



Faculty Interview

Dr. Carolyn Daitch is an internationally renowned psychologist, trainer and author. She is the Director of the Center for the Treatment of Anxiety Disorders in Farmington Hills, Michigan. Her work has earned her numerous awards from professional organizations, and her approaches have been referenced in *The Wall Street Journal*, *The Huffington Post*, and *Parents Magazine*.

Dr. Daitch is a certified and approved consultant and an elected fellow with the American Society of Clinical Hypnosis. Carolyn is also a certified Imago Relationship therapist. She was further honoured as an elected fellow of The Michigan Psychological Association. Carolyn is a consultant with the University of Michigan School of Medicine’s Department of Complementary and Alternative Research.

She is the author of four books including [Affect Regulation Toolbox](#) and [The Road to Calm Workbook](#).

Dr. Carolyn Daitch is a faculty member with CSCH-OD. Last year, she provided us with an outstanding 2-day workshop entitled “The Application of Clinical Hypnosis in the Treatment of Anxiety and Trauma.” Following the Workshop, I had the opportunity to chat with Carolyn about her love for and practice of clinical hypnosis in psychotherapy.

I asked Carolyn about how she first became interested in clinical hypnosis. Interestingly, her initial venture into this area coincided with a time of personal new birth — literally! She had just given birth to her son, and was a new mother looking to engage in some professional networking. One Sunday afternoon, she dropped into a training being held by Dr. Charles Stern, a student of Milton Erickson. This training inspired Carolyn to read and learn everything she could about clinical hypnosis in psychotherapy.

She delved into research and practices of Ericksonian therapy and hypnosis, and it was not long before Carolyn found the opportunity to personally apply what she had learned in her own life. At 4 months following the birth of her baby, she developed a gastrointestinal bleed and required a g-tube procedure. Although anesthetic is now regularly provided before this procedure, it was not commonplace back then. Carolyn used self-hypnosis as the g-tube was extended down her throat and into her stomach. She continued chatting away with the nurses who expressed their shock with Carolyn’s calm demeanour throughout the procedure. This experience marked Carolyn’s first *up close and personal* relationship with the benefits of hypnosis.

As she experienced then and still finds today, hypnotic trance is “such a powerful adjunct tool that can potentiate any treatment modality.” In terms of our work as psychotherapy professionals, Carolyn’s advising is that hypnosis can improve outcome across the spectrum of evidence-based therapeutic work we’re doing, including with CBT and EMDR. I found it most interesting to talk with Carolyn about the way she integrates hypnosis with EMDR. For example, she will bring hypnosis in at the end of EMDR when the work is focused on amplifying and accessing resources. Hypnosis and the use of future visualization can help with practicing

cognitive shifts and the internalization of cognitive statements such as *“It’s over and I handled it.”*

I wondered aloud about the range of benefits for clients at various phases of trauma-informed therapy. Carolyn had a lot to say about this, highlighting the importance of teaching our clients how to use self-hypnosis for everything from shifting automatic avoidance responses to accessing overlooked inner resources. *“People who master self-hypnosis learn how to become more resilient”* she said. Isn’t that, ultimately, the goal of all psychotherapy? How wonderful that we have this amazing tool to bring to our clients so that they can really and truly learn self-mastery in trauma recovery.

Dr. Daitch uses hypnosis to help her clients become skilled at recognizing and intercepting the initial reactivity-charged feeling or thought pattern (eg: “I’m feeling abandoned”). She has developed so many wonderful hypnotic interventions that work beautifully with CBT, mindfulness and other modalities. For example, she has developed a technique called **“STOP”** that teaches clients to firstly **S**can for somatic, cognitive and emotional cues/precursors of affect dysregulation/anxiety. Next, clients move to a **“T**ime-out” for self-soothing (this helps catch the flooding early, and builds habit of tension defusion); Clients are then instructed to **O**vercome the initial surge of flooding through hypnotic techniques such as the eye-roll. As people become more practiced with these first three steps of STOP, they can then move onto the 4th phase: **P**utting tools into practice — these tools include mindful awareness and visualizations for dialing down anxiety. The use of hypnotic interventions such as age progression and ego state work can help to solidify the client commitment to using their new tools for handling stress. Carolyn coaches her clients that “practice makes perfect.” Thus, a daily home practice is essential — it assists the client in developing self-hypnosis skills for self-soothing, re-framing, and pattern interruption.

When I asked Carolyn what her best piece of advice would be for new clinicians when it comes to practicing hypnosis, she quite emphatically insisted: “Don’t wait until you feel like you’re a master, get started!”

Oh Carolyn, we couldn’t agree more...and can’t wait to have you back for another training!

In commitment to transformation,

Karen Day,
President,
Canadian Society of Clinical Hypnosis - Ontario Division