

“Orientation to Clinical Hypnosis”

1.5 Continuing Education Clock Hours

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Course Objectives:

The primary objectives of the course are to enable a mental health professional to:

1. Understand what clinical hypnosis is and how it works.
2. Explore how hypnosis can be of benefit to mental health clients.

Purpose of this Course:

The purpose of this CEU course is to provide discussion of issues relevant to the mental health counselor the use of clinical hypnosis for impacting behavioral and emotional issues.

Course Outline:

Part 1: Course organization, Documentation and Introduction.

Part 2: Reading of the hypnosis1.pdf course materials

Part 3: Administration and Completion of the Evaluation of Learning

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1.5 Clock Hour = 1.5 CE Credit Hour

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This course provides 1.5 CE Credit Hour of your General CE Requirements towards the 50-hour course requirement for Florida Licensed Professionals wishing to practice Hypnotherapy for injury, illness or disease. To complete a full 50-hour Clinical Hypnosis program that meets the Florida requirement, please see our Certifications section on our website.

If you ever have any questions concerning this course, please do not hesitate to contact **PeachTree at (800) 390-9536**.

Your instructor is **Richard K. Nongard**, Licensed Marriage and Family Therapist, Certified Personal Fitness Trainer, and Certified Clinical Hypnotherapist

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ORIENTATION TO CLINICAL HYPNOSIS

INTRODUCTION

A message from your instructor, Richard K. Nongard

This short course is designed to provide an overview of what clinical hypnosis is, how it works, and how clinical hypnotherapy can benefit your clients.

The practice of hypnosis for treating emotional and physical problems has been documented for thousands of years, and has been approved by national and international medical and psychological associations for over 60 years. It is natural, it is safe, and it is effective.

Whether you have prior experience with hypnosis or not, I feel certain that you will find this course to be both informative and interesting.

For those who would like more education and/or to become a Certified in Clinical Hypnosis, we recommend completing our intensive multi-media 20-hour clinical hypnosis professional development certification program, either through homestudy or at a live continuing education training.



If you ever have any questions about this course or our other programs, please do not hesitate to contact our office.

Sincerely,

Richard K. Nongard



The Definition of Hypnosis

The definition or explanation for hypnosis is generally conclusive, but as with anything, different people explain things in different ways, or in greater or less detail. What follows are two different “official” definitions.

➤ ***The APA’s Division 30 Definition and Description of Hypnosis:***

Hypnosis typically involves an introduction to the procedure during which the subject is told that suggestions for imaginative experiences will be presented. The hypnotic induction is an extended initial suggestion for using one's imagination, and may contain further elaborations of the introduction. A hypnotic procedure is used to encourage and evaluate responses to suggestions. When using hypnosis, one person (the subject) is guided by another (the hypnotist) to respond to suggestions for changes in subjective experience, alterations in perception, sensation, emotion, thought or behavior. Persons can also learn self-hypnosis, which is the act of administering hypnotic procedures on one's own. If the subject responds to hypnotic suggestions, it is generally inferred that hypnosis has been induced. Many believe that hypnotic responses and experiences are characteristic of a hypnotic state. While some think that it is not necessary to use the word "hypnosis" as part of the hypnotic induction, others view it as essential.

Details of hypnotic procedures and suggestions will differ depending on the goals of the practitioner and the purposes of the clinical or research endeavor. Procedures traditionally involve suggestions to relax, though relaxation is not necessary for hypnosis and a wide variety of suggestions can be used including those to become more alert. Suggestions that permit the extent of hypnosis to be assessed by comparing responses to standardized scales can be used in both clinical and research settings. While the majority of individuals are responsive to at least some suggestions, scores on standardized scales range from high to negligible. Traditionally, scores are grouped into low, medium, and high categories. As is the case with other positively-scaled measures of psychological constructs such as attention and awareness, the salience of evidence for having achieved hypnosis increases with the individual's score.

(This definition and description of hypnosis was prepared by the Executive Committee of the American Psychological Association, Division of Psychological Hypnosis. http://www.apa.org/divisions/div30/define_hypnosis.html)

➤ ***U.S. Dept. of Education, Human Services Division definition of Hyponosis:***

“The by-pass of the critical factor of the conscious mind (a persons analytical and judgmental ability) followed by the establishment of acceptable selective thinking.”

So that this short statement by the US Government makes a little more sense, a brief explanation is likely in order. The mind has four different divisions: the Conscious Mind, the Critical Factor, the Subconscious Mind, and the Unconscious Mind.

The Unconscious Mind is where our instincts are - the things we intrinsically know from birth and throughout life - and protects us reflexively.

The Unconscious Mind controls the Autonomic Nervous system, respiration and heartbeat. Its learning is capacity limited, but Pavlov demonstrated that it can be impacted when he made dogs salivate to a ringing bell. This is known as classical conditioning.

The Subconscious Mind starts out empty, then, as we grow and learn, the unlimited capacity database stores our experiences and perceptions, which then create our personality, emotions, learned responses, beliefs and habits. These ideas and concepts become 'imbedded' and are then highly resistant to change.

The Subconscious Mind uses it's database to protect against known threats, and to motivate us to fulfill our needs. This is the concept of Tabula Rasa - experiences and learning are written upon us. Some have called this *temperament* (Jung). The subconscious mind resists conscious change, but hypnosis can have immediate effect on the subconscious (Banyan).

