Patients

Audrey Van Haudenhuyse, PhD, Head of the Sensation and Perception Research Group, GIGA Consciousness, University of Liege, Liege, Belgium

Thursday, October 9 -- 9:45-10:45 AM PT

Traveling in the Land of Trance: A Personal Odyssey

Carol Ginandes, PhD, ABPP, Health Psychologist, Private Practice, Watertown, MA, Clinical Associate in Psychology, McLean Hospital, Assistant Professor of Psychology, Department of Psychiatry, Harvard Medical School, Boston, MA, USA.

Symposium Details

Thursday, Oct. 9 -- 8:00-9:00 AM PT

Safety in Hypnosis Research in the Era of Virtual Practice, Online APPS, and Virtual Research

The World is Changing: Research in the Era of Hypnosis Apps, Virtual Research, and Minimalistic Research Protocols

- Moderator: *Donald P. Moss, PhD, Professor and Dean, College of Integrative Medicine and Health Sciences, Saybrook University, Pasadena, CA, West Olive, Michigan, USA*

Safety in Hypnosis Research and Practice: Implications for Training and Education

- *Zoltan Kekecs, PhD, Assistant Professor, Institute of Psychology, Department of Affective Psychology, ELTE University, Budapest, Hungary*

Defining, Assessing, and Reporting Adverse Events in Clinical Hypnosis Research

- *Gary R. Elkins, PhD, Professor, Department of Psychology and Neuroscience, Baylor University, Waco, TX, USA*

Remotely Delivered Hypnotherapy in Gastroenterology: Advantages and Disadvantages

- *Peter Whorwell, BSc, MD, PhD, FRCP, Director of the South Manchester Neurogastroenterology Service, University of Manchester, Manchester, UK*

Safe Hypnosis Applications in Vulnerable Populations: Insights from Clinical Research and Cancer Patient Care

- *Eva I. Banyai, PhD, Professor Emeritus, Institute of Psychology, Department of Affective Psychology, ELTE University, Budapest, Hungary*

Wednesday, Oct. 8

8:00-9:00 AM

Keynote

Psychological Support Based on Positive Suggestions: Possibilities in Various Medical Settings

Katalin Varga, PhD, DSc, Psychologist, Department of Affective Psychology, Eötvös Loránd University, Budapest, Hungary

Research results will be presented proving that appropriate communication -- called "Psychological Support Based on Positive Suggestions" -- can improve the medical care in various settings: intensive care, eye-surgery, orthopaedic surgery, obstetrics, etc. The effect of these techniques is reflected in several parameters (shorter hospital stay, better cooperation, less medication, reduced side effects, etc.).

The approach is based on the observation that the patients in medical settings are in a state very close to the hypnotic state, so any comment may function as a powerful hypnotic suggestion.

In this presentation, apart from our research results, I will present some of those examples that we are using in training medical professionals. These are focusing on the importance of rapport, communicating in situations of emotional involvement, use of suggestive techniques in critical situations, applying simple metaphors, etc.

Learning Objectives

- 1) Describe the concept of "Psychological Support Based on Positive Suggestions" and the main principles of suggestive communication.
- 2) Describe how to identify and avoid negative messages in medicine.

9:00-9:30 AM PT

Research Presentations

9:00-9:15 AM PT

Non-ordinary States of Consciousness to Improve Well-being in Cancer

Presenting: Audrey Van Haudenhuyse, PhD, University of Liege, Liege, Belgium

Author: Nolwenn Marie, MA. University of Liege, Liege, Belgium

Many patients with cancer experience a common set of symptoms, including fatigue, emotional distress, sleep disturbances, pain, and cognitive difficulties. While hypnosis and meditation have shown promising results in oncology, existing studies have methodological limitations. Auto-induced cognitive trance (AICT) is another encouraging approach that engages the body more directly. This study aimed to evaluate the effectiveness of three group interventions (hypnosis, mindful self-compassion (MSC) meditation, and AICT) to improve the well-being of post-treatment cancer patients, compared to a control group (usual care). We hypothesized an improvement in clinical symptoms in all three intervention groups. This preference-based, longitudinal controlled study included 157 participants with various cancers (hypnosis = 41, meditation = 32, AICT = 38, and control group = 46). Participants

completed clinical questionnaires at baseline (T0) and just after the intervention (T1). The evolution of the symptoms was assessed using an adjusted multiple linear mixed model with significance levels corrected. Results showed significant reductions of fatigue, anxiety and sleep disturbances in the three intervention groups. Depression also decreased after AICT and MSC meditation, while cognitive complaints decreased after hypnosis and MSC meditation. No intervention had any effect on pain. Regarding psychological process variables (negative adjustment to cancer, psychological flexibility and inflexibility), all three intervention groups showed improvements. No change was found for the control group. This pioneering study suggested benefits of hypnosis, MSC meditation and AICT on many clinical symptoms in cancer survivors. It opens perspectives for future research and clinical applications of interventions based on non-ordinary states of consciousness.

Learning Objectives

- 1) Identifying the therapeutic benefits of non-ordinary states of consciousness in oncology

9:15-9:30 AM PT

[Benefits of an Intervention Combining Self-Hypnosis and Self-Compassion on the Well-Being of Children with Cancer and their Families](#)

Farnaz Moghaddamfar, MA, University of Liege, Liege, Belgium

A childhood cancer diagnosis is associated with emotional repercussions, such as anxiety, depression and fatigue, impacting on the child's life habits and family dynamics. Self-hypnosis, sometimes combined with self-compassion learning, is increasingly used among children with cancer, with benefits on their well-being. In this quasi-experimental study, we proposed a group intervention combining self-hypnosis and self-compassion to children and adolescents with cancer, their siblings, and parents. The intervention consisted of six 1.5-hour group sessions combining self-compassion techniques (e.g., self-respect, assertiveness) and hypnosis exercises. We hypothesize improvements in terms of quality of life, fatigue and emotional distress after the intervention. The sample includes 17 children and adolescents with cancer, 7 siblings, and 24 parents, divided into two groups: one with the patients and their siblings, and the other with their parents. A semi-structured interview was conducted before the first session to gather participants' expectations, and after the final session for feedback and suggestions, in order to discuss both the format and content of the intervention. Participants also completed questionnaires regarding fatigue, quality of life, and emotional distress pre- and post-intervention. These data are currently being analyzed, and the results will be presented at the conference. They are expected to clarify the impact of an intervention combining self-hypnosis and self-compassion on the well-being of children and adolescents with cancer and their families.

Learning Objectives

- 1) Cite two benefits of combination of self-hypnosis and self-compassion in children with cancer and their families.

9:30-9:45 AM PT

Break

9:45-10:45 AM

Keynote

Modified States of Consciousness: From the Bench to the Bedside of Patients

Audrey Vanhaudenhuyse, PhD, Head of the Sensation and Perception Research Group, GIGA Consciousness, University of Liege, Liege, Belgium

Complementary approaches based on modified states of consciousness (MSC) are gaining increasing interest among both clinicians and patients. MSCs are complex cognitive states characterized by modulation in self-awareness and perception of the environment. In addition, recent developments have highlighted a promising synergy between non-pharmacological interventions such as hypnosis or trance-like techniques and immersive technologies like virtual reality. These tools enable the induction of MSCs in clinical settings, allowing patients to experience beneficial dissociative states during invasive medical procedures.

This presentation will review clinical studies demonstrating the efficacy of hypnosis, virtual reality hypnosis, and related approaches in managing both acute and chronic pain. Additionally, it will provide an overview of the neurophysiological mechanisms involved in pain modulation under these altered states. The aim is to show how these complementary tools can be integrated into a personalized, multimodal strategy for improved patient care.

Learning Objectives

- 1) Understand the relevance of approaches based on modified states of consciousness in patient care,
- 2) Integrate the current state of scientific knowledge regarding these complementary approaches,
- 3) Open up the field of reflection on the growing interest in these practices within healthcare,

10:45-11:30 AM PT

Break

11:30 AM-12:00 Noon PT

Research Presentations

11:30-11:45 AM PT

Psychophysiological Interventions, Optimal Hypnosis, and Optimal Psychotherapy

Donald P. Moss, PhD, College of Integrative Medicine and Health Sciences, Saybrook University, Pasadena, CA, West Olive, Michigan, USA

Current research in neuroscience and psychophysiology shows that autonomic and central nervous system processes correlate with interpersonal engagement, affect regulation, sense of safety/threat, cognitive flexibility, and perspective-taking. Psychotherapy and hypnotically-based psychotherapy

pursue improvements in each of these areas. When successful, patients improve in their social engagement, affect regulation, and cognitive flexibility. They also establish greater zones of safety in their everyday life. Effective psychotherapy optimizes human caring and connection and enables patients to manage their emotions and gain understanding and perspective in their lives. In turn, patients with at least minimal levels of social engagement, affect regulation, and cognitive flexibility participate more freely and benefit more from hypnosis and psychotherapy. Autonomic processes and brain processes interact here. Julia Wendt and Julian Thayer (2024) propose that heart rate variability (HRV) is an index of pre-frontal cortical functionality. Autonomic regulation enhances the function in our brain's control center and facilitates neural regulation of emotional brain centers such as the amygdala. This presentation will review conceptual models and current research on the integration of psychophysiology with psychotherapy. Specifically, the presentation will review the conceptual models and research of Stephen Porges, Julian Thayer, Kersten Uvnas Moberg, and Paul Larson, and explore their implications for practitioners of hypnosis and hypnotically-based psychotherapy.

