

Questions and Myths about Hypnotherapy

- 1 Will I be in an altered state? No. Hypnotic state is a natural state that we go through several times per day especially as we are waking up or going to sleep at night.
- 2 Will I “cluck like a chicken?” Stage hypnotists make a living from the illusion of hypnosis. The volunteers tend to be those who want to cluck like a chicken so to speak and the hypnotist doesn’t ask them to do anything that outrageous.
- 3 What all issues can hypnotherapy work for? Hypnotherapy can work for pain whether emotional or physical such as depression, anxiety, flashbacks, phobias, fears. It can help with behavioral changes like weight loss, sleep, addiction, or public speaking. Depending upon the nature of the problem, the number of sessions will vary.
- 4 Can hypnotherapy be done only as a part of therapy? Hypnotherapy can be a stand alone process. It can also be done as part of therapy. I prefer to do hypnotherapy as part of therapy to help therapy get results quicker.
- 5 Can hypnosis help retrieve memories? Absolutely not! No ethical hypnotherapist will claim to retrieve so-called lost memories. Hypnosis can help you remember a detail in an existing and known memory. But due to suggestive nature, any so-called retrieved memory may simply be a created memory based on what the person “thinks” may be the lost memory.
- 6 What about past life regressions? There isn’t any ethical therapeutic goal in which remembering a past life would be useful. This falls under stage hypnotism vs. hypnotherapy.
- 7 What if I can’t be hypnotized? People have varying degrees of suggestibility, that’s true. However every person with a properly functioning brain goes in and out of hypnotic states every day. Some people visualize better than others and hypnosis utilizes our brain’s ability to imagine or visualize.
- 8 Will hypnosis make me into something I’m not? Hypnotherapists hear things like I could cluck like a chicken or bark like a dog. This is the one theme that repeats the most. Hypnotic state of mind is one in which the mind takes in information as fact. That is very helpful when making suggestions about stopping smoking or not responding to pain or anxiety. That said, we have the ability to reject any suggestion so if you don’t want to bark like a dog when you hear the word “purple”, you won’t.
- 9 I cannot be hypnotized. This myth stems from the idea that hypnosis somehow takes us into an altered and unnatural state, The fact is that we go in and out of this very normal brain state several times per day especially waking and going to sleep, anytime during very stressful moments and during our regular circadian rhythm. A hypnotist is simply using techniques in order to access a normal brain state to make suggestions.
- 10 I will be taken over by the devil. The first time I heard this, I was surprised. The idea that somehow hypnosis is a spiritual experience is fairly common. There is absolutely no evidence in the research indicating that there is any susceptibility to paranormal experiences. I have had people ask to bring in a family member, personal friend or spiritual coach to be with them during formal hypnosis. And during hypnosis, clients have had spiritual icons, symbols, animals, etc as part of the visualizations.
- 11 Will I go into a mindless trance or will I be asleep? Here is another Hollywood invention. “You are getting sleepy...” Hypnosis is not a trance or sleep. It is a state of heightened awareness. Formal hypnosis has the body relax and engages the mind. The mind is visualizing, imagining, listening to the hypnotist and responding to internal stimuli. To do this, the brain is quite focused. The focused awareness is not sleep or a trance. In fact if the fire alarm were to go off clients under hypnosis will respond as they would anytime they hear a fire alarm.
- 12 I could get stuck in hypnosis. At the end the hypnotist generally says, “I’m going to count to three and when I say three, you open your eyes.” This is only a means to inform the mind that we are done. We could just as easily say “open your eyes.” Even without a formal end of hypnosis, a person will emerge naturally. Our brain moves in and out of these brain states so there is absolutely no way to get stuck.
- 13 Can hypnosis be done over televideo? Yes. As long as there is a stable connection for audio and video so that the hypnotherapist can see the upper body or more of the client and the client is in a comfortable and preferably quiet place and can hear the hypnotherapist, then it is quite possible to do so. .
- 14 Is hypnosis only a short term solution? No. The effects can be long lasting. One example is a hypnotherapist who was presenting at a conference that I attended. He had a terrible fear of public speaking as a teen and then did hypnosis in college and he said thereafter he hasn’t had any issues. At the time of the conference he said he was in his 50’s.

