



# Entrancing News

Winter/Spring 09/10 Edition

A publication of the Canadian Society of Clinical Hypnosis (BC Division)

## Upcoming Events

### ✓ Monthly Meeting

January 20, 2010

**Presenters:** Mavis Lloyd, Ph.D.,  
RCC & Lee Pulos, Ph.D., ABPP

**Topic:** *Conscious/Unconscious  
Decision Making In Therapy:  
Theory, Techniques,  
Demonstration & Practice*

### ✓ Annual 2-Day Clinical Hypnosis Training Workshop

March 20 & 21, 2010

**Location:** UBC Robson Square,  
800 Robson Street, Vancouver

**Registration:** Open NOW

### ✓ Monthly Meeting

April 21, 2010

**Presenter:** Elliot Mintz, M.D.

**Topic:** *Use of Hypnosis in  
Clinical & Teaching Settings*

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## MONTHLY MEETING REVIEW – September 16, 2009

### Voice Dialogue: The Psychology of Selves and the Aware Ego Process.

Presented by Dave Waugh, RPC

Reported by Mavis J. Lloyd, PhD, RCC

Dave explained that this process was founded by Hal Stone PhD. and Sidra Stone, PhD. and fully explained in their book, "The Basic Elements of Voice Dialogue, Relationship and The Psychology of Selves; Their origins and Development." These elements draw on many different theoretical bases, which include Jungian, Gestalt and Transactional Analysis. The process involves conversations between parts of the self and includes moving the body to represent these parts which give oppositional, push/pull tensions and paradoxes to each other. Examples of these dichotomies are many. For example, a key duality is that of power versus vulnerability, with the specific bonding patterns that these energy forces produce.

Dave explained that each of us has many selves, identifying with some and rejecting others. This over-identification with some selves and the loss of wholeness that comes from the rejection of others can create imbalances and blind spots. This work is about embracing all the selves. During the process we are able to non-judgmentally explore the blends of our active doing and restful being energies to

determine what levels of energy we need to feel balanced. This dance of the selves (physically experienced in body movements) is an amazing process and we see the dynamics of the world around us shift as our internal world changes.

Thank you Dave for providing us with a fascinating discussion, including its experiential components.

Thank you also for bringing the books and audiovisual material for our perusal. Members can explore further information about this body of work on Dave's website:  
[www.davewaugh.net](http://www.davewaugh.net)



**2-DAY WORKSHOP REVIEW – October 24 & 25, 2009**

**Advanced Clinical Hypnosis for Anxiety and Symptom Management  
Presented by Gary Elkins, Ph.D., ABPP, ABPH  
Reported by Dorina Medland, Registered Psychologist #170**

Dr. Gary Elkins, Ph.D., ABPP, ABPH, presented a two-day workshop on advanced clinical hypnosis for anxiety and symptom management. Additionally, other areas of treatment such as pain management, rapid unconscious exploration through ideomotor techniques, indicators of hypnotizability and the use of hypnosis to significantly reduce hot flashes in breast cancer survivors and post-menopausal women were explored. Demonstrations and practice sessions were also included

Clinical research by Dr. Elkins found that hot flash symptoms were reduced by 68 per cent using his hypnosis protocol. This finding was comparable to the similar decrease in hot flashes with the use of estrogen therapy which is counter-indicated for breast cancer survivors. Moreover, as hot flashes may cause discomfort, disrupted sleep, anxiety and decreased quality of life this hypnotic intervention provides an attractive option for women who may be seeking alternatives to traditional hormone therapy. Dr. Elkins generously shared his cutting edge manual for treating hot flashes with hypnosis and encouraged participants to utilize his procedures with their own clients. He emphasized that the use of the protocol was for qualified health professionals with specialized training in clinical hypnosis.

Dr. Elkins' procedure for the treatment of hot flashes with hypnosis consists of 5 sessions. The first session is focused on information gathering (women are asked to provide a week's tally of how many hot flashes they experienced both day and night, their severity, and to list possible triggers for the hot flashes.) Hypnosis is also explained to the women in the first session and after rapport is established a complete hypnotic induction is introduced including emphasis on imagery that personally provides cooling sensations for the woman and a safe relaxing place. A recording of the hypnotic session is made for the client and she is asked to practice for 30-40 minutes without interruption on a daily basis.