Learning Objectives

- 1) Identify autonomic and central nervous system processes impacting cognitive flexibility and perspective taking.
- 2) Identify autonomic and central nervous system processes impacting human caring, compassion, and social engagement.
- 3) Explain linkages between ventral vagal system, heart rate variability, and hormone oxytocin.
- 4) Identify respiratory training that facilitates compassion, emotion regulation, and cognitive function.
- 5) Identify psychophysiological interventions, including heart rate variability training and hypnosis, that optimize psychotherapeutic processes, in affective, social, and cognitive domains.

11:45 AM-12:00 Noon PT

Integrating Meditation and Hypnosis into Psychotherapy

David R. Patterson, PhD, ABPP. University of Washington, Mercer Island, Washington, USA

This 20-minute presentation for the Scientific part of the meeting will focus on integrating hypnosis and meditation into a course of psychotherapy, particularly for pain management. The model will be based on an eight-module approach to psychotherapy that is informed by hypnosis and published in a book by Patterson and Mendoza (2024). The approach is based on publication by the author and Mark Jensen PhD in the journal *Pain* that investigate combining hypnosis with cognitive therapy for pain management, as well as a comparison between hypnosis and meditation for chronic pain in veterans. The model follows a motivational approach in which a goal is to engage patients in therapy in pain. Meditation training involves a brief training in non-dualism approaches to understanding the neurophysiology of consciousness and then training in simple meditation as discussed by Herb Bensen and Akira Otani. An approach to using hypnosis to enhance meditative practices will also be discussed.

Learning Objectives

- 1) Describe the value of meditation practices for psychotherapy and pain management.
- 2) Articulate a model of non-dualism in a way that promotes patient engagement in learning meditation.
- 3) Describe methods to enhance mediation with hypnosis.

12:00-12:15 PM PT

Break

12:15-1:15 PM PT

Workshop

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

Vanessa Muniz, MA and Gary R. Elkins, PhD, ABPP, ABPH, Baylor University, Waco, TX, USA

This workshop will offer foundational knowledge on hypnosis research. Topics include key considerations in designing case studies and randomized clinical trials of hypnosis and related concepts (i.e., relaxation, mindfulness, suggestion methods). Empirically-based research of clinical and experimental hypnosis will be discussed and guidance on the preparation of papers for submission for publication will be covered. Finally, updates of the International Journal of Clinical and Experimental Hypnosis such as current call for papers will be mentioned. This workshop will be of interest to 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) Discuss purpose and design of pilot studies.
- 3) Identify three components of randomized clinical trials of hypnosis interventions.

1:15-1:45 PM PT

Research Presentations

1:15-1:30 PM PT

[Feasibility of Clinical Hypnosis for Sleep \(CHS\) for Improving Sleep Quality among Adults with Mild Cognitive Impairment: Secondary analysis from a randomized, controlled pilot study](#)

Kaitlin A. Seidenberg, BS and Alex Hood, BA, Baylor University, Waco, TX, USA

Mild cognitive impairment (MCI) represents a frequent intermediate phase between normal cognition and dementia that impacts millions of adults worldwide. Sleep disturbances accelerate cognitive deterioration in those with MCI. Previous research has suggested the suitability of hypnosis as a potentially effective alternative to existing sleep interventions for this population. A more detailed picture of hypnosis' effects on components of sleep quality and insomnia severity could help tailor hypnotic interventions for adults with MCI and guide future interventional research. The present results represent a secondary analysis of data from a randomized controlled trial to assess the feasibility of a self-administered hypnosis intervention for sleep improvement in 21 individuals with MCI and sleep disturbances. Participants were randomized into either Clinical Hypnosis for Sleep (CHS) or a Sham Hypnosis Control (SHC). Outcomes included the Pittsburgh Sleep Quality Index (PSQI) including subscales, Insomnia Severity Index (ISI), and the Perceived Stress Scale (PSS). Adults with MCI in the CHS condition experienced improvements in sleep quality and medication dependency subscales compared to the control group. Modest, non-significant differences were also observed on ISI, and groups did not substantively differ on PSS scores. However, the study was only powered for feasibility and not to detect significant differences. A fully powered clinical trial comparing CHS to the innovative SHC is needed to determine efficacy and to understand how specific sleep mechanisms are impacted by hypnosis among this population. Studies are also needed to determine if CHS effects cognitive performance. The results indicate that clinical hypnosis is a promising intervention to improve sleep quality among adults with cognitive decline.

Learning Objectives

1. Discuss the specific impacts of a self-administered hypnosis intervention on components of sleep quality among adults with MCI.

1:30-1:45 PM PT

[Artificial Intelligence and Clinical Hypnosis: Ideas for Integration](#)

Cameron Alldredge, PhD, Baylor University, Waco, TX, USA

As artificial intelligence (AI) and language models continue to improve and be applied in healthcare settings, an important consideration is how AI can specifically be integrated into the practice and delivery of clinical hypnosis. This paper explores ideas for integration and their potential to enhance both hypnosis apps and practitioner-based treatment. AI can address current limitations in hypnosis apps, such as the lack of personalization, by collecting and analyzing patient data to create and deliver

individualized treatment approaches within the apps. Additionally, machine learning can lead to AI-generated hypnosis scripts that offer flexible, patient-specific suggestions, improving training and outcomes for both novice and experienced practitioners. The paper also highlights the potential of AI in aggregating and analyzing multisource biofeedback, which would provide real-time monitoring of patients' physiological and neurological responses during hypnosis. This integration offers clinicians valuable insights, enabling them to optimize hypnotic interventions with a greater understanding of patient experiences. Ethical considerations and training implications are also discussed. While AI can enhance accessibility and treatment efficacy, it should complement, rather than replace, human expertise in clinical settings.

Learning Objectives

- 1) Explore the potential integration of Artificial Intelligence (AI) into clinical hypnosis

1:45 PM PT

Scientific Program adjourns for the Day

Thursday, Oct. 9

8:00-9:00 AM PT

Symposium

Safety in Hypnosis Research in the Era of Virtual Practice, online APPS, and Virtual Research

Moderator:

- Donald P. Moss, PhD, Professor and Dean, College of Integrative Medicine and Health Sciences, Saybrook University, Pasadena, CA, West Olive, Michigan, USA

Presenters:

- Zoltan Kekecs, PhD, Assistant Professor, Institute of Psychology, Department of Affective Psychology, ELTE University, Budapest, Hungary
- Gary R. Elkins, PhD, Professor, Department of Psychology and Neuroscience, Baylor University, Waco, TX, USA
- Peter Whorwell, BSc, MD, PhD, FRCP, Director of the South Manchester Neurogastroenterology Service, University of Manchester, Manchester, UK
- Eva I. Banyai, PhD, Professor Emeritus, Institute of Psychology, Department of Affective Psychology, ELTE University, Budapest, Hungary

Clinical hypnosis has undergone remarkable transformations in the past decade. The COVID-19 pandemic brought a shift to remote delivery of hypnosis treatment for over half of practitioners worldwide (Palsson et al., 2023). Simultaneously, both lay practitioners and respected leaders in professional hypnosis have created

hypnosis apps, which deliver hypnotic solutions for stress, anxiety, sleep disturbance, smoking, and a variety of other problems. Hundreds of thousands of lay persons are learning hypnotic techniques on their own, with digital supports and no supervision. Parallel changes have developed in research, with many studies delivering interventions at a distance and in many cases showing similar efficacy for remote and face to face interventions. One pioneer in remote hypnosis, David Spiegel of Stanford university, reported that after 850,000 downloads of his Reveri app, only 10 instances of adverse effects were reported (Spiegel, 2025). Yet current ethical guidelines and a variety of past studies have highlighted the risk for adverse effects in both clinical hypnosis and hypnosis research (Bllinger, 2018; Faerman, no date; Kluft, 2012; Lang et al., 2008).

This symposium will discuss to what extent safety must remain a priority in hypnosis research and what approaches to safety will be effective in this new environment. What should be the new guidelines be for assuring safety in hypnosis research?

Moderator:

[The World is Changing: Research in the Era of Hypnosis Apps, Virtual Research, and Minimalistic Research Protocols](#)

Donald Moss, PhD

Presenters:

[Safety in Hypnosis Research and Practice: Implications for Training and Education](#)

Zoltan Kekecs, PhD

Ensuring safety in hypnosis research and practice is crucial, particularly in an era of virtual applications and online research. This talk will discuss key advancements in training and education to enhance safety in hypnosis research. The talk will describe a newly developed training program, called the Standardized Hypnotizability Assessment and Rapport Education (SHARE). SHARE is designed for research assistants working with hypnosis, and incorporates training on safe hypnosis applications, risk factors, and handling adverse reactions. Findings on the safety of the program will also be shared. Additionally, we will also discuss new work by the Hypnosis Efficacy Task Force, focusing on emerging recommendations for the safe application of hypnosis in both research and clinical settings. These efforts aim to establish evidence-based guidelines to support ethical and responsible hypnosis practice in diverse settings.

