

GPSCH HypNews

Newsletter of The Greater Philadelphia Society of Clinical Hypnosis
Volume 18 Number 1 Winter 2022

FROM THE PRESIDENT - Jeffrey E. Celebre, PhD

Dear Members,

As this calendar year is coming to a close, I hope this season is finding all of you healthy and vibrant. And looking forward to your version of a holiday/winter break that we are all needing as we inch forward through the continuing uncertainty of the pandemic.

As you may know, our Society is maintaining its new-found strength and relevance as a professional organization dedicated to the dissemination of hypnosis knowledge - in the age of Zoom. We are attracting attendees from different parts of the country that the new reality of COVID has accidentally provided us. This seismic shift in educational training has been embraced by our entire sister Component Sections. Like them, we are no longer a strictly local organization. Our collective audience now has no geographic boundaries and I personally don't see that as changing even when the pandemic evolves into an endemic. This new paradigm is allowing us to reach out to notable presenters and transport them to Phillyland virtually without the prohibitive costs this used to entail. We now don't have to think twice to invite the Sugarman, Yapko and the like into our screens.

We have had Carol Ginandes from Massachusetts this past November speak about the utilization of hypnosis for medically challenged patients, Mark Weisberg from Minnesota last May deliver a talk on the management of GI issues and David Reid hailing from Virginia was "here" last March addressing anxiety and panic disorders. Looking forward to next semester: in January, Gary Elkins from Texas will present Mindfulness and Hypnotherapy; March will bring us Cory Hammond from Utah; and Michael Yapko from San Diego County will be with us in May addressing Process-Oriented Hypnosis. And

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next September, Laurence Sugarman will return from Rochester, New York to present hypnotic communication and Autism Spectrum Disorders.

Our Society also has its challenges. While our membership is holding steady in the mid-twenties, we are now competing with our Component Section siblings for new members as well as workshop attendees. We are in a national and sometimes international hypnosis marketplace and this requires a new way of thinking. As you may also know, our Board of Governors is now comprised of just Stephen Glass and me with the irreplaceable administrative expertise of Suzanne Malik. We are essentially a board of three people. In August, we lost our Treasurer George Schmidt (we wish him well) and have had no one to fill that position. Suzanne now performs our Secretary and Treasurer duties along with helping us think about the big picture.

So, at this point in my Message, I must don the hat of salesperson. Again! We simply need some new people (heck, I would be happy with just one) to join the Board to help steer GPSCH forward. We meet perhaps five times a year (never in the summer) for about an hour. We are no longer bogged down (pun intended) with the details of arranging air travel, lodging, taxi service, bagels/coffee, snacks, lunch and dinners. While this streamlined set of tasks has been assistive, we truly would value some new blood to help us think strategically, creatively and smartly. The positions of Secretary, Treasurer, Vice President and Member-at-Large are open and wanting. When we have Zoom meetings, we also enjoy the special camaraderie involved.

If you are interested in joining us on the Board of Governors to assist with GPSCH governance, please contact me (jcelebre@verizon.net) on/before January 31, 2022.

In conclusion, if we don't hear from anyone volunteering for a Board slot for the 2022-2024 term, the usual Nominations and Elections Committee procedure that typically works on a new slate of candidates will not be operating.

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I look forward to seeing everyone for the second half of our academic year. Please stay safe and warm with all of us looking forward to what the new possibilities that spring on the very distant horizon promises: the smells and views of sunny green all around us.

Sincerely,

Jeff Celebre

MEMBER NEWS

Welcome New Members

Invite a Colleague to Be a Member

See your/your colleague's name listed here.

Congratulations to you, ***GPSCH Members*** for being ***GPSCH Members***
This section is for you. Let us know what you are doing or have written presented, taught, or if you have been honored in some way. Share the good news! Please submit Member News and other items of interest for "You've Got Mail" as well as Letters to the Editor to Stephen.Glass@crozer.org.

"YOU'VE GOT MAIL"

March 3-6, 2022 - 63rd ASCH Annual Scientific Meeting & Workshops.
Jacksonville, FL. For more info: www.asch.net.

**** Please Note GPSCH Email Address: admin@gpsch.org ****

ACADEMIC CALENDAR

2022

- SUN JAN 30** Mindful Hypnotherapy: The Basics and
Webinar Clinical Applications
10AM-1:00PM Gary R. Elkins, PhD, ABPP, ABPH
- SUN MAR 20** Hypnotic Strategies and Techniques
Webinar for Pain Management
10AM-Noon D. Corydon Hammond, PhD, ECNS, BCN, QEEG-D
- SUN MAY 15** Year End Meeting
Webinar Process-Oriented Hypnosis: Focusing on Structure,
10AM-1:00PM Not Content, in Hypnotic Interventions
Michael D. Yapko, PhD
- SUN SEP 25** Therapeutic Communication, Hypnosis and
Webinar Autism Spectrum Disorder
10AM-1:00PM Laurence Irwin Sugarman, MD, ABMH
- SUN OCT 23** TBA
Webinar
10AM-1:00PM
- SUN NOV 6** Clinical Hypnosis and the Grief Process
Webinar Kathryn Lane Rossi, PhD
10AM-1:00PM

Academic Calendar listings originate in Eastern Time zone, USA & Canada

In-Person Meetings/GPSCH Workshops are held at
Roxborough Memorial Hospital

Virtual Workshops are held in the comfortable setting of your choice

For additional information, please contact GPSCH Administrative Director
Suzanne Malik at admin@gpsch.org or 301-830-1941.