Sessions two to five include individualized hypnotic inductions and discussions of self-hypnosis practice. The therapist further explores safe place, relaxation experiences and ways in which the woman prefers to imagine cooling relief. Session three is particularly important because it combines further honing of particular strong positive memories or experiences of relaxation and cooling, as well as having the woman do her own self-hypnosis with minimal guidance and support from her therapist during the session. At the session's end the woman is given her own individualized recording to practice with at home. Sessions four and five focus on continuing the collaborative process with the client. At this stage the discussions focus on any issues that may have arisen during practising that need to be corrected or fine tuned with the client. While Dr. Elkin's research has so far been limited to working with a client for five sessions, in his experience this number seems to be enough to establish a good foundation for the woman to continue on her own and to have reduced the number and severity of the hot flashes. At the conclusion of the five sessions the client is encouraged to continue daily practising of the self-hypnosis to maintain her success. Dr. Elkins also noted that men who have had their prostate removed may also experience hot flashes and this hypnosis protocol achieves the same results for them.

Dr. Elkins was a knowledgeable as well as a very approachable presenter. The audience actively participated in discussions, question periods and willingly shared their own experiences when using hypnosis with clients. Dr. Elkins also shared several excellent DVD examples of his own hypnosis sessions. Topics included pain management for labour and delivery, anxiety and post traumatic stress symptoms experienced after a boating accident and the also the use of ideomotor signals to explore solutions for a woman's sudden loss of speech.

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While each DVD had a specific focus, Dr. Elkins also took time to present much more thorough evidence and techniques for the use of hypnosis regarding each issue. For example, Dr. Elkins supported the very fundamental notion of developing the client's trust and establishing rapport, as well as the therapist having positive expectations for the client's therapeutic outcome. When entering a hypnotic trance or "a therapeutic dissociation" clients are thereby enabled to experience "control of their behavior that seems out of their control" (Elkins).

Dr. Elkins further discussed issues concerning high and low resistance and high and low hypnotizability in clients and how they might be approached to produce as positive a result as possible. For example: if the client is both low in hypnotizability and resistance, the therapist needs to encourage the client to keep on practising and also to have a very individualized variety of methods of induction and suggestions. If a client is both highly resistant and highly hypnotizable then a more permissive approach with choices might be offered.

The client who is highly resistant and low in hypnotizability may require psychotherapy as a first intervention. The goal is to build trust, create a safe place and help the client find ways to control the intensity of emotions and sensations. Again, the therapist needs to work collaboratively with such clients, allowing them to feel that they are in charge. The therapist's role may be more to encourage positive behaviors and attitudes. Dr. Lee Pulos, also added that often clients who seem resistant to hypnosis may have a history of various traumas such as past sexual abuse, accidents involving loss of consciousness, and negative reactions to anaesthesia. A thorough client history is therefore essential before working with hypnosis.

**Ideomotor techniques:** Dr. Elkins introduced the technique of ideomotor signaling by way of an excellent DVD demonstrating a first session with a woman presenting with loss of speech. Ideomotor signaling provides a rapid means for recovering and exploring unconscious dynamics and memories. The uses of ideomotor signaling are to assess the client's resistance, assist in diagnosis, uncover underlying dynamics and assist in treatment of the issue.

Beginning with an eye roll induction Dr. Elkins helped the woman, under trance, to find a safe place of relaxation and comfort, and then proceeded to assist her to discover which of her fingers would indicate "yes" and "no". He also established permission to ask the unconscious "if it would be all right to explore the basis and the emotions related to the inability to speak." In this demonstration the woman was helped to recover a very painful early childhood memory of the death of her father and to remember how it had not been clearly explained to her and that her feelings of grief and loss had not been addressed. She also made the connection that in the present she was still not "allowed" by her mother to ask about her father and his passing.

The early traumatic experience was sensitively found by Dr. Elkins aiding the woman "to look into a trunk where a symbol would be found that could help her". In this session Dr. Elkins was more directive in that he suggested to the client that she "would find a photograph" that would give her information that she needed to uncover the reason for her loss of speech. He also told her that she would be able to speak about the photo both in the session and afterwards and that she would continue to have her ability to speak when she returned to alertness. It was evident from the demonstration DVD that the woman would need follow-up psychotherapy after this initial session. It was powerful to witness the speed at which underlying reasons for a symptom could be discovered using ideomotor signals.