[Defining, Assessing, and Reporting Adverse Events in Clinical Hypnosis Research](#)

Gary Elkins, PhD; ABPP, ABPH, Cameron Alldredge, PhD; Chris Corlett, MA; Donald Moss, PhD

Research into hypnosis and hypnotherapy interventions have generally failed to proactively assess or report on adverse events (AEs). The limited reporting has suggested that the rate of such events in clinical trials is less than 0.5%. However, clinicians integrating hypnotherapy into their clinical practice are more likely to encounter some adverse events due to work with

patients with a history of psychopathology, techniques used, or factors in the patients' environment. Therefore, there is a need to determine adverse events in clinical hypnosis research. There are several factors that should be considered in assessing and reporting adverse events in clinical hypnosis research. First, to adequately determine potential AEs associated with hypnosis, it is important to clearly define exactly what the "hypnosis" being studied involves. A contemporary definition of hypnosis is that it is defined as a "state of consciousness involving focused attention and an enhanced capacity of suggestion" and hypnotherapy is defined as "the use of hypnosis in the treatment of a medical or psychological disorder or concern" (Elkins et al., 2015, p. 6). However, researchers have not always been clear about the exact definition of hypnosis and procedures being studied. Second, adverse events should be assessed in regard to (1) severity, (2) whether or not they are directly related to the experience of hypnosis, and (3) how and when the adverse event was resolved. This specificity is essential to maintain objectivity in assessment of adverse events. Third, adverse events should be reported in publications and presentations. This would allow for clearer understanding of both the incidence of adverse events and the factors that contribute to them so they can be minimized in future research and clinical practice. For example, it is possible that some adverse events in clinical hypnosis are not due to the experience of hypnosis itself but rather how the psychotherapy therapy is approached. For example, age regression hypnosis may have more risks than uses of hypnosis to facilitate relaxation. It is thus important to distinguish between AEs that are due specifically to hypnosis and those that are due to the therapeutic approach used in combination with hypnosis. Once this distinction is made, AEs can be assessed more precisely based on reports of content, psychological, and biological factors from participants, patients, or medical professionals. To continue the rigorous scientific inquiry and effective clinical use of hypnosis, it is increasingly important to accurately define, assess, and report adverse events. The framework for assessing and reporting hypnosis-related adverse events presented in this presentation makes a vital distinction between hypnosis as a state of consciousness and the use of hypnosis therapeutically to correctly assess the relative

Remotely Delivered Hypnotherapy in Gastroenterology: Advantages and Disadvantages

Peter Whorwell, BSc, MD, PhD, FRCP

Our unit is a tertiary care referral centre for disorders of gut brain interaction (DGBIs) such as irritable bowel syndrome (IBS). One of the most effective treatments that we offer is gut directed hypnotherapy for which there is now a strong evidence base. As patients are referred from all over the UK, for over ten years we have been offering video consultations to save them having to travel and a natural extension of this approach is to also use it for delivering the hypnotherapy. The results for the first twenty patients treated this way were published and showed that it was only marginally less effective than face-to face treatment. However, remote hypnotherapy is not suitable for everybody, and our experience is the subject of this presentation.

Safe Hypnosis Applications in Vulnerable Populations:
Insights from Clinical Research and Cancer Patient Care

Eva I. Banyai, PhD

Patients usually perceive the diagnosis of cancer as a death sentence, and as a result of the emotional shock caused by the diagnosis, they spontaneously enter an altered state of consciousness. Since in this spontaneous negative trance state they become extremely susceptible to suggestions, hypnotherapy and suggestive techniques are especially useful in helping the patients to realize the chances of survival. In spite of this, although modern chemotherapeutic and radiotherapeutic procedures and psychotherapeutic interventions have been included in cancer care since the 1970s, when the bio-psycho-social model of cancer was developed by Engel, hypnotherapy is still missing from psycho-oncology textbooks. The reason for this absence is that there are relatively few well-controlled, randomized, prospective clinical trials demonstrating the positive effects of hypnotherapy in cancer patients.

On the basis of the experiences of our research with breast cancer patients, the presentation will outline ethical and methodological considerations necessary to demonstrate the positive effects of hypnotherapy in cancer care in a way that avoids adverse effects. In the research design it is extremely important to avoid the feeling of exclusion of the members of the group used as a control for hypnosis. It is also essential to formulate suggestions positively in order to avoid negative effects. If, in spite of our due precaution, an unwanted negative reaction appears (as, for example, the sudden, unwanted emergence of an early trauma, making one biologically susceptible to hypoactive immune functioning), it is inevitable to ensure that the patient gets individual psychotherapeutic help to work through the trauma.

Learning Objectives

- 1) Identify the incidence and severity of adverse effects in hypnosis clinical practice and in hypnosis laboratory research.
- 2) Compare adverse effects in hypnosis to those reported in other behavioral health and medical interventions.
- 3) Identify populations that are more likely to experience adverse effects and ways to structure research for these populations.
- 4) Identify hypnosis inductions and techniques that research shows elicit more frequent adverse effects and how research can be structured to support participants when these techniques are utilized.
- 5) Review training guidelines or protocols for training research to optimize safety in research.

9:00-9:30 AM PT

Research Presentations

9:00-9:15 AM PT

On the Gentle Waves of Words: The Phenomenological Complexity of Pain

Zsuzsanna Besnyo, BA, ELTE Eotvos Lorand University, Budapest, Hungary

In our study we intended to explore how the hypnotist and the participant have an impact on each other during cold pressor task in interaction approach framework. Our aim was to measure sensory perception during analgesia suggestions and hypnotic susceptibility separately later as well. The parallel electrodermal activity measuring has been applied to reveal the connection between the two persons. The relationship between pain management efficacy and hypnotic susceptibility was also analyzed. We documented the strategies that participants used to induce hypnoanalgesia and assess the factors associated with the strategies which creates the individual phenomenological analgesia field. In my presentation, I will show several ways how the participant handled pain. Our findings suggest that there are gender differences in pain management.

Learning Objectives

- 1) Describe three aspects of the scientific, methodological and ethical aspects of a research based on the Elkins Hypnotizability Scale (Elkins, G.R. 2014).
- 2) Describe the uniqueness hypnotizability measuring procedure combined with parallel electrodermal activity measuring, pain management –introducing the realm of interaction approach framework.

9:15-9:30 AM PT

Effect of Hypnosis in Perioperative Outcomes among Patients undergoing a Non-cardiovascular Surgery: Systematic Review of Randomized Trials

Presenting: Youssef El-Allam, BA, Hassan 1st University, Marrakech, Morocco

Authors: El-Allam Youssef, Hafyani Yassine, Khalyfa Mohamed, Bouzid Jawad, Mouhajir Mohamed and Himmouche Naoufal, Laboratory of Health Sciences and Technologies, Higher Institute of Health Sciences, Hassan 1st University, Settati, Morocco.

Introduction: Surgery is a disturbing factor of perioperative outcomes in surgical patients. This study aims to explore effects of clinical hypnosis in diverse perioperative disturbances among non-cardiovascular surgical patients.

Methods: This is a systematic review according to PRISMA Lines, using following databases: Cochrane trials, Scopus, Web of science, PubMed and Google scholar with various keywords in English and French. Studies quality was assessed by Cochrane ROB2 tool.

Results: Clinical hypnosis showed a significant effect on decreasing preoperative anxiety, medication consumption especially opioids and hypnotics per and postoperatively as well as risk of postoperative

nausea and vomiting, a higher level of prolactin was also observed on post caesarean section in hypnosis group.

Implications: This study recommends integration of clinical hypnosis into preoperative care to reduce anxiety and improve patient outcomes. Reducing medication use, hypnosis could be a strategy for controlling many side effects of drugs and reducing risk of addiction, by this effect hypnosis can also implemented as an economic strategy for economising dispenses in terms of medications. Hypnosis helps also in enhancing patients' recovery by reducing the risk of postoperative nausea and vomiting.

Conclusion: Hypnosis is an interesting perioperative strategy, particularly in decreasing preoperative anxiety and medication consumption.

Learning Objectives

- 1) Describe the effect of hypnosis in perioperative outcome: anxiety, pain, prolactin levels, comfort, satisfaction and hemodynamic parameters.

9:30-9:45 AM PT

Break

9:45-10:45 AM PT

Keynote

Traveling in the Land of Trance: A Personal Odyssey

Carol Ginandes, PhD, ABPP, Health Psychologist, Private Practice, Watertown, MA, Clinical Associate in Psychology, McLean Hospital, Assistant Professor of Psychology, Department of Psychiatry, Harvard Medical School, Boston, MA, USA.

Generally, scientific meetings present accounts of clinical and experimental methods, randomized trials and their findings. In contrast, this session will detail a single case study -- that of the presenter herself. In it, she will share a narrative of her own developmental trajectory in the domain of hypnosis and mind/body healing.

The talk will include her "pilgrim's progress" along the winding path of hypnosis education, through the travails of initiating unconventional research, to climbing the rocky terrain of introducing hypnosis to medical colleagues, and on to forging educational inroads in the territory of the academic establishment. She will also share anecdotes of hypnotic self-healing and the meeting of wise sages along the route.

In addition, she will describe her efforts to devise a generalizable model for working with mind/body patients, to create a biologically paced, phase-oriented approach for augmenting hypnotic healing, and to the recording of original medical hypnosis audio programs.

It is hoped that this sharing of one individual's professional developmental journey may invite other hypnosis clinicians to engage in greater self-reflection on their own personal history in which they have committed to the pursuit of an area of practice that continues, to this day, to be a far off the beaten path professional itinerary.

