



BRITISH SOCIETY OF CLINICAL AND ACADEMIC HYPNOSIS NEWSLETTER



Paul Slater, Caron Moores, Jean Rogerson, David Rogerson & Ann Williamson teaching at the AAGBI (Association of Anaesthetists of Great Britain and Ireland)

March 2018

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Stand-in Editors' note:

Charlotte is away and unable to produce the March Newsletter so Hilary (National Office Secretary) and Ann Williamson (Newsletter Editor from way back) have decided to put together an issue containing some of the material that had to be left out of the December issue and containing a run through of the events that BSCAH is currently involved with in 'Spreading the word'. Do feel free to get in touch if you wish to be involved! We also need someone to take over the Hon Treasurer's role – any offers?

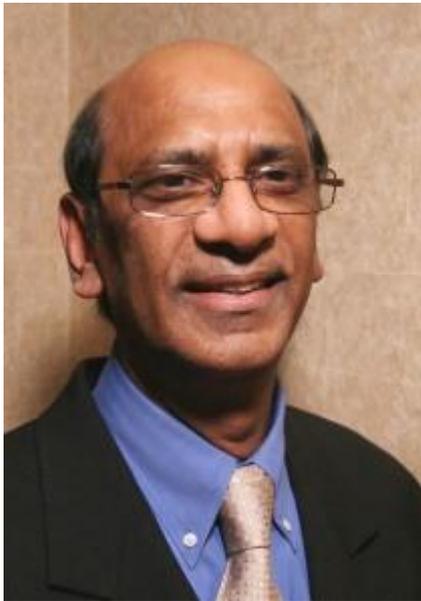
BSCAH Mailing list

A lot of our members are missing out on interesting events because they have not signed up to our mailing list. If you do not wish to subscribe, haven't received an email asking you to subscribe, or you would like instructions as to how you can subscribe please contact Hilary Walker (natoffice@bscah.co.uk).

Please note that you can change your contact details when you login to the website (www.bscah.com). If you change your email please notify Hilary because the website details and the mailing list are two separate entities. Thanks!

Referral List

It was decided at the Annual AGM 2017 that the referral list would be opened up to the whole membership. If you wish to go on the referral list please contact Hilary (natoffice@bscah.co.uk) There will be more information about this in the coming months but it would be interesting to see how many of our members would like to register for the referral list.



Dr Assen Alladin: a personal note

Clinical Psychologist, Calgary, Alberta, Canada

It is with saddened heart that I write this short, personal reflection on Assen Alladin, a well-respected scholar, author and clinical psychologist. On Friday 24th of November, 2017, Assen passed away at the age of sixty-nine. He will be sadly missed by his wife, Naseem, family and friends.

Assen was born in Mauritius and, as a young man, witnessed rituals in which tribesmen walked across fires and pierced their bodies without experiencing any pain. Fascinated with this concept, Assen kept these memories alive when he began to formalise his training in the UK.

When I met Assen, he would often speak of the fact that he was penniless as a student and how difficult life was in the early days. He moved to the UK in 1967 and originally trained as a psychiatric nurse, and then as a social worker.

Shortly after this, he trained as a psychologist and attended a meeting at Birkbeck College in 1974—this must have been a meeting run by BSMDH just before BSCEH was formed in 1977. Assen subsequently completed the foundation training in hypnosis shortly after this. He often spoke fondly of his psychology training in London and smiled when he mentioned some of his colleagues at the time. He was very close to my father, Tom Kraft, and spoke very fondly of John Gruzelier. Other early mentors, who influenced him and, in many instances, became long-lasting friends, included some names from the UK as well as from the United States, and these included: Helen Crawford, John Hartland, William Kroger, Leon Chertock, Herbert Spiegel, Ernest Hilgard, Martin Orne, David Waxman, Graham Wicks and Milton Erickson.

Assen went on to become a fine academic and internationally-recognised clinical psychologist integrating cognitive behavioural therapy with hypnosis in a style which was unique to him. Whenever I met him, Assen would always talk about Mauritius and how his early learnings affected his life; however, he would always come back to the early days during his initial training in the UK, and his dear friends and colleagues. Assen always looked forward into the future. I remember a time when we had dinner together fairly recently. He was excited about becoming the next president of the American Society of Clinical Hypnosis (ASCH). He spoke of his writings and future developments; but, what was so striking, was his passion for taking care of others and learning about other people's motivations and aspirations. We drank a lot of beer. Actually, I drank a lot of beer and introduced him to various British ales of varying quality, and Assen, graciously, took on the role of being an interviewer. Whenever we corresponded on the net, Assen encouraged me with my research and asked me about future publications and interests.