The Conscious Mind is analytical and logical, and is where we spend most of our time. The Conscious Mind protects us against immediate threats and is where we problem-solve - assess situations and implement resolutions; it evaluates the specific concern or issue that has its attention at the moment, then makes choices and decisions for day-to-day functioning.

In the Conscious Mind, thoughts considered to be more important will replace those of less importance. Conscious change is temporal, because the capacity is limited. This makes subconscious reprogramming more effective.

The Conscious Mind is also where "will power" comes into play. But as you may have noticed, quite often our will power is not powerful enough, and we often quickly revert back to our old habits and ways. This is due to the influence of the Critical Factor section of our mind.

The Critical Factor is the gate-keeper between the Subconscious Mind and the Conscious Mind. It functions as a filter for new information coming in from the Conscious Mind, and compares/contrasts it to the existing database of beliefs in the Subconscious Mind. When the newly introduced data does not jibe with the existing database, the Critical Factor rejects it, by not allowing changes in emotional or behavioral responses to occur. This is why it is so difficult to break habits or change our beliefs.

"The bypass of the critical factor" of the Government's definition refers to the hypnotic processes' release of the imposed limiting beliefs - essentially disarming the Critical Factor - which then allows emotional or behavioral hypnotic suggestions to pass through the Conscious Mind and into the Subconscious Mind.

"The establishment of acceptable selective thinking" refers to the actual creation of new beliefs in the Subconscious Mind through suggestibility - a sort of reprogramming, which allows you to break habits, change perceptions, and create new auto-responses to situations.

HYPNOSIS FACT AND FICTION:

There are many misbeliefs or misconceptions about hypnosis, and they all stem primarily from both a lack of education on the subject and from myths perpetrated by entertainment venues and uneducated or biased persons.

- Over the years, fictional movies and novels have created a mystery about the use of hypnotism, a Svengali-like belief that one is under the control of the hypnotist. This couldn't be further from the truth.

(Svengali is the name of a fictional hypnotist in George du Maurier's 1894 novel, *Trilby*. The sensational book created a classic stereotype of the evil, mind/behavior-controlling hypnotist that persists to this day.)

- The 1980's brought us Repressed Memory therapy, where hypnotic recollections were used in criminal cases on issues of child abuse and cult abductions, often with disastrous results for society.
- Stage Hypnotism can be a lot of fun to both witness and participate in. But while it demonstrates the power of hypnotic suggestion, it can also create an image of hypnosis that is less than professional, and may perhaps increase a person's fears of public humiliation.

The following are the answers to some common questions about hypnosis.

- **Is hypnosis an "altered state of consciousness"?**

No. An "altered state" implies an external factor contributing to a change, such as drunkenness or being stoned on drugs. Hypnosis, as previously discussed, is a natural state that we all enter a few times each day.

Researchers have divided our natural brain functions into four separate levels of cycles per second, or CPS.

(CPS) Activity Levels:

- 1) ALPHA
Relaxation level - beginning to awaken in the morning and crossing over into sleep at night. Associated with imaginative thinking; corresponds to light and medium levels of Hypnosis. (8 - 12 CPS)
- 2) BETA
Normal daytime consciousness, critical thought level. (18 - 40 CPS)
- 3) THETA
Early stages of sleep; deep daydreaming state. Associated with creative thinking; corresponds to medium and deep levels of Hypnosis. (4 - 7 CPS)
- 4) DELTA
Profound sleep; dream state. (1 - 3 CPS)

That's it; there's no place else for your brain to go, in hypnosis or otherwise.

For most people, hypnosis is a mid-Alpha range activity, and although you are under hypnosis, you remain fully conscious of everything that is going on.

Hypnosis is simply a matter of setting aside the conscious mind, to one degree or another, and selectively focusing one's attention on either a particular point or a whole range of experiences.

Because of the hypersuggestibility inherent in the Alpha and Theta levels, positive programming during hypnosis is extremely effective in helping to create positive life changes.

➤ **Is hypnosis the same as sleep?**

No. Hypnosis is generally a profound state of relaxation, but it is different from sleep. A sleeping person cannot usually respond to suggestion.

“HYPNOS” is derived from the Greek word for sleep - an historical mistake in naming terminology that we will discuss shortly - but a hypnotist who uses the word “sleep” during the hypnotic process should explain to his/her clients that hypnosis does not have the same connotation as night sleep.

➤ **Is a person who is hypnotized still in control?**

Absolutely and at all times.

The government, CIA, FBI and KGB spent years trying to find methods of ‘mind control’ that could turn a person into an obedient zombie. They failed. Remember the movie *The Manchurian Candidate* from 1962 with Frank Sinatra? It made for thrilling entertainment, but it could not have happened that way.

Comedic stage hypnotists often contribute to this ‘mind-control’ misconception by having volunteer spectators do all kinds of outlandish things, such as singing like a pop star or acting as if they are having sex with a chair. But remember, the people up on stage are the 10 out of 100 in the audience who, having a good idea what to expect beforehand, have actually *volunteered* to get up and do this stuff. Moreover, although they may ultimately feel humiliated in retrospect after the show, at the moment they make the decision to participate, they have chosen to please their audience of peers by doing what the hypnotist suggests.

But even while hypnotized during the show they do still have a choice, and every now and then you will see someone on stage who, for whatever personal judgment call reason, simply refuses to comply with the hypnotist's suggestion.