Psychology Lesson

History of Hypnosis

Due to the mystic nature and wonder of hypnosis, many people are hesitant and often view it to be more spiritualism than science. Hypnosis as a technique was developed in the 18th century by Franz Mesmer, a German physician, who developed mesmerism.

But there are different techniques used over the millennia of human history that utilize hypnotic phenomena such as in 2600 BC the father of Chinese medicine, Wong Tai, wrote about techniques that involved incantations and passing of the hands.

Some of the most noteworthy early pioneers of hypnotism as we would recognize it were James Braid (1795 – 1860), an eye doctor who discovered people go into “trance” when staring at an object. The watch that we often associate with hypnotism was primary object to fixate upon by these early hypnotists.

James Esdaile (1808 – 59), recognised the enormous benefits of hypnotism for pain relief and performed hundreds of major operations using hypnotism as his only anaesthetic. At the time that he started using deep levels of hypnosis for numbing work before surgeries, there wasn't chemical pain relief so his work and of his students were revolutionary in the benefits.

Milton Erikson (1907-1980) was the recognized authority on hypnosis and

many of his techniques are still used today. He discovered that metaphors and other indirect suggestions were useful in bringing about long lasting change.

A few movements in medicine and psychology slowed the progress of hypnosis. The advent of new chemical anaesthetics and hypodermic needles stemmed the use of medical hypnosis in spite of the higher costs and side effects of the medication. The use of medicine was profitable for drug makers and doctors in much the same way that drugs continue to be marketed and used widely today.

Sigmund Freud, often referred to as the father of psychology, rejected hypnosis for psychoanalysis. Freud and the psychoanalytical movement was a therapy in which the patients using talk (primarily client talked in rather stream of conscious manner) over long periods of time to enact behavioral and personality changes.

Hypnosis began to re-emerge in the 1930's with the publication of the Clark Hull's book, Hypnosis and Suggestibility.

War time also saw the increase in use of hypnosis for what was termed combat neuroses or today would be called PTSD. In WWII, a program that included hypnosis as the primary treatment was instituted into a large army hospital and the results were very positive. In WWI, different methods were used in Britain and France to treat “shell shock”. The American Civil War field doctors used the methods taught by Dr. Esdaile to provide relief during amputations.

Psychology Lesson

Circadian Rhythm - this is the body's 24 hour clock cycle. Circadian rhythms are physical, mental, and behavioral changes that follow a 24-hour cycle. These natural processes respond primarily to light and dark and affect most living things, including animals, plants, and microbes.

The brain has different electrical charges at differing wave lengths and frequency ranges that correspond to the activity the brain. Many of the waves occur simultaneously but depending upon the activity and region of the brain, often one wave length will dominate. Hypnotists utilize the brain's natural learning state of theta because we don't have to believe something in this state and learn it quite quickly. The alpha-theta doorway is the most often used to bring someone into theta which is why hypnotists use visualizations as deepeners and inductions. As part of our natural rhythms, we tend to have periods throughout the day in which we drift into theta state which the brain consolidates material. We can enter this state every 90-120 minutes. Also the best time to learn something is within the first 15 minutes of waking or the 15 minutes prior to falling asleep. This is also an excellent time for positive practices such as gratitude or affirmations.

Gamma

Fastest of the brain waves and are known for concentration and problem solving. Regular and practiced meditators often achieve these states

Beta

Second fastest brain waves and are mostly associated with the busy brain or active mind. This is the most used wave during wake periods

Alpha

This medium wave length is most often associated with creativity and imagination. It is more relaxed.

Theta

This is the hypnotic state basically. This is known for downloading so to speak and storing learned material. This is also the state in which we lose time while doing repetitive tasks.

Delta

Range of wave lengths all associated with sleep. The lengths range from light to deep sleep and have periods of rapid eye movement or REM sleep.

What is Trauma?

Trauma and Fearful Response

What is Trauma?

The use of the word trauma has become quite vogue in modern society. I've recently heard someone referring to their relationship as being a trauma bond. On one hand awareness works to reduce stigma, but the negative aspect is that so often the meaning has become muddled. After all what is a trauma bond?