I will miss Assen's comments on Facebook, his reflective e-mails and kind observations. And, I say good bye to a kind man who educated the world and cared for hundreds of patients.

David Kraft

Diary of an Emergency Hypnotist

Night shift

Pre-shift self-hypnosis - imagined a nice walk with my husband collecting everything I need for the shift, with post hypnotic suggestion to be awake all the way for the drive home, ready to sleep well. Was very interested to see this was a very subconscious suggestion, as my only pre-hypnosis thought was to make sure I was relaxed and ready for work.

Work - lots of patients. So many interesting patients that I could help with hypnosis, but demands of the department means I need to see the sick patients not the ones that I can help. I was especially upset I couldn't see the patient with functional dystonia (already diagnosed), but exacerbated, but I knew it would take me off the shop floor for too long. In the same way I don't put in central lines anymore as it takes too long, I can't see the interesting patients when I am the only senior in the department.

We started to get somewhere, and the wait to be seen got down from nearly four hours, to just under three. The next two patients to see were a 30-year-old with a triage complaint of chest pain and 38-year-old with "anxiety". One for me, one for my SHO - I gracefully gave her the choice, and she chose the chest pain. Was hypnosis going to be beneficial for my self-diagnosed "anxiety" patient? I tried with my hypnotic suggestions, but he was actually really just a bit too inebriated to listen, but I'm glad I tried. Next up, a generally unwell patient, turned out to be anxious. Some great rapport building, and some listening lead to her telling me she was just super anxious, and wanted something to help her sleep. I didn't give her pills - but gave her a nice suggestion of some being aware of the space between her ears etc. Did it help? That's the one down side of working in the emergency department - we can't follow up our patients. But she's not returned.

Ankle dislocation in resus. Agreed to some "deep relaxation" whilst we manipulated his ankle. Put good safety net suggestions in - "listen to just what's helpful for you, concentrate on me and not the rest of the team". Suggestions for healing given at first meeting - bone knitting together, and normal alignment being reached. The first effort wasn't perfect, so we had another go. Both times, he went really well into trance, and relaxed nicely. As soon as we'd started to put the cast on he was awake and wiggling, and trying to see what we were doing.

Lots of chronic pain patients expecting miracles. Coached juniors with compassionate communication and expectation setting - it might not be formal hypnosis, but every little helps!

Nearly finished! Last little drama was a tannoy for me to attend the resuscitation bay. Walked into resus expecting high drama, and saw a man with a priapism (the curtains weren't drawn, and there was no attempt at privacy - but the patient didn't seem concerned). I thought about drawing the curtains, but as there seemed to be no-one else around in a private part of the department, I elected to give the patient a blanket instead. I attempted some hypnotic suggestion but got stuck - to mention floppy things seemed irreverent. Cold can precipitate sickle cell crisis but is great for the pain. Warm is great for sickle, but not for blood flow into the erect member. Settled with some suggestions that "in the past" analgesia hasn't worked - but that is in the past, and we don't know what the future holds, and I'm hopeful the analgesia will work this time. It didn't - but the urologist's needle got there in the end. A post shift search has shown that there are no cases of using hypnosis to treat priapism.

Home time. Surprisingly perky on the drive home and not as zombified as normal when I got home. Maybe the post-hypnotic suggestion worked.

Charlotte Davies

Foundation Training

The Foundation course gives you a really strong core knowledge of hypnosis. If you haven't attended a Foundation course yet, why not book for 2018?

If you're a BSCAH member without a Foundation course, and you do not intend to book a Foundation course, why not tell us what is stopping you or your previous experiences of hypnosis training?

Further details on our website: <http://www.bscah.com/training>

Lancs & Cheshire – 20/21st Oct 2018; 17/18th Nov 2018; 12/13th Jan 2019

Advanced Diploma / Graduate Certificate / BSc in Clinical Hypnosis & Related techniques

If you're a health professional who wants to improve your clinical skills by learning the theory and application of hypnosis this course is for you. You will learn how to develop communication and personal stress management skills working in a busy clinical setting. This programme is delivered by BSCAH in collaboration with Birmingham City University. The programme is mapped to the National Occupational Standards for clinical hypnosis. Please see our website for further details www.bscah.com.