Learning Objectives

- 1) Describe create a “biologically-paced, strategically phased hypnotic intervention protocol” to treat how to various conditions.
- 2) Describe a customizable multi-modal hypnotic model integrating various strategies to facilitate mind/body healing.

10:45-11:30 AM PT

Break

11:30 AM-12:00 Noon PT

Research Presentations

11:30 AM-11:45 PM PT

[The Role of Deepening in Determining Hypnotic Depth in Different Hypnotic Induction Procedures](#)

Zoltan Kekecs, PhD, Eotvos Lorand Tudomanyegyetem, Budapest, Hungary

Our previous research on the effectiveness of different conventional and non-conventional hypnosis induction procedures has found some indication that placebo induction procedures such as “white noise induction” or “embedded hypnosis induction” produced slightly lower of hypnosis depth subjective reports compared to conventional induction procedures, such as induction via hypnotic relaxation. Our present study aimed to investigate whether this difference was due to the presence of deepening (and “deep” words in particular) in the hypnotic relaxation induction. Participants underwent one of four hypnosis induction procedures in a 2 x 2 factorial design. The two factors were 1. Induction type (hypnotic relaxation or white noise induction) and 2. The presence of the words “deep” and “deeper” (present vs. absent in the induction). In a multiple regression model, hypnotizability and expectancy had significant positive effects on hypnosis depth. In the same model, neither induction type, nor “deep words” had significant added predictive value. However, the interaction of these two factors when added to the model was significant. Specifically, hypnotic relaxation induction together with deep words resulted in the greatest hypnotic depth. This result contradicts the notion that the previous difference in subjective hypnotic depth was solely due to a priming effect from the frequent occurrence of “deep” words in hypnotic relaxation induction.

Learning Objectives

- 1) Describe the differential effect deepening, and “deep” words play in different types of hypnosis induction procedures.

11:30 AM-12:00 Noon PT

[Exploring Anxiety and Receptivity to Hypnosis Among College Students: A Survey Study](#)

Katherine A. Scheffrahn, BS, Baylor University Mind-Body Medicine Research Laboratory, Waco, Texas, USA

In recent years, anxiety prevalence has risen in the United States, especially among young adults. In 2022, the National Health Interview Study reported that anxiety symptoms in the past two weeks were the most prevalent in young adults (aged 18-29) compared to older adults. In young adults, 26.6% experienced any anxiety symptoms in the two-week period, 16.9% experienced mild symptoms, 5.3% moderate, and 4.5% experienced severe anxiety symptoms. This nationwide study demonstrates that many individuals experience anxiety. When not managed properly, anxiety among college students can have negative effects such as affecting sleep, grades, and emotional wellbeing. However, many young adults who experience anxiety may not have adequate tools at their disposal to manage anxiety. Thus, there is a need for safe and effective interventions that can reduce anxiety symptoms. This study aims to determine: 1) the prevalence and characteristics of anxiety among a sample of college students; 2) potential and most prevalent triggers; 3) current coping strategies for anxiety; 4) willingness and interest in engaging with a hypnosis intervention for anxiety reduction, and 5) barriers and benefits college students see in an optimized hypnosis intervention for anxiety. A survey will be conducted among university students at a mid-size, private university in Central Texas. Study participants will answer questions on demographics and questions relating to the study aims. This study is ongoing, and preliminary findings will be discussed.

Learning Objectives

- 1) Describe two factors about anxiety prevalence, triggers, and characteristics in college students as well as their implications for a potential hypnosis intervention.

12:00-12:15 PM PT

Break

12:15-12:45 PM PT

Research Presentations

12:15-12:30 PM PT

[Pain and Tonic Immobility in Rabbits: A Potential Framework for an Animal Model of Hypnosis](#)

Katherine A. Scheffrahn, BS, Baylor University Mind-Body Medicine Research Laboratory, Waco, Texas, USA

Clinical hypnosis for pain relief is a thriving field of research, yet there is a lack of conclusive research on the neurobiological mechanisms underlying hypnosis for pain attenuation. This lack of knowledge is partly due to the limitations of the kinds of research that can be conducted on the neurobiological mechanisms underlying hypnosis. An animal model of hypnosis for pain would allow many of the current gaps in research to be explored by allowing for different methods of investigation than have previously been accessible. To that end, this presentation examines tonic immobility (TI) in rabbits as a potential framework for an animal model of

hypnosis for pain attenuation as well as presenting a systematic review of the literature on pain and TI in rabbits, thus providing context for the animal model framework. TI is a reversible state where rabbits become still for an extended period of time in response to external stimulus. TI in rabbits is well researched, but the phenomena has yet to be fully evaluated as a potential animal model of hypnosis. A total of fifteen studies are included in the systematic review and the results will be presented. The animal model framework explores differences and similarities in physiological effects, characteristics, and moderators between TI in rabbits and human hypnosis and investigates whether the evidence supports or denies the possibility of an animal model of hypnosis for pain attenuation. This study has significant implications for future research. A groundbreaking new research method such as an animal model in the hypnosis field may be able to provide great insight into the neurobiological effects of the hypnosis phenomena which have been, until now, obscured.

Learning Objectives

- 1) Identify components of the proposed animal model of hypnosis and understand its potential implications for clinical and translational research for pain management.

12:30-12:45 PM PT

[Digital Hypnotherapy for Smoking Cessation: Preliminary Findings and Lessons Learned](#)

Vindhya Ekanayake, MS, MSCP, and Victor Padilla, BS, Baylor University, Waco, Texas, USA

The Finito app is a hypnotherapy-based mobile app for smoking cessation. A prior retrospective study found that the Finito app is generally well received and a majority of users reported significantly reducing or stopping smoking. However, there has yet to be a prospective randomized clinical trial (RCT) of this app delivery for smoking cessation. The present study is an RCT comparing use of the Finito app to wait-list control (usual care condition). Preliminary analyses were conducted to understand the current study sample. Descriptive statistics and frequencies were calculated based on demographic data gathered during baseline. Approximately 34.5% (n = 19) of participants reported having a Bachelor's degree and 29.1% (n = 16) completed some college. About 58.2% (n = 32) of participants were employed full-time and 21.8% (n = 12) were employed part-time. Participants reported smoking an average of 15.73 years (SD = 12.87) and smoked an average of 13.11 (SD = 6.86) cigarettes at baseline. Study participants reported a mean of 6.22 (SD = 13.64) previous quit attempts. Approximately 36.4% (n = 20) of participants learned about the study through social media (e.g., Facebook), 14.5% (n = 8) via email, and 10.9% (n = 6) from a friend. Preliminary results in regard to smoking cessation will be presented. In addition, lessons learned in regard to accrual, randomization, and study procedures will be discussed, with implications for both research and clinical practices. Findings from the present study can inform future investigations on the efficacy of using hypnotherapy based mobile apps for smoking cessation.

Learning Objectives

- 1) Describe lessons learned in regard to accrual, randomization, and study procedures in conducting an RCT comparing use of a hypnotherapy-based mobile app to usual care.

12:45-1:45 PM

Poster Session

Selected Poster Authors will highlight their posters.

View a list of accepted posters at: www.sceh.us/accepted-posters-2025

1:45 PM PT

Scientific Program Ends

NOTE: 2025 Conference Workshops will take place from Friday through Sunday.

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

15 CE/CME

Introductory (Basic) Workshop in Clinical Hypnosis – Earn 15 CE/CME for this three-day cohort workshop. The Introductory Workshop follows established Standards of Training to provide attendees with a basic background and understanding to begin using hypnosis within the context of their scope of practice. Agenda subject to change.

Limited Spots Available: Registration for this Introductory Workshop will be limited to 30 paid participants, on a first-come, first served basis.

Note: All times in Pacific Daylight Time. [Click here for help converting time zones](#).

Daily Schedule:

Friday, Oct. 10:	8:00 AM-2:00 PM PT
Saturday, Oct. 11:	8:00 AM-2:00 PM PT
Sunday, Oct. 12:	8:00 AM-2:00 PM PT

Breaks: See agenda for scheduled breaks.

Co-Chairs: *Barbara S. McCann, PhD and Shawn R. Criswell, PhD, LPC*

Faculty: *Barbara S. McCann, PhD; Shawn R. Criswell, PhD, LPC; Casey Applegate-Aguilar, PhD, LPCC; Ciara Christensen, PhD; Deanna Denman, PhD; Tova Fuller, MD, PhD; Jessie Markovits, MD; Lisa Lombard, PhD; Don Moss, PhD; Nicholas Olendzki, PsyD; David Reid, PsyD; Ilyse Spertus, PhD*

Friday, October 10

8:00 AM - 2:00 PM PT

Topics, Presenters, Descriptions, Learning Objectives

8:00-8:15 AM PT

Welcome

Barbara S. McCann, PhD and Shawn R. Criswell, PhD, LPC

- 1) What to expect.
- 2) Overview of the agenda.
- 3) Review of the handouts.
- 4) Parameters for Experiential and Breakout Session Work.

8:15-9:15 AM PT

Introduction to Clinical Hypnosis – What is Hypnosis?

Shawn R. Criswell, PhD, LPC

- 1) Describe clinical hypnosis and introduce some definitions of hypnosis (including theories of hypnosis).
- 2) Provide a brief history of hypnosis.
- 3) Give an overview of the evidence for applications of hypnosis.
- 4) Present a brief overview of the neurophysiology of hypnosis.
- 5) Discuss hypnotic phenomena.
- 6) Discuss commonly held misperceptions about hypnosis and give an accurate rebuttal for each.
- 7) Brief hypnosis demo video.

