

Workshop Outline: Laurence Sugarman MD, FAAP, ABMH

Thursday May 26/22

5:30 Reception and Sign-in

6:00 Workshop Overview

6:30 Demo & Discussion

1. Describe and demonstrate how “scaling” a symptom can be utilized in a hypnotic frame of reference.
2. Compare and contrast the use of “continuing questions” as compared to post hypnotic suggestions in terms of closing hypnotic interaction.

7:00 Evolution, Definition, Concepts

1. Define “mind” in terms of open, complex, and embodied systems.
2. Define “trance” in terms of plasticity within the embodied mind.
3. Cite lines of research that support this view of neurobiological plasticity or trance.
4. Explain the basis for characterizing trance as a creative process as compared to a state.
5. Give three reasons for defining hypnosis as a discipline for influencing trance.
6. Characterize the “legacy model” of hypnosis in terms of its origins and perpetuation within the biomedical paradigm.
7. Contrast the “integral model” with the “legacy model” in terms of the behaviors of the therapeutic dyad.
8. Contrast the “integral model” with the “legacy model” in terms of the process of the therapeutic interaction.
9. Contrast the “integral model” with the “legacy model” in terms of the goals of the therapeutic interaction.
10. Define “conversational hypnosis” (or “hypnotic conversations”) in contrast with the “legacy model” in terms of form, behaviors, and objectives.
11. Compare and contrast the concepts of “suggestibility” and “responsivity” in hypnotic interactions.
12. Discuss the relevance of hypnotic interaction to the BRAC and N³.

7:50- 8:10 Break

8:10-8:25 Staring Spells – experiential learning

1. Give two examples of what is meant by Orne’s term, “demand characteristics.”
2. List at least three characteristics of the “clinician’s trance.”
3. Explain the relevance of Heisenberg’s “uncertainty principle” to hypnotic relationships.

8:25 Q & A

8:45 Adjourn

Friday May 27

8:30am Reception and Sign-in

9am Structure of Hypnotic Interactions

1. Characterize the four stages of change in relation to the ultradian “Basic Rest Activity Cycle” (BRAC) and Rossi’s “Novelty, Numinosum, Neurogenesis Effect” (N³).
2. Explain the basis for characterizing trance as a creative process as compared to a state.
3. Detail the neurobiology of novelty in terms the autonomic, immunologic, central nervous, and at least one other embodied subsystem and that subsystem’s relationship to trance.
4. Define “conversational hypnosis” (or “hypnotic conversations”) in contrast with the “legacy model” in terms of form, behaviors, and objectives.
5. Discuss the relevance of hypnotic interaction to the BRAC and N³.
6. Apply the structure of hypnotic interacting to the BRAC/N³ by describing and illustrating the steps: “relate,” “disrupt,” and “renew.”
7. Compare and contrast the roles of relaxation and activation in hypnotic interacting.
8. Outline and demonstrate five stages to Rossi and Hill’s “Mirroring Hands” strategy.
9. Compare and contrast the use of “continuing questions” as compared to post hypnotic suggestions in terms of closing hypnotic interaction.
10. Provide at least seven examples of trance behaviors and how they manifest differently in over the development.

9:40 Basic Skills

1. Describe and demonstrate four basic skills (“kneading,” “wondering,” “wandering,” and “congression”) in hypnotic interacting.
2. Describe and demonstrate four orienting principles (systems thinking, relational being, narrative listening, temporal touring) for the clinician in hypnotic interacting.
3. Discuss the concept of trauma “as a way of living” in terms of trance and its treatment using hypnotic interactions.

10:10 Introduction to Experiential Learning - Lecture, Demo

10:20-10:40 Break

10:40 Basic Skills – Small Group Experiential Learning

1. Describe and demonstrate four basic skills (“kneading,” “wondering,” “wandering,” and “congression”) in hypnotic interacting.
2. Apply the structure of hypnotic interacting to the BRAC/N³ by describing and illustrating the steps: “relate,” “disrupt,” and “renew.”
3. Apply the experiences of “dissociation” and “reassociation” to the structure of hypnotic interaction.

11:40 Discussion of Experiential Learning

12:00 Q & A

12:20 Lunch

1:20 Developmental Imperatives in Tranceformation

1. Define “trance” in terms of plasticity within the embodied mind.
2. Detail the neurobiology of novelty in terms the autonomic, immunologic, central nervous, and at least one other embodied subsystem and that subsystem’s relationship to trance.
3. Provide at least seven examples of trance behaviors and how they manifest differently in over the development.
4. Cite at least two examples of the use of hypnotizability scales with children
5. Discuss the evidence that relates hypnotizability measurement with children to clinical outcome.
6. Discuss the role of developmental imperatives in development of trance and motivation towards neurobiological plasticity.
7. Compare and contrast the teaching of self-hypnosis to a five-year-old, twelve-year-old, 18-year-old, 30-year-old, and a 60-year-old.
8. Characterize at least three features of the “clinician’s trance” and how it can inform hypnotic interactions.
9. Define the term “parental paradox” and provide at least three examples of how it can be de-potentiated with hypnotic interventions.