Dates starting September 2018:

Module 1 - 14th-15th September 2018

Module 2 - 23rd - 24th November 2018

Module 3a - 8th - 9th February 2019

Module 3b - 8th - 9th March 2019

Behind the scenes at ESH 2017 Conference, Manchester 2017

Two years ago, after visiting several different venues, I arrived at the Hilton Deansgate in Manchester, and thought it would make a very good venue for our Congress as we could take over the entire first floor and be self-contained, with a good area to mingle at refreshment breaks. Then the upside of being the organiser - afternoon tea in Cloud 23 - whilst we looked at possibilities and costings!

Having engaged Meeting Makers as our professional conference organisers I was happy to leave the registration and a lot of the organising with them, whilst the Organising Committee and I had several telephone conferences and many email exchanges over how everything should be done. After the usual worry dreams of having nobody turn up and nightmares of making a huge loss, we did gradually reach our lower target of 300 delegates early in 2017 and we breathed a sigh of relief!

The programming was fun – trying to bring order out of chaos! Cath and I used more than a hundred post-it notes, each one with the name and length of each presentation, and played jigsaws on large pieces of flip chart paper, as we tried to fit everything into the time frames we had, and not have two similar topics running concurrently. Then, of course, there were changes to be incorporated later and the jigsaw had to be reconstructed.

Trying to come to grips with Uniquedoc was also a challenge, but one I thought worthwhile, as I wanted the presentations to be available to delegates, especially as we had a large number of parallel sessions. Not naturally technically minded, I eventually managed to use it and upload files successfully.

There was a scary moment when I somehow managed to delete a whole load of files by mistake but thankfully Tom O'Connor was on hand to rescue me!

Then, many meetings and emails later, registration opened to what we hoped would be an exciting and successful Congress, and all I had to worry about then was whether the AV would work (which in the main it did)!!

Ann Williamson

Some Feedback on the ESH Congress 2017

Hypnosis Workshops – a reflection

There were lots of workshops at the ESH conference, and I wondered whether I had chosen the best, but I also noticed some striking contrasts between ESH workshops, and others I had attended in the past. I thoroughly enjoyed the ESH conference, and learnt lots, especially from the workshops. I have been inspired to learn more about hypnosis, but more importantly, the workshops gave me more techniques to learn from, and more confidence in some of my hypnosis skills.

I have a lot of experience of medical simulation, where members of the team (Medical and Nursing) are asked to assess a patient, whilst their colleagues watch, and then they are debriefed on their clinical and non-clinical skills. Peer review tools for simulation courses specifically mention “psychological safety of the candidates” as an area that should be addressed, hence we have a standard introduction that “simulation is stressful, and people don’t perform in sim as they do in real life. Only generic learning points should be shared. Candidates are free to leave the room if anything is upsetting and the format of the day is as follows”.

It surprised me that this didn’t happen in the workshops. Some workshops launched into group hypnosis sessions with no prior warning, or expectations set. I found it difficult to trust some of the facilitators in the first few minutes of a session, and fought against their group hypnosis sessions. As a “new” conference delegate, I wasn’t sure what happened at these conferences, and had expected something more like an extension of my Foundation course - where group hypnosis sessions were frequent, but also well signposted. Occasionally I felt as though those running the workshops had violated my trust by not telling me that was their aim.

This extrapolated into the experience of volunteers. Volunteers are always willing, but sometimes I’m not sure they knew what they were letting themselves in for. When asking for volunteers should we give them a clear idea what they are letting themselves in for?

Not all workshops were “practical”. Many of the workshops were mini didactic lectures, lauding techniques I’m not sure BSCAH would approve of. The non-verbal induction techniques made me feel very uncomfortable to watch and it is a technique I will not be utilising.

So, should we create some workshop guidance and rules, for ISH, ESH and BSCAH conferences to abide by? Or am I being oversensitive? What do you think? My suggested workshop rules will be on our facebook page - comment on them! What rules do you have in your Branch for your workshops? Email, twitter or facebook your thoughts. I could take silence as tacit agreement that everything I say is right of course!

Charlotte Davies

Why was it a good Workshop?