9:15-9:30 AM PT

Break

9:30-10:30 AM PT

Anatomy of the Hypnotic Experience – How is Hypnosis Done

Barbara S. McCann, PhD

- 1) Describe the steps in a formal hypnotic encounter.
- 2) Review basic styles of hypnosis and extent of empirical support for varying approaches.
- 3) Learn four types of inductions (utilization of prior experiences, eye fixation, breathing/relaxation, pleasant place).
- 4) Different deepening/engagement styles.
- 5) Describe observable physiological and psychological/behavioral signs of trance.

- 6) View demo/video again and identify parts of the session, responsiveness/rapport details and three changes the facilitator made during the re-orienting/re-alerting phase of hypnosis.

10:30-11:00 AM PT

Group Hypnosis Experience

Shawn R. Criswell, PhD, LPC

- 1) Experience clinical hypnosis.
- 2) Identify subjective and objective signs of hypnosis and compare them to others' experiences.

11:00-11:30 AM PT

Break

11:30 AM-12:00 Noon PT

Questions and Comments from the Morning

Barbara S. McCann, PhD and Shawn R. Criswell, PhD, LPC

12:00-12:15 PM PT

SMALL GROUP - PRACTICE 1 and 2: Practicing the Structure of Formal Hypnosis

Barbara S. McCann, PhD and Shawn R. Criswell, PhD, LPC

12:45-1:00 PM PT

Break

1:00-2:00 PM PT

SMALL GROUP - PRACTICE 1 and 2 Continues: Practicing the Structure of Formal Hypnosis

Barbara S. McCann, PhD and Shawn R. Criswell, PhD, LPC

- 1) Demonstration of the practice session (including the feedback portion).
- 2) Review the worksheet for Hypnosis Practice Sessions 1 and 2.
- 3) Each person will practice guiding another group member in a formal hypnosis session TWICE.

2:00 PM PT

Introductory Workshop adjourns for the Day

Saturday October 11

8:00 AM - 2:00 PM PT

Topics, Descriptions, Learning Objectives

8:00-8:15 AM PT

Welcome Back – Review and Overview

Barbara S. McCann, PhD and Shawn R. Criswell, PhD, LPC

- 1) Review Day 1
- 2) Overview Day 2
- 3) Questions/Comments

8:15-9:00 AM PT

Fundamentals of Hypnotic Communication and Formulation of Suggestions

Barbara S. McCann, PhD

- 1) Explain at least two ways hypnotic communication creates positive expectancy.
- 2) Discuss Erickson's Principle of Individualization and Utilization as it pertains to language and suggestion.
- 3) Name at least four commonly used words/phrases to reinforce the patient's hypnotic experience.
- 4) Discuss types of suggestions (content/process oriented; direct/indirect).

9:00-9:30 AM PT

PAIRS -- PRACTICE 3: Practicing Hypnotic Communication and Suggestions

- 1) Demonstration of Practice Session 3 including the provision of feedback.
- 2) Review the worksheet for Practice Session 3.
- 3) Practice making suggestions in pairs. Do at least two rounds including providing feedback.

9:30-9:45 AM PT

Break

9:45-10:00 AM PT

Bringing it All Together

Shawn R. Criswell, PhD, LPC

- 1) Review the structure of a hypnosis session.
- 2) Review how to think about hypnotic communication and structuring suggestions.
- 3) Demonstration of small group practice.

10:00-11:00 AM PT

SMALL GROUP - PRACTICE 4: Practicing a Complete Formal Hypnosis Session

Barbara S. McCann, PhD and Shawn R. Criswell, PhD, LPC

- 1) Review the worksheet for Practice Session 4
- 2) Each person will guide another group member through a brief formal hypnosis session

11:00-11:30 AM PT

Break

11:30 AM-12:00 PM PT

Questions and Comments

Barbara S. McCann, PhD and Shawn R. Criswell, PhD, LPC

12:00-12:45 PM PT

Dealing with Common Challenges

Barbara S. McCann, PhD and Shawn R. Criswell, PhD, LPC

- 1) Learn how to handle intense and/or unexpected reactions.
- 2) Be able to describe how to handle the “hypnosis is not ‘working’” phenomenon.
- 3) Be able to demonstrate handling of delayed or partial re-orientation.
- 4) Demonstration of small group practice.

12:45-1:00 PM PT

Break

1:00-2:00 PM PT

SMALL GROUP - PRACTICE 5: Dealing with Common Challenges

Barbara S. McCann, PhD and Shawn R. Criswell, PhD, LPC

- 1) Each group will have one sample scenario of each of the three common challenges.
- 2) Review the worksheet for Practice Session 5.
- 3) Each person will guide another group member through a brief formal hypnosis session where a common challenge is role played.

2:00 PM PT

Workshop Adjourns for the Day

Sunday, October 12

8:00 AM - 2:00 PM PT

Topics, Descriptions, Learning Objectives

8:00-8:15 AM PT

Welcome Back – Review and Overview

Barbara S. McCann, PhD and Shawn R. Criswell, PhD, LPC

- 1) Review Days 1 and 2
- 2) Review self-assessment (notice improvements and set personal goals for today)

8:15-8:30 AM PT

Welcome Back – Review and Overview

Shawn R. Criswell, PhD, LPC

- 1) Summarize at least three key points about hypnosis to discuss in a non-technical manner with a client or patient/client. (Review the slides from the first day highlighting misconceptions about hypnosis and rebuttals.)
- 2) Review important elements and recommended procedures in obtaining informed consent regarding the use of hypnosis clinically.
- 3) Demonstration of introducing hypnosis to the patient/client.

8:30-9:00 AM PT

PAIRS -- PRACTICE 6: Introducing Hypnosis to the Patient/Client

Shawn R. Criswell, PhD, LPC

9:00-9:15 AM PT

Break

9:15-9:45 AM PT

Treatment Planning, Strategy and Technique Selection in Clinical Hypnosis

Barbara S. McCann, PhD

- 1) Execute a thorough case assessment to elucidate the information necessary to develop a quality treatment plan.
- 2) Design a treatment plan for a patient/client.

- 3) List 4 hypnotic techniques/ applications that may be best suited to achieve the specific therapeutic goal in the case presented.
- 4) Demonstration of the development of the treatment plan section of the small group practice.

9:45-11:00 AM PT

SMALL GROUP -- PRACTICE 7: Practicing hypnosis that is geared to your work setting

Barbara S. McCann, PhD; Shawn R. Criswell, PhD, LPC; Casey Applegate-Aguilar, PhD, LPCC; Deanna Denman, PhD

- 1) Develop a likely treatment plan for your setting.
- 2) Select an appropriate orientation to hypnosis, elicitation, deepener, suggestions + PHS and re-orientation for the selected situation.
- 3) Participate in feedback and goal setting (notice what you are doing well and set a deliberate practice plan).

11:00-11:45 AM PT

Break

11:45-11:55 AM PT

Brief Review and Welcome to Final Section

Barbara S. McCann, PhD and Shawn R. Criswell, PhD, LPC

11:55-12:15 PM PT

GROUP DISCUSSION: Integrating Hypnosis into Clinical Practice

Barbara S. McCann, PhD

- 1) Describe situations of uncertainty that might occur as clinical hypnosis is included in practice and identify strategies for managing/resolving such.
- 2) List three uses of hypnosis to your discipline that you have been taught and are ready to apply and three applications of hypnosis that require more training.
- 3) Describe three ways you will begin to incorporate hypnotic communication, hypnosis and hypnotic techniques into your practice.

12:15-12:30 PM PT

Break

12:30-1:30 PM PT

PANEL DISCUSSION: Brief Intro to Topics (20 minutes each)

Lisa Lombard, PhD, David Reid PsyD, and Nicholas Olendzki, PsyD

- Children and Hypnosis: Lisa Lombard, PhD
- Self-Hypnosis: David Reid, PsyD
- Mindful Hypnosis: Nicholas Olendzki, PsyD

1:30-1:45 PM PT

Ethics Review

Shawn R. Criswell, PhD, LPC

- 1) Describe two ethical-legal issues.
- 2) Discuss standards for professional conduct in using hypnosis clinically.
- 3) Review the fallibility of memory.
- 4) Discuss the use of clinical hypnosis virtually and the use of recordings.

1:45-2:00 PM PT

Best Practices and Professionalism in Clinical Hypnosis

Barbara S. McCann, PhD

- 1) Discuss clinical hypnosis standards of training.
- 2) Outline a plan for ongoing professional development.

2:00 PM PT

Introductory Workshop ends

200 - Intermediate Workshop

12.5 CE/CME

Intermediate Workshop in Clinical Hypnosis – Earn 12.5 CE/CME for this three-day cohort workshop.

The Intermediate Workshop, taken as a cohort, can be used toward SCEH intermediate certification or simply to refresh and expand hypnotic skills.

Note: All posted event times are in Pacific Time (PT) .Click here for help converting time zones.

Daily Schedule:

Friday, Oct. 10:	8:00 AM-1:45 PM PT
Saturday, Oct. 11:	8:00 AM-1:15 PM PT
Sunday, Oct. 12:	8:00 AM-1:15 PM PT

See also the [Intermediate Workshop Summary](#) section that follows.

Scheduled Breaks: Note some breaks happen within a given session; others between sessions.