FROM THE EDITOR - Stephen G. Glass, EDM

FOR YOUR CONSIDERATION

Intervention Pot Luck - You Are What You Eat

Recently, a new hire in our Adult Outpatient Mental Health Service suggested at a staff meeting that we participate in an intervention pot luck. That is, he requested that at a subsequent staff meeting we each present a frequently used/go-to therapeutic intervention for the edification and enrichment of the staff. The following is, in part, my presentation.

Initial Office Visit Goals (IOVGs)

1. Engage patient in diagnostic/therapeutic process.
2. Reduce anxiety.
3. Increase self-efficacy.
4. Instill positive expectancy/optimism for positive outcome of treatment.

The first office visit is the prototype for everything that follows and flows from it. The therapist conducts the therapy, the therapeutic process and the therapeutic relationship as a musical fugue; repeating themes (e.g., initial office visit) interspersed with *divertissements* which insert inflection points in the therapeutic relationship and process facilitating patients' new thinking, feeling and behavior, aka Change.

Initial Treatment Plan Objective Offered > 90% of Patients' Initial Tx Plans

In weekly office visits "Joe"/"Jane" will report walking at least 30 minutes per day 3 days per week to tolerance, weather permitting x 5 months.

During the initial office visit, I routinely review the patient's medical history; a holistic approach to understanding the patient, the patient's experience and current existential plight. Medical history-taking offers the patient a familiar experience of healer-patient relationship providing initial context for the psychotherapeutic relationship. Upon reviewing the medical history, if there is a questionable mobility or a physical health issue that might impede performance of this task or might lead to worsening of an existing physical health condition or injury, I do not proceed with this

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objective. I advise the patient to consult his/her primary care physician for clearance to perform this treatment plan objective. Also, the patient and I agree on the time parameter according to what the patient states is prospectively doable. Some treatment plans start with 20 minutes per day, three days per week, but all plans do not exceed 30 minutes. While the patient may satisfactorily perform the task within a relatively short period of time as expected, the task objective remains in force for five months rather than moving on to a different objective. This is to establish a behavioral habit pattern that runs concurrently with other therapeutic suggestions and task assignments that may be coupled with this behavior. Selecting a modest task assignment such as walking is consistent with the statement attributed to Milton Erickson, "I take away a problem that a patient cannot handle and give him one that he can handle."

Treatment Plan Objective Rationale

1. Objective satisfies the "3 S's" of therapeutic suggestion/task assignment: 1. It is Simple to perform; 2. It is of Short duration; and 3. It has a high probability of Success.
2. Objective encourages performance of a familiar activity that the patient has possibly already performed and/or is currently performing (IOVG#1).
3. It demystifies psychotherapy and psychotherapeutic suggestions. There is no threatening, onerous procedure involved. There is no threat of possible uncomfortable emotional self-disclosure.
4. It may reduce anxiety and elevate mood (IOVG#2). It provides opportunity for serendipitous creative thought; novel observation and experience (think Bruno Bettelheim's creative walks in the Black Forest).
5. It serves as a pattern interruption with regard to the patient's daytime behaviors otherwise performed, aka Change.
6. It provides opportunity for implementing planned behavior and self-control.
7. It provides experience of self-regulation.
8. If the patient performs the task satisfactorily, this facilitates patient's improved self-efficacy (IOVG#3).

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9. "At least 30 minutes" gives the patient opportunity to excel beyond expectation.
10. It is diagnostic - If the patient fails to perform this task it does not bode well for the patient's engagement and success in treatment.
11. It is prognostic - If the patient performs the task objectively satisfactorily, the patient may expect success in performing other therapeutic suggestions (IOVG#4).
12. Successful performance of objective task creates a "Yes-set" optimizing patient receptivity and responsiveness to performing subsequent sophisticated complex challenging therapeutic suggestions/tasks. In consumer psychology, we call this "a foot in the door." Overall, performance of the task institutes Change, the first step for subsequent change.

It should be noted that the foregoing intervention is only one of a number of treatment plan objectives included in the initial treatment plan. Other objectives for the patient's performance appear more directly related to the patient's presenting problem. - SGG