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**Anxiety:** Dr. Elkins presented a three-pronged approach to treating anxiety. Stage one is stabilizing and creating safety for the client. Stage two covers exposure therapy: having the client go back through the trauma in a safe, controlled way, and perhaps uncovering any underlying psycho-dynamic issues that may be contributing to the symptoms. Stage three is focusing on integration, whereby the client is allowed to experience and express feelings and thoughts about the traumatic event allowing a resolution to occur. The focus is to help the client begin to consider that “things can change, positive things can happen”. Through hypnosis the client may also be helped to re-frame the event and to find a more comforting meaning regarding the trauma or distressing experience. Again, an excellent DVD demonstration was presented regarding a man who had been in a boating accident with his young son. During this DVD the audience observed the client under hypnosis returning to the incident but looking at it as if it were on a television screen rather than fully experiencing it all over again. The client was able to express his feelings of fear, anxiety and rage at the person responsible for the accident in a safe and contained way, thereby feeling more relaxed and relieved at the session's completion.

**Pain Management:** Dr. Elkins introduced the topic of pain management by showing a DVD on the work of Dr. Larry Goldman, an obstetrician in Florida. This DVD demonstrated various techniques for preparing pregnant women and their partners for labour and delivery. The women were encouraged to be in control of their process and their partners were encouraged to protect their wives from being distracted from their focus on self-hypnosis. Again, patients were taught to go to their safe place and relax deeply into hypnosis. Music chosen by the patient was also paired with the hypnotic trance to further deepen the experience. The couples are invited to participate in a (free) six week self-hypnosis training programme in preparation for the birth.

In one situation a first time mother was able to experience a labour and delivery that was very comfortable, relaxed and seemingly pain free. The second example was of a woman who, with her husband, had experienced a very traumatic first delivery with many complications. While her delivery did not go as smoothly as the first woman's, it seemed to be an improvement compared to her first labour and she appeared less distressed and calmer, while her husband appeared to experience continued high levels of anxiety. In observing the second birth it might have been more productive to have helped the couple resolve the emotional and psychological trauma of the first birth before moving onto hypnosis for their second delivery.

Dr. Elkins also discussed the use of hypnosis with patients undergoing colonoscopies. Patients can be helped with hypnosis to have a more positive expectation of the procedure. He recommended the work of Dr. Guy Montgomery who has written about the efficacy of hypnosis for medical procedures. Additionally, Dr. Elkins reported that the more chronic the pain, the more challenging it is to work with. Therefore is it important to get to see patients quickly before the pain becomes chronic. He also addressed the concern of secondary gain and stated that it has been found that in almost all cases “if a patient is actively involved in litigation, nothing helps the pain” until a resolution is found.

Dr. Elkins further recommended three strategies for working with pain management and hypnosis: The three D's – Distraction, Dissociation, and Displacement. In distraction the patient is helped through hypnosis to let the pain fade to the background through the use of a more powerful positive emotion or sensation. With dissociation the patient is taught that the body can be where the procedure is occurring but the mind can be in another place where it can be relaxed and comfortable. Displacement is where the patient is taught to allow the pain to shift or change: “Is it necessary for the whole arm to hurt - or perhaps just the thumb might hurt” or “perhaps a throbbing sensation might change into a tingling one”. Dr. Elkins reminded the audience of “trance logic” whereby in hypnosis things don't have to make logical sense. He further encouraged therapists to work collaboratively with their clients to determine times when they had formerly experienced comfort and to help them, with hypnosis, to remember and re-experience that comfort once again.