9:30-9:45 AM PT	10:45-11:30 AM PT	12:00-12:15 PM PT
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Co-Chairs: *Cameron Alldredge, PhD and Nicholas Olendzki, PsyD*

Faculty: *Cameron Alldredge, PhD; Ciara Christensen, PhD; Louis Francis Damis, PhD, ABPP, BCIA, FASCH; Deanna Denman, PhD; Gary R. Elkins, PhD, ABPP, ABPH; Vanessa Muniz, MA; Nicholas Olendzki, PsyD; David R. Patterson, PhD, ABPP and David Reid, PsyD*

Friday, Oct. 10

8:00 AM – 1:45 PM PT

Session Topics, Descriptions, Learning Objectives

8:00-9:00 AM PT

Hypnosis for Treating Anxiety Disorders

David Reid, PsyD

This session will provide a brief review of the etiology of anxiety disorders and phobias. Strategic applications of clinical hypnosis for resolving symptoms associated with specific phobias including emetophobia (fear of vomiting) and trypanophobia (fear of needles), will be provided to support the utilization of clinical hypnosis for treating phobias.

Learning Objectives

- 1) Explicate a minimum of three hypnotic interventions for treating anxiety disorders and provide a rationale for employing each measure.

9:00-9:30 AM PT

State of the Science

Cameron Alldredge, PhD

This session will focus on recent findings in published, peer-reviewed literature. It will highlight areas of empirical strength and future directions.

Learning Objectives

- 1) Describe recent meta-analytic findings of clinical hypnosis and areas of strong evidence.

9:30-9:45 AM PT

Break

9:45-10:45 AM PT

Clinical Hypnosis for Sleep

Cameron Alldredge, PhD

This workshop will begin with a thorough didactic component, providing participants with a solid foundation in the theoretical underpinnings of clinical hypnosis and its application in treating sleep disturbances. This will include a review of evidence-based research on the efficacy of clinical hypnosis in sleep management,

highlighting its potential as a non-pharmacological alternative. Following the initial segment, participants will engage in hands-on practice sessions. These practical exercises will be designed to foster confidence and competence in applying hypnosis techniques for sleep.

Learning Objectives

- 1) Develop familiarity with the state of the literature regarding hypnotic interventions to treat sleep disturbances and gain an understanding of proposed mechanism involved in hypnosis treatment for sleep.
- 2) Practice the formulation and delivery of hypnotic suggestions targeting sleep.

10:45-11:30 AM PT

Break

11:30 AM-12:45 PM PT

Mindful Hypnotherapy Foundations: Experiential Practice and Principles

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, how mindfulness principles can be applied in a hypnotic context, and the initial research that supports the efficacy of this approach. Participants will also have the opportunity to practice Mindful Hypnotherapy scripts for themselves during the experiential portion of the presentation.

Learning Objectives

- 1) Describe two foundational principles for integrating mindfulness into hypnotherapy.

12:00-12:15 PM PT

Break

12:45-1:45 PM PT

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

Vanessa Muniz, MA

While hypnotherapy has been found to be effective amongst diverse populations, utilizing hypnotic interventions that do not resonate culturally may interfere with therapeutic progress. Several examples include not properly assessing for or fully addressing hypnotherapy-interfering beliefs (e.g., misconceptions), 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 and therapist. Culturally-congruent hypnosis is clinical hypnosis that incorporates tailor-made, facilitative cultural values, concepts and language for the purposes of improving the clinical experience of the individual patient. The primary aim of this skills-building session is to provide a framework to define culturally-congruent hypnosis, understand relevant research and explore how to apply it clinically. Specifically, we will discuss relevant multicultural factors in hypnosis research and clinical practice, explore the strengths and limitations for providing clinical hypnosis via a vis interpreters, and assess patient- and culture-specific factors to create interventions that resonate with an individual's cultural background.

Learning Objectives

- 1) Define the phrase "culturally-congruent hypnotherapy".
- 2) Describe the multicultural research literature on hypnosis and implications for clinical practice.
- 3) Describe cultural and linguistic considerations relevant to hypnotherapy.
- 4) List two key strategies for working with interpreters and describe two differences between translation and interpretation.

1:45 PM PT

Intermediate Workshop adjourns for the day

Saturday, Oct. 11

8:00 AM – 1:15 PM PT

Session Topics, Descriptions, Learning Objectives

8:00-AM-12:00 PM PT

Hypnosis for the Treatment of Trauma

Louis Francis Damis, PhD, ABPP, BCIA, FASCH and Ciara Christensen, PhD

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 and demonstrations.

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.

9:30-9:45 AM PT **Break**

10:45-11:30 AM PT **Break**

12:00-12:15 PM PT **Break**

12:15-1:15 PM PT

Assessment of Hypnotizability

Gary R. Elkins, PhD, ABPP, ABPH

This session will review the theory underlying the concept of hypnotizability, selected scales for measurement, formal and informal assessment, and the administration of the clinical form of the Elkins Hypnotizability Scale (EHS).

Learning Objectives

- 1) Identify the definition of hypnotizability.
- 2) Describe two scales to measure hypnotizability.
- 3) Discuss the reliability and validity of the Elkins Hypnotizability Scale.

1:15 PM PT **Intermediate Workshop adjourns for the day**

Sunday, Oct. 12

8:00 AM – 1:15 PM PT

Session Topics, Descriptions, Learning Objectives

8:00-10:15 AM PT

Hypnosis for Acute and Chronic Pain Management

David R. Patterson, PhD, ABPP

This intermediate workshop will describe hypnotic techniques for reducing acute pain and managing chronic pain. The workshop will include science and theory presented through powerpoints, demonstrations and brief practices for participants (if time allows for the latter).

Learning Objectives

- 1) Describe and perform hypnotic inductions for reducing acute pain (e.g., dentistry, surgery, labor and delivery, emergency medicine).
- 2) Describe an eight module, hypnotically informed, psychotherapy for managing chronic pain.

9:30-9:45 AM PT

Break

10:15AM-12:00 PM PT

Hypnotic Language

Cameron Alldredge, PhD

This session will introduce the adaptive experiential theory which 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 is influenced by logic and reason, demands significant cognitive resources, and operates with concentrated effort. On the other hand, the experiential system is powered by emotions, relies on associations, and encodes reality through images and feelings effortlessly. This session will focus on the implications this theory has for the clinical use of hypnosis emphasizing the idea that content and language of hypnotic suggestions matter. Participants will gain insight into techniques for structuring hypnotic language.

Learning Objectives

- 1) Identify and describe the rational system and the experiential system and demonstrate the ability to generate hypnotic suggestions according to whether they are rational-system-oriented or experiential-system-oriented.

10:45-11:30 AM PT

Break

12:00-12:15 PM PT

Break

12:15-1:15 PM PT

Active 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.

1:15 PM PT

Intermediate Workshop ends

Intermediate Workshop Summary

Friday, Oct. 10	8:00 AM-1:45 PM PT	
8:00-9:00 AM PT	Hypnosis for Anxiety	
	<i>David Reid, PsyD</i>	
9:00-9:30 AM PT	State of the Science	
	<i>Cameron Alldredge, PhD</i>	
9:30-9:45 AM PT	Break	
9:45-10:45 AM PT	Clinical Hypnosis for Sleep	
	<i>Cameron Alldredge, PhD</i>	
10:45-11:30 AM PT	Break	
11:30 AM-12:45 PM PT (including breaks)	Mindful Hypnotherapy Foundations: Experiential Practice and Principles	
	<i>Nicholas Olendzki, PsyD and Liz Slonena, PsyD</i>	
	11:30-1200 PM PT	Mindful Hypnotherapy
	12:00-12:15 PM PT	Break
	12:15-12:45 PM PT	Mindful Hypnotherapy continues
12:45-1:45 PM PT	Bridging the Cultural Divide: Understanding and Adopting a Culturally- Congruent Hypnotherapy	
	<i>Vanessa Muniz, MA</i>	
1:45 PM PT	Intermediate Workshop adjourns for the day	

Saturday, Oct. 11	8:00 AM-1:15 PM PT	
8:00-AM-12:00 PM PT (including breaks)	Hypnosis for the Treatment of Trauma	
	<i>Louis Francis Damis, PhD, ABPP, BCIA, FASCH and Ciara Christensen, PhD</i>	
	8:00-9:30 AM PT	Hypnosis for the Treatment of Trauma
	9:30-9:45 AM PT	Break
	9:45-10:45 AM PT	Hypnosis for Trauma continues
	10:45-11:30 AM PT	Break
	11:30-12:00 PM PT	Hypnosis for Trauma continues
12:00-12:15 PM PT	Break	
12:15-1:15 PM PT	Assessment of Hypnotizability	
	<i>Gary R. Elkins, PhD, ABPP, ABPH</i>	
1:15 PM PT	Intermediate Workshop adjourns for the day	

Sunday, Oct. 12	8:00 AM-1:15 PM PT	
8:00-10:15 AM PT (including breaks)	Hypnosis for Acute and Chronic Pain Management	
	<i>David R. Patterson, PhD, ABPP</i>	
	8:00-9:30 AM PT	Hypnosis for Acute and Chronic Pain Management
	9:30-9:45 AM PT	Break
	9:45-10:15 AM PT	Hypnosis for Pain Management continues
10:15 AM-12:00 PM PT (including breaks)	Hypnotic Language	
	<i>Cameron Alldredge, PhD</i>	
	10:15-10:45 AM PT	Hypnotic Language
	10:45-11:30 AM PT	Break
	11:30-12:00 PM PT	Hypnotic Language continues
12:00-12:15 PM PT	Break	Break
12:15-1:15 PM PT	Active Alert Hypnosis	
	<i>Deanna Denman, PhD</i>	
1:15 PM PT	Intermediate Workshop ends	

Advanced Workshops

Up to 12.5 CE/CME*

Advanced Workshops - Earn up to up to 12.5 CE/CME (varies depending on selections).