Dr Varga's workshop was my favourite workshop at ESH, and I think it was because I had had very high expectations and really wanted to meet Dr Varga as she has done such brilliant and well evidenced work. However, her workshop also exemplified good hypnotic practice.

She started the session by instantly building rapport with us. She stood or sat at the same level as us, and moved us in to a horseshoe arrangement. It was difficult not to get involved - and the intent was clear - we were all part of this workshop, and she wasn't going to just lecture us. As she gave us some exercises to do she moved about us, and made sure that she had spoken to every one of us in the room. Some exercises required volunteers and, they were given really clear examples of what they were going to volunteer for. No-one was hypnotised - we didn't need that! For "low level" volunteer exercises, a non-judgmental picking method was used - who has a birthday this month? Would you like to volunteer?

We started with an exercise about names. This was a simple exercise, but really consolidated what I've already thought about names. Let's make a real effort to call people by the name they wish to be known by!

We then put ourselves in our patients' position. Put your mobile in selfie mode. Lean down. Take a picture -that's what your patients see. And your patients see this for everyone - so the cleaners can still come to sessions to learn communication.

I've learnt a lot from this workshop, and the best thing is....my request for follow up information was listened to, and I have a pile more paperwork on this fascinating subject from Dr Varga to read. Excellent!

Charlotte Davies

Negative case reporting

We've talked a lot about positive events, and excellence, and how recognition helps motivation. Occasionally though, negatives are just as important. Why didn't things work? We would like you to think about some of your hypnosis sessions that haven't worked as you'd planned, and let us know what happened, what didn't happen, and why you think it didn't happen.

My first negative case report is when I tried a non-trance approach with a stressed out 15 year-old, with functional pain, awaiting a mental health appointment. I used the "hand technique", and she burst into tears. Why? I'm not sure. I'd still try it again!

The next issue of the Newsletter in July will be based on a theme of learning from our negative experiences.

Please send your articles and case reports to Charlotte Davies at charlotte.davies@doctors.org.uk

Ego Strengthening

And as I continue
To develop myself,
I begin to anchor,
To pair the positive,
To strengthen and combine
My learning and power.
This is always inside—
Building and growing now.
Stronger and stronger now.
Spreading deeply inside—
Inside my heart and soul.
I am completely whole—
All the way in control.
My feelings and thoughts now
Have focus and great strength.
I am ready right now;
I can act and believe.
Today, I have control
Of my own destiny.
I acknowledge myself;
I belong with others.
I belong to the earth.
I have unique power.
I embrace the beauty
And I embrace my life.



David Kraft
Barnet, October 2013.

This poem has been taken directly from David's recent poetry book entitled, 'Scowl and Modern-Day Poetry'. Published by Arosa Press earlier this year, it is available from Amazon.co.uk.

The AGM of the British Society of Clinical & Academic Hypnosis
will be held at
the Royal Society of Medicine, 1 Wimpole St, Marylebone, London W1G 0AE
17.00 Saturday 7th July 2018

Executive Dysfunction – a case study

DS is a 68 year old single man who referred himself to me for hypnotherapy. His main problem was procrastination: he expressed it as "executive dysfunction, which I believe comes from my Asperger's syndrome". He had difficulty initiating and sustaining tasks, particularly if there was a time limit on a task. This was a lifelong problem which affected his self-esteem and mood.

Background: he was a highly academic boy (a very talented mathematician, chess player and musician). He had great difficulty socialising and dealing with many day-to-day tasks, and required high levels of support from his parents, particularly his mother.

During his secondary schooling, his difficulty with procrastination became more pronounced and caused him acute anxiety. He had difficulty (starting and continuing) academic work, especially during exam leave with its time pressures. It was particularly difficult when he was on his own in the house. He felt at times "paralysed" and when this occurred for up to 8 hours at a time he realised that he had "a real problem".

He obtained a BSc and later a PhD in mathematics. He taught chess to children, and found this satisfying. His pupils achieved a high level of success in the country. He was brought up in a Christian household and has always had an active faith. He held a responsible job in the civil service, but found that his procrastination led to his being "behind" in terms of the targets he had been set by management. He was ashamed of this, and covered it up. Over a number of years, the problem got worse and worse. Eventually his poor performance was identified and he was obliged to resign. He felt extremely guilty and suicidal at this point.