➤ **Can a person be “stuck” in hypnosis?**

No. It is simply not possible; hypnosis does not last forever. If the hypnotist quits speaking (or if the power goes out while listening to a hypnosis CD) a person would simply choose to either wake-up, or fall into a natural sleep and take a nap.

➤ **Can anyone be hypnotized?**

Yes. In theory, everyone *can* be hypnotized, because everyone has the capacity to relax and to concentrate. There may be a few exceptions; I suppose drunk/drugged people or perhaps those whose mental deficits prevent concentration, relaxation or the following of directions might not be easily hypnotizable.

However, some people *will* not be hypnotized, by personal choice. Some will never overcome their fear of what they think hypnosis is and may be too guarded to respond. Others may fail to respond due to a lack of trust resulting from a personality clash with the hypnotist. But overall, most can easily be hypnotized, some very easily, and they are what we call natural somnambulists.

➤ **Is it easier to hypnotize those who are less intelligent?**

Absolutely not; the smarter you are the easier it is to be hypnotized. Abstract reasoning skills, self-confidence, and the ability to focus and concentrate are important traits for hypnosis.

➤ **Is the use of hypnosis considered a 'new age' or 'alternative' therapy?**

No. Hypnosis has been around for centuries; Egyptian hieroglyphics record use of hypnosis, and Greek sleep temples used hypnosis for healing.

Perhaps because the field is still not legally regulated, unlicensed practitioners - who may also be drawn to other unregulated or alternative healing methods - tend to learn and practice hypnosis at a greater rate than the rest of the population, but hypnosis in and of itself is not part of any new age movement or alternative therapy scheme.

Remember, the AMA, ADA, BMA and the APA are not exactly the most liberal and accepting groups when it comes to alternative therapies, yet all of these groups do formally accept hypnosis.

➤ **Is suggestibility real?**

Yes. Just ask any advertising executive; how many items have you bought "on impulse" at the check-out counter? History is replete with people responding to suggestion - even in masses - sometimes in healthy ways and sometimes in negative ways. Even clients in only a moderate level of trance depth can be effectively suggestible.

➤ **Is hypnosis the best way to resolve problems?**

No. Hypnosis is *a* way to solve some problems. There is more than one way to skin a cat, and there is more than one way to quit smoking. Hypnosis, as with any other form of treatment, works for those whom it works for.

Because of the unique positive physical and psychological responses many people have to hypnosis, research demonstrates that it is an effective treatment protocol in a variety of situations, ranging from addiction (smoking cessation), to managing symptoms of IBS (irritable bowel syndrome), to altering life-long destructive patterns of behavior (diet and exercise). Again, the APA is the champion of pro-hypnosis treatment for these matters.

➤ **Are audio CD's a good substitute for 'real' hypnosis?**

Yes. Just like live hypnosis, audio CDs can: a) train a person, and b) teach skills. Sometimes they are actually better than live hypnosis because: a) the client can listen whenever they want, and b) since they are professionally produced, the CDs are usually free from any peripheral distractions or script errors common to live hypnosis presentations.

5 Reasons to Practice Hypnotherapy

There are many answers to this question, but the simple answer is: *Because it works.*

1.) Hypnosis is Safe.

Hypnosis is simply a state of being, quite similar to when you are just falling asleep or waking up; it is a condition of focused relaxation.

Under hypnosis, you are always conscious and you always maintain the innate ability to make behavioral and emotional decisions. If you do not like a hypnotic suggestion that has been presented to you, the built-in protectors of your mind will automatically kick in, allowing you to reject the suggestion, or to even emerge/awaken from the hypnotic state on your own.

Brain scans of those under hypnosis show normal brainwave functioning. Even abreaction - the re-experiencing of past emotional situations - is not physically harmful and is generally considered positively therapeutic.

2.) Hypnosis is Effective.

Research outcomes have caused hypnosis to be recognized by the American Medical Association (AMA) as a clinically proven adjunct treatment for many medical conditions such as Irritable Bowel Syndrome; by the AMA and the American Dental Association (ADA) as an anesthesia in dental work or other surgery; by the National Institute of Health (NIH) for pain management and PTSD treatment; by the American Association of Marriage and Family Therapists (AAMFT) for sexual dysfunctions and marital discord; by the American Psychiatric Association (APA) for treating pain and anxiety; and by the American Psychological Association (other APA) for its effective treatment of many psychological and behavioral problems such as weightloss management, stress management and smoking cessation, as well as to improve memory function and reduce test anxiety.

However, hypnosis is certainly not a 'cure-all' for anything and everything. While the list of approved or accepted uses for hypnosis is quite long and varied, despite some claims, hypnosis will not make your penis or breasts grow larger. (Heck, if just thinking about larger breasts could increase someone from a 32a to a 44F, most of the men in America would be eligible for a wait staff job at a Hooters Restaurant!)

3.) Hypnosis is Natural.

Hypnosis is a natural state of being; people naturally experience hypnotic states several times a day: when going to sleep, when awakening from sleep, when driving a car or watching a movie.

Have you ever been driving down the road, then suddenly look up and notice your exit, and wonder how you got there, because the last thing you remember was about ten miles back? They call this experience "highway hypnosis" for a good reason. You were still driving, avoiding cars, even maintaining your lane and speed - but your mind was intently focused on something else, like a problem at work or where to have dinner later.

Have you ever become so engrossed in a TV show or a book that you tuned out most everything else around you, and were perhaps startled when someone spoke to you or touched you? You were "zoned out" in a state very similar to hypnosis.