So what is trauma? Is it an event such as being raped, combat in war, car accident, childhood abuse? The answer is no! There is an event that happens and then there is our reaction. The reaction is the so called trauma or more accurate term is trauma response. To understand this, think of a car accident for example, if the car accident is the trauma, then everyone who has been in a car accident has to have the same reaction. We know that isn't true. Since we know that it is our thinking that causes our emotional responses then in no way can the event cause the emotional response or the cluster of emotional reactions as seen in trauma responses.

There are no objectively traumatic experiences.

This is often a statement that I have gotten some push back on. So to explain, remember that first and foremost that to every experience we have a thought which drives our emotional response or reaction. If someone has been exposed or participated in strongly negative

events, there is an increase likelihood of strong negative or traumatic reactions but it isn't automatic. According to the Veterans Assistance, when looking at combat veterans who fought in the Iraq War, about 11% have been diagnosed with PTSD. Though we may identify many strongly negative events that could lead to trauma reactions, there isn't any that result in 100% trauma response 100% all of the time.

For something to be objectively traumatic, then every single person has to perceive it so. We can generally agree that there is severity of negative experiences, or an event has the potential of negative responses but it isn't automatic.

What is the difference?

We will go more in-depth in the following pages but the most likely explanation is about the learning that happens during these strongly negative events. We already talked about underlying assumptions and often negative beliefs about self either are reinforced by the negative events or are arrived at in the aftermath of the negative event. We will talk more about this especially in relation to multiple or repeated negative events.



Sudden Shock and Confusion

Aware - A person experiences an event

Belief - they think fearful thoughts about the event

Consequences - They feel very afraid

The above is a basic ABC for fear and it is part of the equation for the development of the traumatic response. How is a traumatic response different from a fearful response?

Phobias develop by brain association of an event and the emotion. Think for a moment of a situation in which there is the association that results in phobias. We suddenly see a spider in a place we hadn't thought one would be. We are startled and jump. Likely at that moment we go into a light state of hypnosis and the brain associates the fear with the spider.

In a traumatic response, first the event that we are aware of is typically unusual and not everyday so to speak for that person. We have spiders in the world so it isn't terribly unusual - not pleasant but not unusual. Though going into combat for a vet is something that they train for, it isn't likely that the vet comes from a place where it is usual to use weapons on another human being daily.

There are two more required ingredients - sudden shock and confusion.

Sudden Shock

Like the development of phobia associations, the same occurs in trauma responses. We react to the immediate unexpectedness of the

event.

Confusion

This may sound like "I can't believe this is happening?" Or "I can't believe what I am experiencing." The event doesn't make sense to the one who is experiencing it. Both sudden shock and confusion result in immediate hypnotic state. Hypnotherapists use confusion to deepen the state of hypnosis. For example, we may use a 10 step staircase as a deepener and say something like, "step down to step 3 feeling more and more relaxed down to step 1 doubling relaxation. Skipping the number 2 step is surprising and confusing as the person expected step 2, but the hypnotist did say to or is that too or two? The confusion creates deepened state of hypnosis.

What do we know about hypnosis?

1. Believability isn't required. We may reject what is said but we will believe it in sufficiently deep states of hypnosis 2. Learning is rapid as it is moved into the unconscious mind and 3. The deeper the state of hypnosis the fewer repetitions required for the learning to take place. Due to the nature of the sudden shock and the confusion we see very deep states of hypnosis in reaction to intense situations.

The result is learning of deeply held unconscious thought - Reflective Thoughts or Underlying Assumptions.

Goal for Traumatic Reactions

In resolving trauma, in TTRS, the goal is two fold - 1. unlearn the reflexive thoughts or underlying assumptions learned in the state of hypnosis generated in the distressing event and 2. to break the fear associations learned while in the distressing event thereby reducing emotional responses.

Unlearn Thinking

Because learning happens so quickly and deeply during these states of hypnosis the conclusions that are drawn become either reflexive thoughts or in the case of multiple distressing events, underlying assumptions. Remember back to Part 3, reflexive thoughts are well learned beliefs that seem that no thinking occurred because they are unconscious. Underlying assumptions are conclusions that we draw over experiences that are either about ourselves or the world we live in.