A year later, he obtained a job as a driving instructor – this suited him as the socialisation required in this post was superficial and limited. However, his procrastination affected all other areas of his life. Even when functioning well, he found that he is most productive at night so generally undertakes activities between 11 PM and 5 AM. He considers this to be quite common for individuals with Asperger's syndrome, and he made it clear to me that he did not wish for any changes to be made in his cycle of activity. During the night, he would spend up to 5 hours at piano practice and undertake duties related to being Treasurer of his church. He also developed his musical interests and engaged in computer programming.

He saw his problem as one which had begun as "normal procrastination" but had developed over time to be a major difficulty. He was inclined to put off activities by saying "I'll just ...". When he did start he would go looking for paperwork or something else related to the job in hand and found it difficult to get back to the task in hand. He

had many self-critical thoughts such as "How am I so stupid" or "I'm wasting my life". These thoughts made him increasingly anxious and his procrastination became worse. Sometimes, when the tasks were related to undertakings he had given to others, he felt doubly guilty in these circumstances. Making a list prior to a task sometimes helped a bit, as did praying beforehand. Occasionally taking a walk would also help.

On some occasions, after a period of procrastination, late in the evening he had a sudden thought "I feel good, I can do this now" and following this, he was able to complete a task.

Treatment

I assessed DS on two appointments, one week apart. I wanted to have some time to consider the evidence base for using hypnosis in Asperger's Syndrome, and with this type of presenting problem. I found that there is not a great deal of evidence particularly with adults with Asperger's. However, I felt that DS and I could develop a good working relationship and that, provided I was careful with my use of language and worked in firm alliance with DS, I would be able to help.

Following the two assessment sessions, DS and I had 6 hypnosis sessions. On each occasion, I recorded the session and emailed it to DS for daily practice in between face-to-face sessions.

DS felt that he was not able to use "imagination" at all, or else that he had no imagination. Hence, I avoided use of that word altogether. He had very vivid and detailed auditory ability, and good kinaesthetic ability, but found visual, gustatory and olfactory modalities virtually impossible to use. His individual understanding of words was extremely precise, and throughout the sessions we developed phrases which had particular resonance and meaning for him (often linked to his Christian beliefs or allied interests).

For the initial session I used eye fixation with progressive muscle relaxation as induction. I used a breathing technique for deepening. Ego strengthening was linked to a process of revisiting positive experiences (music, teaching chess and others) with encouragement of full immersion in the experiences. I also suggested "mini practices" of mindfulness during the day, in order to offset the tendency towards rumination and self-critical thinking.

We had discussed the overall tone and approach before the session, and following this I focused on being crisp, clear and directive during the session (somewhat different from my habitual approach). Rather than using the words "imagine" and "imagination", I used a phrase which I had noticed on his own website "consider what it would be like to ...".

At the second session, it was clear that he had practised assiduously during the week's

interval. He had had a good week with fewer episodes of "sticking" and stated he had found the first session very enjoyable. His sleep had improved and he was feeling optimistic that the hypnotherapy would be helpful to him. During the second hypnosis session, I built upon the positive gains thus far and included an image which we had agreed beforehand. This was his experience of God beside him (something which he had experienced at various points in his life and which he found very uplifting but difficult to describe). It was experienced on his left-hand side in kinaesthetic modality. This experience was linked to the knowledge that God was pleased with him, and increased his self-belief and self-esteem amongst other positive effects. He was taught a physical anchor to enable him to call upon this effect when appropriate. A good deal of time was spent on making sure that the words and phrases were appropriate and "fitted" with him well, and did not clash with his beliefs or spiritual experiences.

During sessions 3 to 8, there was more emphasis on spiritual imagery and detailed linking to various skills and resources which were necessary to meeting his goals. He continued to practice very regularly. He adjusted the recordings on his computer so that he had a blank "lead in" time which enabled him to switch on the recording and settle down. He deleted a single phrase on one recording which he did not find helpful – I firmly commended him for this. Imagery concerning the future and the positive effects of initiating, sustaining and completing tasks on time were developed. The benefits included positive changes in his own self-identity, and benefits to those people and institutions with whom he has positive relationships. His practice of self-hypnosis using the recordings became very important to him, and the timing and sequencing of these were included in posthypnotic suggestions which he found very helpful.