The techniques used in hypnosis inductions are also natural. Therapeutic relaxation, from muscle control to controlled breathing and focusing on peaceful images, are all natural mind and body processes.

Hypnotherapy strategies, such as age-regression, are natural human functions. When you look at a photograph from the past, your mind will automatically take you back to the place and time in the photo, even if for only an instant. When you talk with friends about events that happened yesterday, a few months ago, or even twenty years ago, your thoughts naturally go back in time and you essentially re-experience, from a distance, those specifically recalled events.

Hypnosis is also natural in that the process involves no chemicals or drugs. Consider the benefits of conservative, effective, drug-free treatment for anxiety, children's A.D.D., or detoxification from nicotine, alcohol and other drugs. The ability to control addiction withdrawal symptoms without the need for psychotropics should be considered a landmark treatment breakthrough.

4.) Hypnosis Feels Good, and is Good for You.

Many people claim that one hour of hypnosis feels equivalent to getting eight hours of quality sleep.

To enter a state of hypnosis, we employ stress-reducing deep-breathing techniques, rather than taking short, stimulating breaths.

When under hypnosis, we are in a deep state of focused mental and physical relaxation (which, by definition, should be a pleasant experience).

5.) Hypnosis Teaches Skills that can be Applied to a Variety of Problems.

Hypnosis is more than just relaxation. Through hypnotherapy, a person can be taught to manage physical symptoms and responses to pain, learn ways to cope with psychological difficulties, gain skills to improve their communication strategies, increase work and school performance, and even enhance their relationships.

The skills taught to control or improve one kind of situation can often easily be applied to other situations as well.

Hypnosis and Hypnotherapy is Not Difficult to Learn

Truly, the basic techniques of hypnosis are easy to learn since hypnosis is a natural process. Hypnotherapy is a bit more challenging to master, the difficulty being the individual differences and responses common to any therapeutic process. This is learned through experience, which is why you must not be shy in practicing the techniques with your peers and with clients, in order to gain knowledge and experience to refine your skills.

APPLICATIONS OF HYPNOSIS

When people ask me if hypnosis is effective, I tell them, “Hypnosis is effective for those whom hypnosis is effective for.” I believe the research, and the research shows that people with medical problems, emotional problems and undesirable habits can overcome their difficulties using hypnosis - weightloss, smoking cessation, nail-biting, memory enhancement, anxiety management, pain management, and so forth.

I believe it is a preferred modality of treatment in many cases, and for most clients, because it is natural, and it is primarily a form of brief therapy. In today’s world of limited time and resources, brief therapy is a preferred method.

But again, hypnosis is only effective for those whom it is effective for. Only quacks believe that only one modality of treatment always works and is effective for everything and everyone.

Different things work for different people, and research proves that hypnosis works for a lot of people. However, it is not something to apply indiscriminately to all clients for all conditions. Sometimes hypnosis is the better choice, and sometimes it is not. For those clients who are willing to learn new skills and seek brief intervention via a natural approach with demonstrated efficacy, hypnosis is effective and should be considered a first-line intervention, rather than relegated to the back of the clinician’s repertoire.

LEGITIMATE USES OF HYPNOSIS

Below is a list of legitimate uses of Hypnosis, as defined by the *American Society of Clinical Hypnosis (ASCH)*, an organization sanctioned by the APA.

- » Allergies
- » Anxiety & stress management
- » Asthma
- » Bed-wetting
- » Concentration
- » Bowel Syndrome
- » Dermatologic Disorders (Eczema, Herpes, Neurodermatitis, Pruritus [itching], Psoriasis, Warts)
- » Pain (back pain, cancer pain, dental anesthesia, headaches and migraines, arthritis or rheumatism)
- » Depression
- » Sports & athletic performance
- » Smoking cessation
- » Raynaud's disease
- » Test anxiety
- » Colitis
- » Sleep disorders
- » Obesity & weight control
- » High blood pressure
- » Sexual dysfunctions
- » Learning disorders
- » Crohn's Disease

SOME NON-LEGITIMATE USES

- » Growing taller
- » Getting lucky
- » Penis growth
- » Psychic powers
- » Remote influence
- »
- »
- » Magical seduction powers

A BASIC HYPNOTIC PROCESS

- 1.) All hypnosis is self-hypnosis.

Hypnosis is not really something that you do *to* someone, but rather it is a state of being that you will assist the client in achieving, by guiding them through the hypnotic process.

- 2.) As a hypnotherapist, you will utilize the Hypnotic Process. The Hypnotic Process has five stages:
 - 1) The Pre-Talk
 - 2) The Induction
 - 3) The Deepener
 - 4) The Suggestive Script
 - 5) The Awakener

Anyone - a trained and licensed mental health professional or a comedy stage hypnotist - can follow this process to hypnotize someone. Again, however, performing Hypnotherapy requires deeper knowledge and skills training, and effective two-way communication strategies.

THE PRE-TALK

The following ideas are important to convey to the client during the pre-talk:

- 1.) It is essential for the client to understand that hypnosis is a natural state.

As we discussed earlier, you can explain that everyone experiences a natural form of hypnosis several times a day, and you can give examples such as when we are waking, going to sleep, driving or watching TV. This puts the concept of hypnosis into a perspective they can relate to, and helps eliminate much of the 'mystical mumbo-jumbo' they may envision about the trance state.

- 2.) It is essential to overcome common objections or myths.