Break Associations

The concept of co-emergence is the idea that our organizational system in the brain is emotions and memory and emotion emerge simultaneously. Try this - think of the most embarrassing moments of your life. If you had more than one, you likely saw flashes of those moments. The idea is that the emotions are like folders that the memories are filed into.

When we file away a memory of the distressing event we file the associated emotions, fear, thoughts

and sensory experiences. We will discuss this further as this is the reason we often have flashbacks.

Some of the best ways to break associations is hypnosis. There are other counter conditioning and countering techniques and will be covered later in this section.

Dissociation

Another goal is to normalize and then reduce any dissociation responses. The sudden shock and confusion of the event can create a sense of hyper-anxious derealization or depersonalization. These are states in which unreality of self or surrounding occurs. Dissociation is basically an ego-preservation method of the brain. If the event is "overwhelming" sometimes the brain can seem to separate from the experience. This can seem like floating out of the body, feeling cold or numb, being in a dream-like event, escaping into inner mind landscape and in the most extreme cases, allow a part of the mind to deal with the experience while the self is subjugated in the mind. The techniques to reduce the emotionality of the experience require experiencing the negative emotions, if a person dissociates (becomes numb or leaves in the mind), it can be a challenge. First, dissociation doesn't mean that someone is psychotic or crazy. It can be reversed which will be discussed later in this section.

One Time and Multiple Events

Making Meaning

During the distressing event we often make meanings about the event or in the aftermath so to speak. We tend to alter how we view ourselves, others or the world around us.

For example, a week old baby dies of sudden infant death syndrome. The parents make meaning from the death and then change how they live in response to the child no longer being with them. Making meaning is thinking so each person may have different thoughts. For example, one parent may come to be closer to God while another may blame God for the death.

One-Time Events: Some negative meanings that may be made from one-time events may be along the lines:

"This is likely now to happen again."

"Driving (flying, etc.) is dangerous and will kill me."

"I don't think I could ever live through something like that again." Or

"I couldn't stand if something like that happened again."

Multiple Events: Some negative meanings that may be made from multiple and often related events may be along the lines of:

"I am bad."

"I don't deserve anything good," or "I deserve the bad things that happened to me."

"I have no control over what happens to me."

"Men are bad and can't be trusted."
"People can't be trusted."
"The world isn't safe."

The other aspects of multiple events that are problematic include the possibility of developing multiple thoughts. If the events tend to reoccur or variety of distressing events occur, then a person may develop several thoughts. So the parent that blames God for the death of the child could also believe that they are being punished for sins of premarital sex because they lost a lover to death in the past. Another problematic aspect is maladaptive ways of coping. This can include dissociating from the pain to using a substance or behavioral coping tools from sex, eating, spending money.

Caution: Often people seek meaning from the event incorrectly. Take the statement; "everything happens for a reason." Often we look for a reason or meaning behind an event when we use this statement. For example man believing that there must be some reason for his long time partner dying of Covid. He is looking for something very differently than what the statement really means. The better way to phrase it - "Everything has a cause". His partner's death was caused by Covid. There isn't some deeper meaning. Or mistaken causes such as, "the rape was caused by my clothes," No! "The rape was caused by the rapist acting on his thought to sexually assault someone."

The Rewind Technique

Research:

Here is a link to the research this is quoting:

<https://www.hgi.org.uk/resources/delve-our-extensivelibrary/anxiety-ptsd-and-trauma/fast-cure-phobia-and-trauma-evidence>

Here is an article in relation to the Rewind Technique being used with traumatised war veterans:

<http://www.ptsdresolution.org/pdf/Journal%20vol%2019%20No%202%20%28pp14-19%29%20PTSD-Veterans.pdf>

As taught by Dan Jones, hypnotist in the UK

The stages of the rewind technique:

1. Firstly establish on a scale of 1 – 10 with 10 being most anxiety inducing ask the client what level they would rate the anxiety at when they just think about that traumatic experience now.
2. After you have established an initial anxiety rating ask the client to think of a pleasant place, a safe and special place. Anchor a feeling of calm and relaxation so that if they get anxious you can set this anchor off to relax and calm the client.
3. Ask the client to create a blank screen like a TV screen in their mind and to see themselves sitting in a chair in front of the TV.
4. Then imagine drifting and floating off to a position at the side where they can see themselves sitting in the chair but they can't see what is on the TV (get the client to nod their head after they have completed each section before you move on to the next stage)
5. Tell them that when you say 'now' you want them to watch that them there in that chair press play and watch that old memory (of the traumatic event, or the main or worst phobic event, or worst event if there are multiple events) through to the end, then pause that movie at an end scene when they had calmed down and everything was alright. Then say 'now' and watch them as they go through the process. When they nod their head to indicate that they have watch themselves watch the old memory through to the end and paused it move on to the next stage.
6. Tell them to imagine floating, drifting in to themselves in the end of that old paused movie. Drifting and floating comfortably into the end of that old paused movie. Wait for the head nod then tell them that when you say 'now' you want them to rewind back to the beginning, back to before the incident began, back to a time when they felt calm and relaxed. Tell them to see what they saw, hear what they heard only all in reverse. People talk backwards sounding like Mickey Mouse as they talk backwards fast. Everything moves backwards, all the way back to the beginning to a time when they were calm and relaxed. Tell them that when they reach the beginning to pause the old, old movie and nod the head. Then say 'now' talk them through the experience fast with a squeaky voice until they nod their head.
7. Then tell them to drift and float through time and space over to that them sitting in that chair then allow the head to nod. Then when their head nods tell them that when you say 'now' you want them to watch that old, old movie in fast forward all the way to the end to that point after the incident when they were calm and relaxed and it was all over. Tell

them to do this taking no more than a few seconds and to pause that old, old movie when they have watched it to the end. Then tell them to do that 'now'

8. When they have done this and nodded their head to say they have fast forwarded the movie, tell them to again repeat stage 6 only this time faster than before, drifting, floating through time and space into the end of that old, old movie then rewinding again to the beginning.
9. Rewind associated, and fast forward dissociated three more times getting faster each time until it is just like a flash or at the speed of a click of the fingers
10. Then end the process by asking them to be sat there in front of the TV screen having control of the remote and to watch that old, old movie comfortably through at their own rate and speed then to nod their head once they have done this. Then to clear the screen and to imagine future situations (if necessary, with many things like trauma from a road accident it may not be necessary to do this part of the process, the goal setting you will have done will let you know if this is necessary) with them remaining calm and responding appropriately. Then carry on with the rest of the therapy and ask them again to rate levels of anxiety and if possible and appropriate then test the treatment. For example if they were scared of spiders then go and find a spider to hand to them.

Sample Script: Removing a phobia or PTSD with a known origin sample script – example of the full wording of using the rewind technique (With phobias & PTSD it is often best to de-traumatise the worst or earliest memory first then the 2nd and 3rd worst memories if necessary. In many cases there may well only be a single memory that needs working with)

'That's it...now what I would like you to do is to imagine that you are sitting in the World's most comfortable chair...a chair so comfortable you find all you can do in it is relax...and as you relax you can (face over to where you want them to imagine the TV and do this whenever you are talking about that TV so that you are being congruent with what you are saying) begin to notice a small old fashioned black and white TV...and at the moment the TV is off...and in a minute...while you continue to relax deeper and deeper with each breath you take...an old, old movie will appear on that black and white screen...and it will be an old movie of that first or the earliest remembered phobia memory...and that old memory will begin from a time before that old phobia response occurred...a time you were happy and calm...all the way through that old memory to a time after that phobia had passed and you were calm and happy...and before that old distant movie plays I'd like you to get a sense of drifting out of your body...through space and time...drifting and relaxing to a position over beside that old TV...to a position where you can look over and see the you sat here but can't see what is on the TV...and when you have done that allow the head to nod...(wait for the head to nod)...that's right...and in a moment I want you to watch that you over there pressing fast forward on the TV remote when I say now...and watch that you sat there watching that old distant movie rapidly all the way through from that happy point at the beginning to that happy point at the end...and then when you have done that just allow the head to nod...and do that...now...(say these parts quickly)...that's it and really, really quickly fast forwarding that old movie all the way through to the end and allowing the head to nod...(watch for the head nod)...that's right...and now drift through space and time and float into