Advanced Workshops are designed for those who have completed Introductory and Intermediate level clinical hypnosis training. Advanced Workshop registrants select from varied topics offered in concurrent sessions.

Agenda subject to change

* The total earned CE/CME will vary depending on the sessions you attend. See also the [Advanced Workshops Summary](#) which follows descriptions

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See also the [Advanced Workshops Summary](#) section that follows.

Scheduled Breaks: Note some breaks happen within a given session; others between sessions.

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

Co-chairs: *Jillian Ballantyne, PhD, APPH and Alexandra Chadderdon, PsyD*

Faculty: *Cameron Alldredge, PhD; Louis Francis Damis, PhD, ABPP, BCIA, FASCH; Carol S. Ginandes, PhD, ABPP; Brooke Hallowell, PhD; Brice Lemaire, PhD; David R. Patterson, PhD, ABPP; Ronald J. Pekala, PhD; Eric J. Proescher, PsyD, MPH and Lauren Bridges Santana, MA*

Friday, October 10

8:00 - 9:30 AM PT

301 - Incorporating Adult Learning Principles to Enhance Teaching and Learning about Conversational Hypnosis: Engaged Learning through Applied Improvisation

1.5 CE CME

Brooke Hallowell, PhD

In this session, we consider the importance of attending to adult learning theory and strategies in hypnosis education. Focusing on interdisciplinary androgogic principles, we then explore approaches to active, engaged practice with conversational hypnosis techniques based on applied improvisation. Attendees are invited to participate (and play) in illustrative experiential improv games; review the theoretical support and empirical evidence for the potential influence of applied improv on hypnosis outcomes; and engage in related reflection and discussion.

Adult learning theory can be readily incorporated in hypnosis education methods. It is well known that active, engaged learning methods lead to better learning outcomes. In efforts to enrich hypnosis education, it is vital that the clinical and scientific programming faculty consider creative means of incorporating adult learning principles to their teaching/mentoring roles. In this session, we consider and practice examples of interactive learning methods based on applied improvisation to advance adult learning principles, focusing on: redundancy and spiraling of key points, knowledge of performance versus knowledge of results, and strategic self-reflection.

WHY NON-SCRIPTED HYPNOSIS? 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, therefore perpetuating discomfort with more creative and engaging processes that lead to deeper attunement and flexible adaptation to each individual being treated. Designing educational programs to encourage more personalized conversational approaches sets learners on a more creative and in the long-term more effective path (Alter & Sugarman, 2017; Erickson, 1980; Hallowell, 2023; Hope & Sugarman, 2015; Matthews, Lankton, & Lankton, 1993; Short, 2018; Staffin, 2024; Sugarman & Linden, 2021; Yapko et al., 1998).

WHY APPLIED IMPROVISATION? 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).

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.
- Research on applied improv in numerous healthcare fields underscores its effectiveness in boosting confidence of trainees; we know that self efficacy of clinicians is important to enhancing the self-efficacy of the people we serve.

In group training/educational contexts, improv's benefits extend well beyond the individual's 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.

Learning Objectives

- 1) State a rationale for applying adult learning principles to hypnosis education.
- 2) List at least three potential benefits of applied improvisation for advancing non-scripted hypnosis skills.
- 3) Demonstrate the use of applied improvisation for practice in at least two hypnosis skill or performance areas,

9:45 AM - 1:45 PM PT

302 - Creating Non-Linear Hypnotic Inductions

3 CE CME

David R. Patterson, PhD, ABPP

This workshop will focus on doing non-linear hypnotic inductions and treatment sessions. Traditional hypnosis often relies on direct suggestions and logical, linear cognitive processing; this is often effective and it is the approach of choice in many instances. However, for some patients, particularly those who are resistant to hypnosis or struggling with the process, non-linear inductions can be efficient means to engage the patient. We will learn the components of a non-linear induction including: 1) following the patient, 2) pacing and leading); 3) mild confusion; 4) priming; 5) implicit learning; 6) the incubation effect, and 7) deliberate suggestions for dissociation. The workshop will cycle through theory and research, demonstration, practicing building blocks of non-linear inductions, and then experiencing and performing full complex inductions. The aim of the workshop is to make it fun, enjoyable and focused on issues that will benefit attendees.

Learning Objectives

- 1) Describe the difference between cognitive, linear hypnotic induction and non-linear ones,
- 2) Articulate and practice seven components of complex inductions.
- 3) Perform an entire non-linear, complex induction on a fellow attendee,

9:45 AM - 1:45 PM PT

303 - Envisioning Wellness: Some Tools for Hypnotic Healing

3 CE CME

Carol S. Ginandes, PhD, ABPP

For over two hundred and fifty years, clinical accounts have shown that hypnosis can stimulate functional changes to augment medical treatment. More recently, clinical studies have suggested hypnotic interventions may be utilized to elicit not only functional benefits but also to stimulate actual structural tissue healing. The clinical challenge is how to tap these powerful hypnotic resources to elicit the psychophysiological changes needed for healing. Drawing on the presenter's research and practice focus on accelerated healing, this workshop will first present her conceptual clinical model for mind/body hypnotic interventions. Then some key strategies for targeting healing will be presented. Such strategies will include learning to rapidly identify the patient's representational system, creating metaphors of healing for unconscious utilization, engaging in somatic ego state dialogue, accessing biological resource retrieval and using targeted imagery techniques. This workshop is highly interactive and experiential as well as didactic. It has been designed to provide a stimulating clinical stretch for intermediate through advanced hypnosis practitioners. Experiential and dyadic exercises will help participants "think on their hypnotic feet" without scripts as they generate tailor-made suggestions. Since the workshop unfolds as a cumulative learning journey, attendance at the beginning of the session is required to continue the rest of the workshop.

Learning Objectives

- 1) Describe the wide range of general and specific clinical applications in which hypnosis has been clinically documented to facilitate mind/body treatment and healing.
- 2) Demonstrate how to access the patient's representational system of specific language and imagery in order to create targeted, personalized suggestions.
- 3) Describe how to apply techniques focused on stimulating site-specific cellular repair in a practicum exercise.

1:45 PM PT

Advance Workshops adjourn for the Day

Saturday, October 11

8:00 AM - 1:15 PM PT

304 - Eight Modules of Hypnotically Informed Hypnosis for Chronic Pain Management

3 CE CME

David R. Patterson PhD, ABPP

This workshop will focus on learning an eight-module psychotherapeutic approach to managing chronic pain. The modules include: 1) biopsychosocial assessment; 2) motivational interviewing; 3) cognitive restructuring; 4) hypnosis; 5) meditation; 6) enhancing activity; 7) addressing psychological factors, and 8) improving sleep. The theory and science for each module will be addressed as well as the neurophysiology of chronic pain. Participants will practice doing a workup of a patient with chronic pain as a group, and then in dyads. This will be an interactive, fun workshop.

Learning Objectives

1. Describe eight modules of psychotherapy for managing chronic pain.
2. Articulate how to assess a patient with complex chronic pain and establish goals for treatment.
3. Articulate how hypnosis can inform and advance most of the modules of treatment.

8:00 - 9:30 AM PT

305 - Integrative Approaches to Migraine: Clinical Hypnosis in Interdisciplinary Care

1.5 CE CME

Lauren Bridges Santana, MA and Eric J. Proescher, PsyD, MPH

This experiential, skills-based workshop explores the use of clinical hypnosis as an evidence-informed intervention for migraine headaches within an interdisciplinary care model. Drawing on collaborative frameworks from Headache Centers of Excellence, the workshop focuses on integrating hypnosis with neurology and acupuncture to support individualized treatment plans. Participants will learn the theoretical underpinnings, empirical evidence, and applied techniques of clinical hypnosis for migraine management, including the role of psychological factors in chronic pain, mind-body regulation, and interdisciplinary communication. The workshop is designed for mental health professionals, neurologists, acupuncture providers, and interdisciplinary team members seeking to enhance migraine care by incorporating clinical hypnosis into comprehensive, biopsychosocial treatment plans. Case vignettes, live demonstrations, and small-group practice will support the development of hypnotic skills tailored to migraine symptomatology and treatment goals.

Learning Objectives

- 1) Describe the empirical and theoretical rationale for using clinical hypnosis in the treatment of migraine headaches, including its neurophysiological and psychological mechanisms of action.
- 2) Identify key components of a biopsychosocial and interdisciplinary approach to migraine management, including collaboration with neurology and acupuncture providers.

- 3) Demonstrate basic hypnotic induction techniques appropriate for migraine treatment, including relaxation, guided imagery, breathwork, and posthypnotic suggestions for pain regulation.
- 4) Explain the role of psychological and emotional factors (e.g., stress, trauma, perfectionism, identity, self-efficacy) in migraine expression and maintenance.
- 5) Integrate clinical hypnosis within interdisciplinary treatment plans, using collaborative case formulation, shared language, and clear referral pathways between providers.
- 6) Apply a sample hypnosis protocol for migraine symptom reduction, including adaptations for chronic migraine, acute attacks, and co-occurring conditions (e.g., PTSD, anxiety, GI distress).
- 7) Evaluate clinical and ethical considerations, including scope of practice, informed consent, and cultural responsiveness when delivering hypnosis in integrated medical settings.