I always assure my clients of four things:

- 1.) They will feel better than ever when we are done.
- 2.) Hypnosis can assist them in making positive changes.
- 3.) They will remain fully in control of their mind and body at all times.
- 4.) They will never be asked to reveal any personal information outside the context of the pre-established therapeutic goals, or to do anything humiliating.

Also during the pre-talk, it may be useful to let the client know that they will still function normally - they can swallow, move around to become more comfortable and even speak when they so desire.

THE INDUCTION

The hypnotic induction is not magic. People can be hypnotized without induction or with very short inductions. Induction accomplishes several things:

- 1.) Guides them into a state of relaxation
- 2.) Tests for suggestibility
- 3.) Gives them a framework for practicing hypnosis
- 4.) Helps a person relax
- 5.) Focuses attention on something (example: specific imagery)

THE DEEPENER

Deepeners follow the induction. They are verbal suggestions given by the hypnotist to help the client go deeper into trance, in order to continue the process of hypnosis. Deepeners are used to:

- 1.) Help a client relax even further
- 2.) Help insure concentration and suggestibility
- 3.) Help facilitate guided imagery
- 4.) Measure current trance depth

They may contain suggestions or tests, but generally not. They can tell a story that ties metaphorically to the prescriptive script, or they can be directive and visual like the staircase deepener. They may be gradual, or swift, depending on the goal, and may be used as necessary at any time during the hypnosis session.

THE PRESCRIPTIVE SCRIPT (Therapeutic Suggestions)

There are two basic types of prescriptive scripts: Direct and Indirect (or Ericksonian). Some say the differences between the two are simply a matter of the hypnotist's personal style, while others claim there is a difference in the client's response, depending on the style used.

You will determine which style works best for you and your clients through practice and experience.

➤ Directive

Directive hypnosis, also known as "skill building" hypnosis, is designed to help the client improve a specific area of life, and is frequently utilized for advancing skills in athletics, musical proficiency, reading, studying, dance, and so forth. In this manner, the hypnotist gives the client specific suggestions, much like direct instructions, for future behaviors and situational perceptions. This is similar to many cognitive-behavioral therapy strategies.

➤ Indirect / Ericksonian

Ericksonian style hypnosis does not use directive commands. You won't hear an Ericksonian hypnotist say, "You are now falling into a deep sleep." Instead, they will make more subtle suggestions like, "You *could* close your eyes now" or "You *may* be feeling sleepy." In this way, the hypnotist acts only as a facilitator or guide. The suggestion is still implied, but the client remains in control of their trance. This is a slightly more Rogerian approach to hypnotherapy.

THE AWAKENING

Awakeings are generally simple. For example:

"I am going to count from one to three. When I reach three, you will open your eyes, feel alert and refreshed, full of energy, and go about the tasks of the day with renewed hope. One. Two. Three. Alert, refreshed and full of energy."

They can also be more complex or drawn out, allowing the client to awaken more gradually. In some situations, clients may also be given the option of staying hypnotized and going right into a natural deep and refreshing sleep.

HYPNOTIC PHENOMENA

Just as every person is different and has different life experiences, every person will have slightly different experiences when under hypnosis, ranging from changes in reasoning, awareness and their creative imagination, to physical changes in blood pressure, heart rate, body temperature and other sensory perceptions.

We refer to these changes as hypnotic phenomena. Hypnotherapists may utilize certain phenomena for specific treatment purposes, while stage hypnotists may exploit certain phenomena for entertainment purposes.

I remember my first stage show as a hypnotist as if it happened yesterday. Because there is really no way to practice a stage show before you go live with it, you have to get it right the first time - but with no practical experience in stage hypnosis, it can be difficult to develop the confidence (some might call it narcissism) necessary to pull off that first show.

During the show, I suggested to a lady that she would forget the existence of the number "2". This is a frequent stage demonstration, because not only can be quite humorous, it is simply amazing to witness.

I told her to hold out her right hand, and count her fingers. She looked at me, looked at her hand, and counted: "1, 3, 4, 5, 6," then gave me a sheepish grin.

The audience was blown away - but so was I; I was shocked that it actually worked! I then had her hold out her other hand and count all of her fingers. She did and said, "1-3-4-5-6-7-8-9-10-11." With this, the crowd went wild, and I tried to conceal my own amazement.

After the show, still holding on to a little disbelief myself, I talked to her about her experience. She remembered little about the hour she spent on stage, and had clearly been in a deep trance state.

I knew beforehand that demonstrating these kinds of hypnotic phenomena is the bread and butter of stage hypnosis shows, because it is how the hypnotist impresses and amazes the audience and creates entertainment. However, witnessing it as a participant and being the one to make it happen are two different things.

After I got over my shock that it worked so easily, I learned something from my experiences on stage: Hypnotic phenomena is easy to produce, because even though these phenomena may seem odd or strange when isolated as a direct command on stage, they are actually natural extensions of life experience; every manifestation of hypnotic phenomena occurs to one degree or another in real life.

For example, 'perceptual changes' are a frequent hypnotic phenomena. The stage hypnotist uses this when they suggest to participants that they are freezing cold - and the group then instinctively huddles together in comical ways to stay warm. Mothers use this same phenomenon when their child bruises a knee, by suggesting that Mom can kiss the owie and make the pain go away.

Singing and dancing like a rock star is a powerful stage demonstration of disassociation, but in real life, most of us depart in our mind from the stressors of the day to our daydreams, and students are notorious for creating alternate realities in their heads during college lectures. The athlete who hurts himself during the big game, but suppresses the pain so they can continue to do what is most important to them, essentially delaying the pain response until the final whistle, is practicing what can be considered hypnotic phenomena.