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Clients are also helped to distinguish between asserting their level of pain versus their perception of suffering (which seems to be connected more to their emotional response to the physical pain). Both issues may need to be addressed by the therapist and the client when working with pain management and reduction. Dr. Elkins shared a wealth of information in a very short time. Migraine headaches are still probably best treated by teaching the patient with hypnosis to warm their hands. Patients need to be encouraged to practice daily as part of a preventive measure. Dr. Elkins use of imagery and language was especially insightful with his clients. In his demonstration tapes he seemed to hone in on all manner of individual characteristics of his patients such as their metaphors, vocabulary and experiences of a safe place, comfort and relaxation, also what they did not like or had found to be a negative treatment experience in the past. He then made the necessary adjustments in his approaches with these clients. His gentle messages to his clients seem to be:

- Feelings of comfort that have been experienced in the past can be experienced again.
- Memories (positive, soothing) do still exist for the client but need to be found again.
- There is a part of your mind that still remembers comfort.
- Remind yourself that you have a control within your own mind and body.

**Hypnotizability:** Attempts to correlate hypnotizability with personality have not been successful. Hypnotizability follows a normal curve. Five to ten per cent of the population is low; correspondingly 5-10% are high in hypnotizability. People fall into low, medium, high and very high categories. Hypnotizability is relatively stable over time: the Stanford scales of hypnotizability had a correlation of 0.74 over 25 years. Most scales have been done with college students. Dr. Elkin has developed a scale regarding patients with a mean age of 45 years who have had some psychiatric care and who may or may not received psychotherapy later. The **Elkins Hypnotizability Scale** is clinician friendly and is designed primarily to be used in clinical research work. Participants in the workshop practised using the Elkins scale that consisted of several items of progressing difficulty beginning with arm immobility through to positive hallucination and amnesia. Dr. Elkins suggested using the arm levitation component as a quick means to determine a basic idea of hypnotizability in most clients.

In conclusion, the workshop was full of practical hypnotic interventions for clinicians with myriad-techniques that can help patients with a variety of presenting issues. Furthermore, Dr. Elkins provided very thorough handouts on most of the topics mentioned in the flyer and as well as case studies on the ethical issues regarding the use of hypnosis with clients. One of the most crucial reminders from Dr. Elkins was the importance of having patients/clients continue to practice what they had learned in terms of hypnotic techniques. Practice seems to be one of the most salient features of a positive outcome when dealing with a serious issue or symptom.

Due to the considerable number of topics that were covered and the fairly involved participant discussions and questions put to Dr. Elkins, the issues of insomnia, sleep walking and nightmares were not covered. Perhaps these topics might be addressed by our Hypnosis society in a future training workshop. All in all the two days spent with Dr. Elkins were most enriching and encouraging and he provided excellent coverage of many important therapeutic issues. It is hoped that Dr. Elkins might be invited to return for a further training session, in the not too distant future, particularly to address the treatment protocols regarding insomnia and other sleep disorders.

**MONTHLY MEETING REVIEW – November 18, 2009**

**The 7 Keys to Ideomotor Questioning  
Presented by Lee Pulos, Ph.D., ABPP**

**Reported by Shelley Brierley, M. Ed, RCC and Chasidy Karpiuk, MA, RCC, CCC**

The use of ideomotor questioning, as a tool in hypnosis, was reviewed and demonstrated by Dr. Pulos to a group of about 25 counsellors, therapists, Drs and nurses at the November meeting. In his quick paced fashion, he described the history and background of ideomotor questioning, referencing a number of texts attendees could access for further information and a deeper understanding of the various methods and processes involved in ideomotor questioning. Among them were; Dr James Braid, who set up the original eye fixation over 100 years ago, Dr. Milton Erickson, the original developer of the Ideomotor Questions, Drs. David Cheek and Ernest Rossi who later expanded on the process.

The majority of the time was used in demonstration and question and answer. To begin the demonstration portion of the presentation, Dr. Pulos asked those present, to determine for themselves which finger their subconscious would represent their 'yes', 'no', and 'I don't know' or 'I don't wish to answer' fingers, known as the ideomotor response. Many were able to get a strong response in a few minutes. A few individuals had difficulty responding with a definite finger response to the suggestion. Dr. Pulos demonstrated how to teach people to 'prime the pump' in order to condition their unconscious, as to which finger would be used for each of the above, so that the unconscious could better respond. Those individuals' who were having difficulty finding those fingers, were asked to use the Emotional Freedom Technique of rubbing the neuro lymphatic reflex, the tender area above their heart, clockwise, for a short time before attempting the identification of the finger response. This technique acts like a circuit breaker in the emotional patterning of the body, eliciting calmness and helping to interfere with any stuck emotional patterns in the body.