Midway through the treatment, he was doing so well that he was very active on all fronts and became somewhat exhausted. We agreed that the contrast between his previous high level of procrastination, and his subsequent levels of activity almost without a break was too great and that a balanced approach would be more sustainable and healthier. This strategy was incorporated into further sessions.

DS gave very good direct feedback with respect to the sessions and their effects as the treatment progressed. He enjoyed planning sessions and actively contributing to the content. He was able to identify several personal experiences from his spiritual journey which we were able to augment and weave into the hypnotic process which he found intriguing and very effective. One of these was a "handclap" which he had used in the past occasionally. He had found himself clapping his hands spontaneously, with associated thoughts "I'm alive, I can do this!". When this was included in a session and strongly outlined as a posthypnotic suggestion, it enabled him to use this technique at will.

DS decided after 6 sessions that he had improved very much and did not need any

further sessions.

His MYMOP initially was 5/6 for executive dysfunction, and 5/6 for impaired activity (piano playing). On completion of treatment, executive dysfunction was 1/6, and impaired activity was 0/6. Well-being was 1.5/6 (which he put down to a residual, lifelong personal issue which, by agreement, we had not addressed during treatment).

The following is a quote from feedback which he sent me: "The immediate effect of the hypnotherapy has astounded me. The quality of my life has improved immeasurably." We were both somewhat surprised and gratified by the positive response that he made to the hypnotherapy. While it is early days to be sure that the improvement will be sustained, his commitment to the method and his confidence in it, are good prognostic indicators.

Gill Smith

Spreading the word...

BSCAH has a new Communications Officer in Maureen Tilford, who is heading up a Communications team of Jane Boissiere, Jean Rogerson and Ann Williamson. It has become evident that if we are to promote BSCAH successfully the job is too large to be done by one person so we are trying out a team approach.

BSCAH has been working hard to educate our fellow Health Professionals about the useful application of hypnosis and recently ran a successful one-day workshop for 30 anaesthetists at the AAGBI (Association of Anaesthetists of Great Britain and Ireland) in London. Some of the events that BSCAH is running are set out below. As you can see we are targeting specific clinical fields such as pain, anaesthetics and palliative care but if you are involved in other specialities and are attending a conference in your field why not offer to do a presentation? BSCAH can provide a speaker if necessary or can support you with fliers for BSCAH trainings and BSCAH business cards with our contact details. PowerPoint slides setting out what BSCAH has to offer are downloadable from the website from <http://www.bscah.com/helping-raise-awareness-hypnosis>

Just contact National Office natoffice@bscah.co.uk or one of the Communications team if we can help.

Maureen Tilford: tilford.maureen@gmail.com

Jane Boissiere: admin@bscah.com

Jean Rogerson: emailjeanrogerson@gmail.com

Ann Williamson: ann@annwilliamson.co.uk

Events we are involved in:

We are hosting a BSCAH stand at the Annual Supportive & Palliative Care Conference 15th & 16th March 2018 at Bournemouth International Centre

and also running a one-hour presentation on the 15th March

An Introduction to the Use of Hypnosis in Palliative Care

With Dr Ann Williamson & Dr Sara Booth

We would like to dispel the myths and misconceptions that often surround hypnosis, explain a little about what neuroscience tells us about it and demonstrate some of the evidence base behind its successful use in palliative care. We will also be able to direct you to training specifically directed to and delivered by qualified Health Professionals.

For further information please go to <http://aspconference.org.uk/>

BSCAH is giving a 35 minutes talk at the Royal College of Anaesthetists, CPD Study Day in London 12 June

Managing patients with phobias and extreme anxieties: Some helpful guidance with Dr Ann Williamson

One day BSCAH workshop at the British Pain Society Annual Scientific Meeting 01/05/2018 in Brighton

Working with what you have – applying simple techniques of self-hypnosis and visualisation in the pain clinic

with Sue Peacock, Jean Rogerson and Ann Williamson

This interactive workshop focusses on the application of clinical hypnotherapy in pain management.

Learning outcomes include:

- To develop awareness of the brief history of the use of hypnosis in pain management and symptom reduction
- To be able to establish rapid rapport with patients in acute situations
- To have experienced a light hypnotic state
- To have induced hypnosis in others
- To feel confident in providing simple techniques of self-hypnosis and visualisation skills to your patients

For further information please go to <https://www.britishpainsociety.org/2018-asm-brighton/>

BSCAH has also been asked to run a 2-day training at the Anaesthesiology Institute of Berne's University Hospital, "Inselspital" in Switzerland.