The clinical hypnotist can use hypnotic phenomena to help clients in a variety of ways. Obviously, in medical situations, manifesting analgesia, anesthesia and ideodynamic responses can be useful. Helping a client take physical control of their body for panic disorder, test anxiety or nicotine withdrawal through disassociation, sensory perceptions, and other phenomena can be useful. Helping test-takers, golfers and athletes create dual-realities can be of incredible performance value to them. Techniques of age-regression can help a person to resolve past difficulties by gaining new perspectives on their life events, and the phenomena of time distortion is a great stress management tool.

Now that I have more experience in hypnosis, I can understand the great precautions that a stage hypnotist must take in order to protect his participants, and I can also see the potential for abuse. However, unlike the AMA or the APA who despise stage hypnotism, I still think that responsible demonstrations of hypnotic phenomena can actually enhance the entire field of hypnosis, including clinical hypnotherapy. I regularly attend stage hypnosis shows in Las Vegas and elsewhere, and often take my friends who are curious about hypnosis, because they can see the power of hypnotic phenomena; they see people having a good time and realize that hypnotic phenomena are not something to fear.

A DISCUSSION ON MEMORY AND HYPNOSIS

Vivid memory recall can be an important component of hypnosis to help us concentrate on specific parts of past events. Forensic hypnotists may use memory recollection strategies to help victims of crime recall certain aspects of a situation that may help investigators to solve crimes. Enhancing creative memory power for test taking is a growing discipline within the hypnotherapy industry. *However...*

****Caution**** Yes, hypnosis can help enhance the recall of memories - but memories are phenomena in and of themselves: they are fluid, suggestible and they can change.

The concept of “repressed memories” (particularly of childhood sexual abuse or alien abduction) has plagued hypnotherapy and psychology since the late 1980’s - early 1990’s. While a person may at times fail to recall details of specific events, the brain does not work in a manner that represses all memory of trauma (Loftus, *Myth of Repressed Memory*, 1994). In fact, for most clients, their difficulty is not in failing to recall specific life events, but rather, being unable to let go of distressing visual and emotional recollections of past events.

Nobody ever went to hypnotherapy in Kansas in 2006 and suddenly recalled, “WOW! Until now, I forgot that I was in New York at the World Trade Center on September 11, 2001. It must have been so painful that I repressed it!” For the unfortunate victims of devastating traumas, their recollections are usually too close to the surface, real and vivid.

“The notion that traumatic events can be repressed and later recovered is the most pernicious bit of folklore ever to infect psychology and psychiatry.” ~ Richard McNally, Harvard University

“...it is an unsettling fact that we can manufacture, wholesale and out of pure nothingness, whole events and pasts that never occurred. This fantastical creative ability of our minds may be treasured when it produces King Lear or War and Peace, but it can sometimes destroy lives and families when applied to ordinary, daily life.” ~ Elizabeth Loftus.

“There is general agreement among memory researchers that memories of events which happened before the age of 24 months are never remembered into adulthood and cannot be recovered.”
~ religioustolerance.org

Interesting Notes on Current Research:

Self-Hypnosis for Addiction

Am J Clin Hypn. 2004
Apr;46(4):281-97

In a research study on Self-hypnosis for relapse prevention training with chronic drug/alcohol users, individuals who played self-hypnosis audiotapes "at least 3 to 5 times a week," at 7-week follow-up, reported the highest levels of self-esteem and serenity, and the least anger/impulsivity, in comparison to the minimal-practice and control groups.

Irritable Bowel Syndrome

Long term benefits of hypnotherapy for irritable bowel syndrome. Gut. 2003
Nov;52(11):1623-9.

In this study, 204 IBS patients treated with a course of hypnotherapy completed questionnaires scoring symptoms, quality of life, anxiety, and depression before, immediately after, and up to six years following treatment. 71% of patients showed improvement in response to treatment initially, and of those, 81% were still improved years later, while most of the other 19% only reported slight worsening of symptoms.

Smoking Cessation

Freedom from smoking: Integrating hypnotic methods and rapid smoking to facilitate smoking cessation. International Journal of Clinical and Experimental Hypnosis 49(3): 257-266, 2001. (12 refs.)

Hypnotic intervention can be integrated with a Rapid Smoking treatment protocol for smoking cessation. Reported here is a demonstration of such an integrated approach, including a detailed description of treatment rationale and procedures for such a short-term intervention. Of 43 consecutive patients undergoing this treatment protocol, 39 reported remaining abstinent at follow-up (6 months to 3 years posttreatment).

Hypnotherapeutic management of alopecia areata.

Willemsen R, Vanderlinden J, Deconinck A, Roseeuw D. Department of Dermatology, Academic Hospital, Free University (VUB), Brussels.

BACKGROUND: Only limited data exist on the role of psychotherapy in alopecia areata (AA). **OBJECTIVE:** We sought to document the influence of hypnotherapy on psychological well-being and clinical outcome in AA. **METHODS:** Hypnosis was used in 28 patients with extensive AA who were refractory to previous conventional treatments. It was added as a complementary treatment or used as the only treatment. **RESULTS:** In all, 21 patients, 9 with alopecia totalis or alopecia universalis and 12 with extensive AA, were analyzed during a 5-year period. After treatment, all patients had a significantly lower score for anxiety and depression. Scalp hair growth of 75% to 100% was seen in 12 patients after 3 to 8 sessions of hypnotherapy. Total growth occurred in 9 of these 12 patients, including 4 patients with alopecia universalis and 2 with ophiasis. In 5 patients, a significant relapse occurred. **LIMITATIONS:** This is a preliminary study with a limited number of patients. A larger randomized study is necessary. **CONCLUSION:** Hypnotherapy may enhance the mental well-being of patients with AA and it may improve clinical outcome.