Dr. Pulos then requested a volunteer to demonstrate the use of ideomotor questioning.

**Volunteer Perspective by Chasidy:** I was chosen to work through tooth pain that, despite numerous root canals, surgeries and 2 tooth extractions over the past 8 years, I had been unable to have diagnosed or get rid of. I had been to many specialists including five dentists (multiple visits to each one), a hypnotherapist (once) and a TMD physiotherapist (once). As I had continued to have intermittent pain, I had been wondering if there was perhaps a psychological aspect to it. I was asked to hold my hands up with my elbows positioned at my side. I was invited to close my eyes, breathe, and to go deeper into my unconscious mind. One hand got heavy and moved downwards. Then the other hand also got heavy. I remember a deep sense of relaxation and the imagery of two twenty storey towers with lights going off, floor by floor from the twentieth floor downwards to ratchet down the pain, in one building and then going on, up floor by floor to enhance feelings of comfort, in the other building. Dr. Pulos followed the possible origins to the purpose or cause of the pain as outlined in the *Seven Keys of Ideomotor Questioning*. He asked my subconscious to consider each of the key questions reflecting the following areas; 1) conflict, 2) motivation, 3) identification, 4) masochism, 5) imprints, 6) identification and 7) organ language as being possible roots to the cause of this pain. I remember being truly affected positively by the encouragement in his style. He also made suggestions within the session regarding self esteem and trusting of the self. Through the process I learned more about myself and received a greater appreciation for each tip and technique Dr. Pulos demonstrated and later discussed.

**Observer Perspective by Shelley:** Following the setting up of the ideomotor response, Dr. Pulos emphasized the importance of working in partnership "with" the client, asking permission and as much as possible giving choices so the client is empowered. He then began the demonstration slowly, using a soft voice, inviting Chasidy to raise her arms to face each other, suggesting one at a time would get heavy as she went deep into a trance. He suggested that she might almost feel like she was sinking into her deep well of the unconsciousness. He suggested she might experience bubbles, bubbling up, bringing with them memories that would help her understand her tooth pain and where it began.

**CONTINUED...MONTHLY MEETING REVIEW – November 18, 2009**

## **The 7 Keys to Ideomotor Questioning**

**Presented by Lee Pulos, Ph.D., ABPP**

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He then suggested the other arm would get heavier and as it did, it would signal another part of the brain that would ask her what were the things she could do that would best help her heal her pain, what she needed to do to get better. He then suggested for her to tell her subconscious, to tell her what she wants it to do to help her, in no uncertain terms. He moved quickly through these suggestions and as Chasidy was clearly in a trance, and for demonstration purposes he showed the group how to help a client diminish their pain using two towers; first he suggested it was a clear night with stars out and she was standing next to a fully lit skyscraper.

He suggested as she watched and he counted down from 20 to 1, she would see the lights going out, floor by floor, till he reached 1. Then he suggested she might see the second, dark, tower, which as he counted from 1 up to 20, would be lit up floor by floor until he reached 20. He then increased the pace of his suggestions, inviting Chasidy to explore a variety of perspectives, using the ideomotor questioning, to help her access more information from her subconscious as to what the tooth pain was connected to. He closed by suggesting her subconscious create one dream each night to help her understand her tooth pain and to help her find other ways to resolve it and to encourage one part of her brain to continue to work for her, to figure out how to heal herself and her pain. Chasidy stated how totally relaxed she felt upon her return from the trance

Dr. Pulos demonstrated a smooth, confident and creative style, utilizing vivid imagery and numerous options from which Chasidy could choose to understand, comfort and heal her tooth pain. There was a question and answer period at the end of the session. Dr. Pulos clearly demonstrated the use of both ideomotor response and ideomotor questioning in the evening presentation. For each technique demonstrated, he related background and rationale. We found we each experienced a renewed interest in Hypnotherapy and particularly in the use of ideomotor questioning, and committed using these techniques to further our work with clients to advance their ability to progress toward attaining their personal goals. The unconscious mind is a powerful healer and any tool that helps to access that strength is a tool worthy of developing.