2:10 Scaling Change – lecture & demonstration

1. Apply the experiences of “dissociation” and “reassociation” to the structure of hypnotic interaction.
2. Discuss the concept of trauma “as a way of living” in terms of trance and its treatment using hypnotic interactions.
3. Compare and contrast the roles of relaxation and activation in hypnotic interacting.
4. Describe and demonstrate how “scaling” a symptom can be utilized in a hypnotic frame of reference.
5. List at least three caveats when using scaling in a hypnotic frame.
6. Provide as least three contexts in which multisensory imagery can be useful in hypnotic interacting.

2:50 Break

3:10 Scaling Change – Small Group Experiential Learning

4:10 Discussion of Experiential Learning

4:25 Q & A

4:45 Adjourn

Saturday May 28

8:30 Reception and Sign-in

9:00 Hypnosis: The Heart & Health of Care

1. Detail the neurobiology of novelty in terms the autonomic, immunologic, central nervous, and at least one other embodied subsystem and that subsystem's relationship to trance.
2. List four distinctions of therapeutic hypnosis in contrast with hypnotic influences in society.
3. Characterize the "legacy model" of hypnosis in terms of its origins and perpetuation within the biomedical paradigm.
4. Contrast the "integral model" with the "legacy model" in terms of the behaviors of the therapeutic dyad.
5. Contrast the "integral model" with the "legacy model" in terms of the process of the therapeutic interaction.
6. Contrast the "integral model" with the "legacy model" in terms of the goals of the therapeutic interaction.
7. Explain the relevance of Heisenberg's "uncertainty principle" to hypnotic relationships.
8. Contrast the meaning of "taking a history" with the construct of "co-creating a narrative."
9. Compare and contrast the discipline of hypnosis with mindfulness, meditation, motivational interviewing, yoga, prayer, and other contemplative practices.
10. Describe Engel's "biopsychosocial model" of health and care in its relationship to the biomedical model.
11. Compare and contrast problem-based versus person-based approaches to health in terms of mind, trance, and hypnosis.
12. Describe and illustrate the difference in therapeutic interaction between "what is the problem that a person has" and "how the person has the problem."
13. Contrast the legacy "diagnose and treat" approach to the "risks and resources" perspective in terms of therapeutic hypnosis.
14. Define health in terms of neurobiological agility that can be exercised with self-hypnosis.

9:40 Multi-Imagery & Dissociation

1. Discuss the concept of trauma "as a way of living" in terms of trance and its treatment using hypnotic interactions.
2. Outline and demonstrate five stages to Rossi and Hill's "Mirroring Hands" strategy.

10:30 Break

10:50 Multi-Imagery & Dissociation – Small Group Experiential Learning

11:50 Discussion of Small Group Learning

12:05 Q & A

12:25 Lunch

1:25 Strategic Approaches

1. Compare and contrast the concepts of “suggestibility” and “responsivity” in hypnotic interactions.
2. Describe at least two tests or scales for determining “hypnotizability.”
3. Describe the motor and sensory homunculi and how they are relevant to hypnotic interacting.
4. Describe and demonstrate four orienting principles (systems thinking, relational being, narrative listening, temporal touring) for the clinician in hypnotic interacting.
5. Apply the structure of hypnotic interacting to the BRAC/N³ by describing and illustrating the steps: “relate,” “disrupt,” and “renew.”
6. Apply the experiences of “dissociation” and “reassociation” to the structure of hypnotic interaction.
7. Discuss the concept of trauma “as a way of living” in terms of trance and its treatment using hypnotic interactions.
8. Compare and contrast the roles of relaxation and activation in hypnotic interacting.

2:15 Person-based Role Playing – Small Group Learning & Discussion

3:15 Break

3:35 Q & A

3:55 Take Out – Changing Self-Hypnosis

1. Define self-hypnosis in terms of developing responsivity and creativity as compared to suggestibility.
2. List at least two indications and two contraindications for teaching self-hypnosis.

4:35 Ongoing Education Resources and Workshop Evaluations

4:55 Adjourn

5-9pm Saturday Social

Live Music, Food & Community