Mind styles and the hypnotic induction profile: measure and match to enhance medical treatment.

Greenleaf M, Albert Einstein College of Medicine, USA.

Modern medical technology and economic impositions tend to dehumanize the medical patient. This paper describes a targeted use of the hypnotic modality for relationship building, symptom management, and restoring a sense of self to the patient. To humanize medical care one patient at a time, examples are given for the use of the Hypnotic Induction Profile, the Eye Roll sign and AOD (Apollonian-Odyssean-Dionysian) Mind-Style Questionnaire as a basis for choosing bio-psycho-social treatment strategies. This trio of assessments can be used together, in approximately 10 to 15 minutes, or separately, if treatment decisions need to be made in a few minutes or less. The hypothesis presented is that matching treatment strategies, with or without formal hypnosis, to hypnotic capacity and mind style can increase respectful care and efficacy of treatment outcome. Clinical examples will illustrate this approach to enhance recovery, morale, and maximize patients' ability to become active partners on their own behalf.

Assessment of the effects of a taped cognitive behavior message on postoperative complications (therapeutic suggestions under anesthesia).

Cowan GS Jr, Buffington CK, Cowan GS 3rd, Hathaway D. Department of Surgery, College of Medicine, University of Tennessee Health Science Center, Memphis, TN, USA.

BACKGROUND: The authors studied whether playing a taped cognitive-behavior message during and immediately following bariatric surgery will improve performance of a postoperative regimen designed to enhance recovery. **METHODS:** The double-blinded placebo-controlled study consisted of 27 morbidly obese bariatric surgical patients randomly assigned to listen to either a blank (Controls) or a positive therapeutic message audiotape (Tape). A Postoperative Regimen Checklist (PRC) quantified different parts of the postoperative recovery regimen. **RESULTS:** The data showed that patients in the Tape group, compared to the Controls: 1) achieved better scores at most PRC assessment points ($p < 0.05$), 2) required less encouragement to perform tasks ($p < 0.05$), and 3) were discharged from the hospital a mean of 1.6 days earlier. **CONCLUSIONS:** A taped cognitive-behavioral message, played to patients repetitively during and immediately following bariatric surgery, is effective in enhancing postoperative compliance and reducing in-patient length of stay.

Treatment of binge eating with automatic word processing and self-hypnosis: a case report.

Anbar RD, Savedoff AD. Department of Pediatrics, State University of New York Upstate Medical University, 750 E. Adams St., Syracuse, NY 13210, USA.

Binge eating frequently is related to emotional stress and mood problems. In this report, we describe a 16-year-old boy who utilized automatic word processing (AWP) and self-hypnosis techniques in treatment of his binge eating, and associated anxiety, insomnia, migraine headaches, nausea, and stomachaches. He was able to reduce his anxiety by gaining an understanding that it originated as a result of fear of failure. He developed a new cognitive strategy through AWP, after which his binge eating resolved and his other symptoms improved with the aid of self-hypnosis. Thus, AWP may have helped achieve resolution of his binge eating by uncovering the underlying psychological causes of his symptoms, and self-hypnosis may have given him a tool to implement a desired change in his behavior.

Irritable Bowel Syndrome

Palsson OS, Turner MJ, Whitehead WE. Hypnosis home treatment for irritable bowel syndrome: a pilot study. *Int J Clin Exp Hypn.* 2006 Jan;54(1):85-99.

A 3-month home-treatment version of a scripted hypnosis protocol previously shown to improve all central IBS symptoms was completed by 19 IBS patients. Outcomes were compared to those of 57 matched IBS patients from a separate study receiving only standard medical care. Ten of the hypnosis subjects (53%) responded to treatment by 3-month follow-up (response defined as more than 50% reduction in IBS severity) vs. 15 (26%) of controls. Hypnosis subjects improved more in quality of life scores compared to controls. Anxiety predicted poor treatment response. Hypnosis responders remained improved at 6-month follow-up. Although response rate was lower than previously observed in therapist-delivered treatment, hypnosis home treatment may double the proportion of IBS patients improving significantly across 6 months.

Weight loss for women: studies of smokers and nonsmokers using hypnosis and multicomponent treatments with and without overt aversion.

Johnson DL.

Study 1 compared overweight adult women smokers (n = 50) and nonsmokers (n = 50) in an hypnosis-based, weight-loss program. Smokers and nonsmokers achieved significant weight losses and decreases in Body Mass Index. Study 2 treated 100 women either in an hypnosis only (n = 50) or an overt aversion and hypnosis (n = 50) program. This multicomponent follow-up study replicated significant weight losses and declines in Body Mass Index. The overt aversion and hypnosis program yielded significantly lower posttreatment weights and a greater average number of pounds lost.

"How deeply hypnotized did I get?" Predicting self-reported hypnotic depth from a phenomenological assessment instrument.

Pekala RJ, Kumar VK, Maurer R, Elliott-Carter NC, Moon E. Coatesville Veterans Administration Medical Center, Coatesville, Pennsylvania, USA.