### **Handouts Available Upon Request:**

- ✓ **A Therapeutic Strategy Following Ideomotor Questioning**
- ✓ **Seven Keys for Ideomotor Questioning**
- ✓ **Ideomotor Questioning**

**Please Remember:**  
**2-Day Clinical Hypnosis Training Workshop**  
**March 20 & 21, 2010**

**Exciting Topics Include:**

Energy Psychology, EFT & The Biology of Belief, Rapid Induction Techniques for Health Professionals, The Body in Psychotherapy, Building Confidence & Self-Esteem, Dream Work & Lucid Dreaming, Age Regression, Progression & Time Distortion, Ideomotor Exploration of the Subconscious & Trance Training, Integrating Hypnosis Into Your Dental/Medical Practice

This workshop will provide the basic skills of clinical hypnosis, including demonstrations and practice sessions for those who wish to add hypnosis to their repertoire of therapeutic skills.

Simultaneously, intermediate/advanced skills in hypnosis utilization will be provided to the experienced hypnotherapist in areas such as hypnosis for weight management, relationships, stress, chronic pain, visualization techniques to enhance hypnosis, rapid induction techniques for emergency medicine and dentistry, and much more!

The faculty has extensive experience in various areas in the field of hypnotherapy and each will be present on one or both of the days of the workshop.

**The training workshop will be held at UBC Robson Square, located at 800 Robson Street in Vancouver.**

**DETAILS & REGISTRATION FORM IS AVAILABLE NOW!**

**Please visit our website [www.hypnosis.bc.ca](http://www.hypnosis.bc.ca)**

**Monthly Meeting Schedule**

*The following is a listing of the dates and topics of upcoming meetings. Topics may change at the last minute due to circumstances beyond our control. If you wish to confirm the topic being presented, please feel free to contact the office.*

The purpose of these monthly meetings is to provide useful information to our members and a place for members to meet and discuss hypnosis in a positive learning environment. If there is a topic you would like to see presented or you have a topic you would like to present at one of the meetings, please contact the Society President, Dr. Lee Pulos at (604)669-6979.

**Please note our new monthly meeting location!**

**Meeting Date:** Third Wednesday of each month  
**Meeting Time:** 6:45pm  
**New Location:** 1055 West Broadway (between Spruce & Oak Street) Vancouver, BC V6H1E2  
Second Floor Meeting Room - Signs will be placed for directions.

<b>DATE</b>	<b>PRESENTER</b>	<b>TOPIC</b>
January 21, 2010	Mavis Lloyd, Ph.D., RCC Lee Pulos, Ph.D., ABPP	Conscious/Unconscious Decision Making In Therapy: Theory, Techniques, Demonstration & Practice
February 17, 2010	<b>NO</b> Meeting Scheduled	-
April 21, 2010	Elliot Mintz, M.D.	Use of Hypnosis in Clinical & Teaching Settings

## **CSCH CLINICAL HYPNOSIS DVD is available for purchase!**

**Inductions, Deepening and Strategies for Psychological, Medical and Dental Applications.  
Clinical Hypnosis Demonstrations  
By The Faculty of The Canadian Society Of Clinical Hypnosis (B.C. Division)**

**Lee Pulos, Ph.D., ABPP - CSCH President  
Leora Kuttner, Ph.D.  
Mavis Lloyd, Ph.D.  
Lance Rucker, D.D.S.  
Bianca Rucker, R.N., Ph.D.  
Harry Stefanakis, Ph.D.**

### Consultants

**Saul Pilar, M.D., B.A.Sc., General Medicine/Private Practice  
Heather Fay, M.D. Integrative Medicine/Private Practice**

**\$30.00 (includes S&H within Canada)**

**Please contact our office at 604-688-1714 or  
email: [admin@hypnosis.bc.ca](mailto:admin@hypnosis.bc.ca) to order your copy!**

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A special **Thank-You** to  
**Dr. Rosemary Liburd**  
for donating many books  
on hypnosis to CSCH's  
library. Your contribution  
is greatly appreciated!



## **Welcome Newbies!**

The Canadian  
Society of Clinical  
Hypnosis (BC  
Division) wishes a  
warm welcome to  
its newest  
members:

**Neil Solomons &  
Megan Hughes**