9:45 - 12:45 PM PT

306 - Clinical Hypnosis for Sleep Disturbance

2 CE CME

Cameron Alldredge, PhD

This workshop will begin with a thorough didactic component, providing participants with a solid foundation in the theoretical underpinnings of clinical hypnosis and its application in treating sleep disturbances. This will include a review of evidence-based research on the efficacy of clinical hypnosis in sleep management, highlighting its potential as a non-pharmacological alternative. Results from a recent systematic review on hypnosis for sleep will be highlighted and potential mechanisms will be discussed. Following the initial segment, participants will engage in hands-on practice sessions. This will include exposure to a variety of sleep-specific hypnosis scripts and an overview of the various approaches. These practical exercises will be designed to foster confidence and competence in applying hypnotherapeutic techniques for sleep. Participants will explore the design and delivery of hypnotic suggestions aimed to address specific sleep-related issues, such as insomnia, nightmares, and pre-sleep arousal. Throughout the workshop, emphasis will be placed on tailoring hypnotherapeutic interventions to individual client needs, ensuring a personalized approach to treatment. The session will conclude with a debriefing and open forum for questions, providing participants with the opportunity to consolidate new knowledge and seek clarification on any aspects of the practice. The main goals of the workshop include 1) the provision of a holistic learning experience that will 2) empower clinicians to incorporate clinical hypnosis into their repertoire of therapeutic modalities for sleep-related disorders accompanied by 3) an enhanced familiarity with the state of the literature.

Learning Objectives

- 1) Develop familiarity with the state of the literature regarding hypnotic interventions to treat sleep disturbances.
- 2) Gain an understanding of proposed mechanism involved in hypnosis treatment for sleep.
- 3) Evaluate the efficacy of clinical hypnosis for sleep management.
- 4) Demonstrate competence in hypnotherapeutic techniques for sleep.
- 5) Demonstrate ability to personalize sleep-specific hypnotherapeutic interventions for a range of disturbances.
- 6) Practice the formulation and delivery of hypnotic suggestions targeting sleep.

Sunday, October 12

8:00 AM - 12:00 PM PT

307 - Headache Management with Clinical Hypnosis

3 CE CME

Louis Francis Damis, PhD, ABPP, BCIA, FASCH

Clinical hypnosis is a well-established and efficacious treatment for headaches and migraines. This workshop will review the diagnostic categories of primary headache disorders, their underlying pathophysiology, and clinical hypnosis and behavioral self-management strategies in an integrative medicine approach. Evidence-based hypnotic interventions will be reviewed in detail.

Learning Objectives

- 1) List the criteria for four types of headache disorders.
- 2) Describe the pathophysiology of three common headache disorders and the implications for management of each.
- 3) Explain the factors contributing to let-down headaches and how to prevent them.
- 4) Outline a four-stage model for the use of clinical hypnosis in the management of headache disorders.
- 5) Explain the factors contributing to two types of medication overuse headaches.

8:00 AM - 12:00 PM PT

308 - Tailoring Treatment Interventions to Your Client's Mind: How Noetic Analysis Can Help

3 CE CME

Ronald J. Pekala, PhD

This workshop will focus on acquainting therapists with a quantitative methodology for accessing your client's mind during relaxation-based interventions such as hypnosis, meditation, or biofeedback, and then using that methodology to differentially tailor interventions to the client's subjective experience. The methodology uses "noetic analysis" (the Greek word for mind is "nous") to generate a "snapshot" of the client's mind during an intervention condition, and then identify those individual differences to better tailor treatment interventions to the client. Clinical case reports will illustrate the differential application of mind/mood management strategies for clients of high, medium, or low hypnotic responsivity.

Learning Objectives

- 1) Enumerate and review the theoretical literature and replicated research concerning how several hypnotic components lead to the perception of being hypnotized: altered state effects, hypnotic imagoic suggestibility, and expectancy (hypnotic depth and therapeutic expectancy).
- 2) Describe the rationale for a phenomenologically based assessment of hypnotic talent via the PCI (Phenomenology of Consciousness Inventory) and the PCI-HAP (Phenomenology of Consciousness Inventory - Hypnotic Assessment Procedure).
- 3) Describe how to integrate various relaxation-based strategies into your client's treatment plan based on noetic (the Greek word for mind is "nous") analysis: pranayama (breathing strategies), meditation, visualization, heart rate variability (HRV) biofeedback, hypnosis.
- 4) Demonstrate how to utilize information about a client's phenomenological world during hypnosis (or other relaxation-based strategies) to generate suggestions/interventions congruent with that world, with particular reference to clients of varying hypnotic responsivity.

12:15 - 1:15PM PT

309 - Hypno Anesthesia

1 CE CME

Brice Lemaire, PhD

Hypnose anesthesia is one of the most fascinating application of hypnosis, showing the control of the mind over the body. Based on 25 years of experience of surgery with hypnosis, we'll explain and experiment hypnotic strategies to manage procedural pain. We'll cover a lot of hypnotic techniques : establishing rapport and mindset; testing hypnotizability; instant inductions procedures; self deepening technique; deep trance management, and hypnotic phenomena to manage pain control. This workshop is designed for practitioners working in medical hypnosis and especially pain management.

Learning Objectives

- 1) Describe each of the following terms: medical hypnosis application, procedural pain technique, deep trance management.

1:15 PM PT

Advance Workshops end

Advanced Workshops Summary

DAY	DATE	TITLE	PRESENTER(S)	CE/CME
Friday	Oct. 10			
301	8:00-9:30 AM PT	Incorporating Adult Learning Principles to Enhance Teaching and Learning about Conversational Hypnosis: Engaged Learning through Applied Improvisation	Hallowell	1.5
302	9:45 AM-1:45 PM PT	Creating Non-Linear Hypnotic Inductions	Patterson	3
303	9:45 AM-1:45 PM PT	Envisioning Wellness: Some Tools for Hypnotic Healing	Ginandes	3
Saturday	Oct. 11			
304	8:00-1:15 PM PT	Eight Modules of Hypnotically Informed Hypnosis for Chronic Pain Management	Patterson	3
305	8:00-9:30 AM PT	Integrative Approaches to Migraine: Clinical Hypnosis in Interdisciplinary Care	Bridges Santana and Proescher	1.5
306	9:45-12:45 PM PT	Clinical Hypnosis for Sleep Disturbance	Allredge	2
Sunday	Oct. 12			
307	8:00 AM-12:00 PM PT	Headache Management with Clinical Hypnosis	Damis	2.5
308	8:00 AM-12:00 PM PT	Tailoring Treatment Interventions to Your Client's Mind: How Noetic Analysis Can Help	Pekala	3.0
309	12:15-1:15 PM PT	Hypno Anesthesia	Lemaire	1

Conference Registration

ALL ATTENDEES AND PRESENTERS MUST REGISTER BY COMPLETING A CONFERENCE REGISTRATION FORM.

Registration deadline: *October 1, 2025, 5 PM Eastern Time.*

IMPORTANT: Join *BEFORE* registering to receive member pricing.

To be eligible for member rates, join *BEFORE* you register to take advantage of member pricing. Please allow 2-3 weeks for our Membership Committee to review your COMPLETED membership application and REQUIRED DOCUMENTATION attesting to your license, research or student status. Clinicians must supply a copy of their licenses; researchers and students must submit a letter from their institution verifying their current status. (See the SCEH membership application form for more details.) Access the application form and member eligibility details: www.sceh.us/apply-for-membership.

EARLY BIRD REGISTRATION DISCOUNT: In effect to **September 8, 2025**-- note that all registration prices above increase by \$75 after this date. Pay before this date to get the best pricing. Registration rates vary depending on selected package. See below for complete pricing details.

CANCELLATION AND REFUND POLICY: *Cancellations received on or before September 20 at 5:00 PM EST USA will be issued a refund, minus a \$75 processing fee. No refunds will be made after this date.*

QUESTIONS: Email us at info@sceh.us.

Register Now: www.sceh.us/2025confregister

Bookmark our conference web page for the latest info: www.sceh.us/2025-annual-conference-info

CONFERENCE PACKAGES	CE included		CME included		CE or CME included	
	Members	Non-Members	Member PHYSICIANS	Non-Member PHYSICIANS	Student Members *	Student Non-Members *
COMPLETE MEETING PACKAGE						
Full Meeting -- includes Workshops, Scientific Program and all Networking Events	\$280	\$330	\$380	\$430	\$110	\$130
Presenter/Faculty	\$99	\$149	\$199	\$249		
Student Presenters or Poster Authors					FULL SCHOLARSHIP	FULL SCHOLARSHIP
WORKSHOP TRACKS						
Intro Workshop only	\$230	\$300	\$330	\$400	\$110	\$130
Intermediate/Skills Workshop only	\$230	\$300	\$330	\$400	\$110	\$130
Advanced Workshops only	\$230	\$300	\$330	\$400	\$110	\$130
SCIENTIFIC PROGRAM						
Scientific Program only	\$170	\$240	\$270	\$340	\$110	\$130