Procedures for estimating hypnotic depth have been used for more than 70 years. This study predicted self-reported hypnotic depth from the phenomenological and behavioral variables of the Phenomenology of Consciousness Inventory-Hypnotic Assessment Procedure (PCI-HAP). Participants were divided into 2 groups; 1 was used to generate regression equations, and the other group was used for cross-validation. Both imagery vividness during hypnosis (imagoic suggestibility) and the PCI pHGS measure of hypnotic depth (hypnoidal state) accounted for most of the variance in self-reported hypnotic depth. The above results, further supported by correlational and 3-D visual analyses, are consistent with other researchers' observations that ratings of hypnotic depth are a function of: (a) alterations in subjective experience, and (b) the perception of responsiveness to suggestions. The findings are also congruent with J. Holroyd's hypothesis that suggestibility and altered-state effects interact to produce hypnotic effects.

Hypnosis principles and applications: an adjunct to health care.

Eslinger MR., Department Head for Administration, Naval Medical Center in Portsmouth, VA, USA.

Hypnosis has existed since the beginning of humankind, and is a part of everyday life. It is a valuable addition to the methods and techniques available to all health care providers, as well as a safe and uncomplicated method used to enhance patient health care. It is simply a state of complete physical and mental relaxation which produces an altered state of consciousness acceptable to suggestions. It is characterized by an increased ability to produce desirable changes in habit patterns, motivation, self-image, lifestyle, and personal health.

"Truth: Hypnosis works – if you let it!"

John Stossel of ABC's 20/20 was surprised by the effectiveness of hypnosis when he examined the results of hypnosis for weight loss.

Stossel's new book, *Myths, Lies and Downright Stupidity* debunks other myths, but praises hypnosis.

"I'd seen those ads promising: 'Hypnotherapy will help you lose weight!' C'mon, if it worked, there wouldn't be all those overweight people around."

"Just when my skeptic's antennae convince me I always know bunk when I see it, I get fooled. I assumed hypnosis in medicine was one more con game."

"Truth: Hypnosis works – if you let it!"

Utilizing hypnosis and ego-state therapy to facilitate healthy adaptive differentiation in the treatment of sexual disorders.

Lemke W.

Much of the literature focuses on the pathology that falls to the far right of the Watkins (1997) differentiation-dissociation continuum, such as Dissociative Identity Disorder and Dissociative Disorder NOS. Adding a "far left" to this continuum, as well as a construct of what the "far left" looks like, makes apparent the value of healthy adaptive differentiation for those individuals that fall to the "far left" of the spectrum; those who don't differentiate enough. A discussion of sexual dysfunction at this end of the continuum and cases of Hypoactive Sexual Desire Disorder and Vaginismus demonstrate the clinical effectiveness of an approach combining hypnosis and ego-state therapy to facilitate healthy adaptive differentiation.

Hypnosis technics used to diminish anxiety and fear: review of the literature

Willemsen R. Service de dermatologie, AZ Vrije Universiteit Brussel, Laarbeeklaan 101, 1090 Jette.

Hypnosis can be a valuable technique in the management of patients who fear medical treatment. Hypnosis leads to a stronger concentration and a more focussed attention, and thus to a better acceptance and greater effectiveness of suggestions. Literature indicates that hypnotherapy can reduce pain and fear in case of dental or medical phobia. After a short review of the existing literature on the topic, the practical aspects of the hypnotic approach are explained.

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“ORIENTATION TO CLINICAL HYPNOSIS” 1.5 Hours CEU Course

EVALUATION OF LEARNING PAGE 1 of 2

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➤ ANSWER THESE 15 T/F COURSE EVALUATION OF LEARNING QUESTIONS

- T F 1. I have read the entire required .pdf text file for this course.
- T F 2. Hypnosis is natural, it is safe, and it is effective.
- T F 3. The Critical Factor is the gate-keeper between the Subconscious Mind and the Conscious Mind.
- T F 4. Hypnosis is hypnosis an “altered state of consciousness”.
- T F 5. Research outcomes have caused hypnosis to be recognized by the American Medical Association (AMA) as a clinically proven adjunct treatment for many medical conditions such as Irritable Bowel Syndrome.
- T F 6. Hypnotherapy strategies, such as age-regression, are natural human functions.
- T F 7. For those clients who are willing to learn new skills and seek brief intervention via a natural approach with demonstrated efficacy, hypnosis is effective and should be considered a first-line intervention, rather than relegated to the back of the clinician’s repertoire.
- T F 8. Hypnosis is not really something that you do *to* someone, but rather it is a state of being that you will assist the client in achieving, by guiding them through the hypnotic process.
- T F 9. An induction must be well written, because people cannot be hypnotized without the correct word formulation.
- T F 10. Deepeners are are verbal suggestions given by the hypnotist to help the client go deeper into trance.
- T F 11. There are three basic types of prescriptive scripts: Naturalistic, Overtive-reactive, and Indirect (or Ericksonian).
- T F 12. Directive hypnosis is also known as “skill building” hypnosis.
- T F 13. Hypnotherapists may utilize certain phenomena for specific treatment purposes, while stage hypnotists may exploit certain phenomena for entertainment purposes.
- T F 14. Memories are phenomena in and of themselves: they are fluid, suggestible and they can change.
- T F 15. Events which happened before the age of 24 months are never remembered into adulthood and cannot be recovered.

GRADE THIS ONLINE COURSE! – Page 3

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