An Introduction to Clinical Hypnosis for Anaesthetists

With Paul Slater, Caron Moores, Ann Williamson and Jean Rogerson

Day 1

What is hypnosis and how might it help? Neuroscience evidence, theories and applications
Rapport building/taking a therapeutic history
How to induce a simple hypnotic trance
Introduction to the use of imagery (special place etc) for the anxious patient
Changing a negative focus - Mental Rehearsal & Goal Setting
The power of words and positive suggestion

Day 2

Further inductions and deepening
Evidence for the use of hypnosis in pain management
Introduction to hypnotic anaesthesia
Hypnosis in the paediatric setting
Needle phobia
Hypnosis for acute and procedural pain and anxiety
Hypnosis for chronic pain management - including client generated imagery

BSCAH is also running a study day for the British Pain Society on 1st October **'Integrating Hypnosis into Pain Management'**

What is hypnosis? Why might you wish to use hypnosis – what is the evidence that it works? How could hypnosis facilitate your pain management?

With Maureen Tilford, Caron Moores, Peter Naish, Sue Peacock, Honeyia Minhas and Jean Rogerson

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BSCAH Joint Conference 7th & 8th July

with the RSM (Royal Society of Medicine)

Hypnosis in practice and theory - towards a synthesis of academic and clinical protocols

Day 1 Objectives • To provide delegates with a review of the evidence base for the use of hypnosis in surgery and anaesthesia, and the medico-legal aspects of using this intervention • To demonstrate how hypnosis and suggestions are being utilised by NHS surgeons and anaesthetists within their day-to-day clinical practice • To teach simple suggestion-based skills to utilise with patients

Day 2 Key note international speakers: • Dr Stefanie Schramm, Hypnotherapist and Psychologist, Germany • Dr Åsa Fe Kockum, Psychotherapist, Sweden

Objectives • To review hypnosis and metaphoric communication in crisis situations • To present theory and concepts of the dynamics and stages of crises and to understand their implications • To understand how hypnosis can be effective in a range of group settings • To present the use of hypnosis in a business corporate environment

Register your interest: www.rsm.ac.uk/events/hyk04 Email: hypnosis@rsm.ac.uk

Accommodation

BSCAH has reserved 15 twin rooms at the Grange Langham Court Hotel for 6th and 7th July, at £129 +VAT, including breakfast. If you wish to reserve one of these rooms please book online (<https://www.grangehotels.com/hotels-london/grange-langham-court/about-this-hotel/>) using the code 060718N.

Pre-conference workshop

Easing the emotional aspects of pain

Friday 6th July 2018 11.00-16.00

Grange Langham Court Hotel, 31-35 Langham St, Fitzrovia, London W1W
£50 for BSCAH members: £70 for non-members (including lunch and refreshments)

Speakers include:

Dr Trevor Hadfield on 'A trauma-informed approach to abdominal pain'

Dr Graham Temple on 'Managing Postoperative Pain'

And others to be arranged

To reserve a place please book online at www.bscah.com or contact BSCAH National Office Tel: 07702 492867 Email: natoffice@bscah.co.uk

3 course BSCAH dinner with wine on Friday 6th July at 7pm: £40 a head

At the Grange Langham Court Hotel, 31-35 Langham St, Fitzrovia, London W1W

To reserve a place please book online at www.bscah.com or contact BSCAH National Office Tel: 07702 492867 Email: natoffice@bscah.co.uk

We need a new Hon Treasurer! Could you do this? Why not have a go?

Detailed breakdown of Hon Treasurer's role

Day to day: Maintain spreadsheet of income and expenditure
Maintain file of hard copy invoices and receipts
Log onto internet banking and make payments as needed

Monthly: Reconcile bank statement against spreadsheet

Annually: Assemble paperwork and send to Accountant
Liaise with Hon Sec and ensure annual return to Charity Commission and Companies House is completed and filed
Compile spreadsheet for Gift Aid (name, address, amount paid and when)
Ensure accounts are signed off prior to the AGM
Ask for Branch accounts and pay capitation once they are received
Recommend membership subscription for following year at November Council

As required: Write the Treasurer's report to Council and AGM and attend same
Pay in cheques (to Lloyds) as required
Handle funding requests

Contact Details

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