the paused end of that old distant movie...drift into that happy paused end of that old distant movie...seeing what you saw...hearing what you heard and feeling what you felt...and once you have done that you can allow the head to nod...that's right...and in a moment when I say now I'd like you to rewind all the way back to that calm point at the beginning...and I'd like you to take no more than 2 seconds to do this...then allow the head to nod...and do that...now...that's it rewinding rapidly all the way back to the beginning...everything happening backwards the speech happening backwards...the action happening backwards and all the feelings happening in a new direction...that's it...(wait for head nod)...and now just get a sense of drifting through space and time back into that seat and in a moment when I say now I'd like you to watch that old, old distant movie all the way through to that calm end...then allow the head to nod...and take no more than a second to do that...and do that...now...fast forwarding that old, old movie all the way to the end taking no more than a second then allowing the head to nod...that's it...and now get a sense of drifting through space and time into the end of that old distant movie...seeing what you saw...hearing what you hear and feeling what you felt...and when I say now you can rewind all the way back to the beginning to that calm point at the beginning...and as you do everything can go in a new direction...people can speak in reverse...all the action can happen in reverse...and the feelings can go in a new direction...and you can do that taking no longer than the sound of a snap of the fingers...and then allow the head to nod...and you can do that...now...that's right...and now you can get a sense of drifting through space and time to that chair and as you relax comfortably in that chair when I say now you can watch that old distant movie through at a speed you are comfortable with...and when you have finished comfortably watching that old movie the head can nod...and you can do that now...that's right...and now you can get a sense of a you in the future on that screen...and the screen can become clearer and more desirable...and as it does you can watch that you in any future situations that would have led to you feeling uncomfortable in the past as that old you...and you can really begin to explore what is different when you respond in this new way...and you can now take some time to relax and instinctively integrate and update your mind and body patterns...(pause for 3 minutes)...



Rational Lifestyle Consulting

Helping adults resolve trauma and its emotional wreckage to live healthy happy lives no matter what comes

License: CCMH0132951

HYPNOTHERAPY CONSENT

Client Name:

Date/Time:

I use hypnotherapy as part of therapy, coaching or as stand-alone services. Hypnotherapy as defined here means using a guided imagery exercise while client it is a relaxed state with eyes closed.

Hypnotherapy is NOT

1. A mind control mechanism
2. To resurface or recall repressed memories
3. Past life regressions
4. To be used when both therapist and clients agree for stated reasons.

Hypnotherapy is:

1. A shorter term solution to change thinking towards current or past problems,
2. Used to help client meet goals for therapy/coaching
3. Used to resolve past traumatic reactions to historical events
4. Used to reduce or eliminate behavioral problems such as addiction, smoking, avoidance as long as this is a part of the client's goals for therapy.
5. Used to increase positive wanted behaviors such as performance or public speaking etc as long as this is part of the client's goals.
6. Done in person or over telehealth with video and audio connections. Never done as audio only

Clients may agree to or disagree with this service and at the time of the activity include any family member or other support person of their choosing.

1. Please indicate that your choice regarding hypnotherapy. You may also change your mind in the future to the use or not use of hypnotherapy in your treatment. **(required)**

Choose all that apply

Agree to discuss/utilize hypnotherapy in my treatment Disagree to use of hypnotherapy in my treatment
 Do not wish to answer at this time and understand that I may change my mind in the future



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Helping adults resolve trauma and its emotional wreckage to live healthy happy lives no matter what comes

License: CCMH0132951

CONSENT AND RIGHTS

Client Name:

Date/Time:

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Please read each question and click agree. If there are any concerns, please reach out to me. We cannot begin services until consent and rights have been signed between client and therapist.

Thank you

1. Rates

Therapy is best when done consistently and the expectation is that client and therapist will meet at least one time per week for sessions about an hour. Rates are dependent upon session length and are as follows: \$100 for first appointment and \$100 for every 50-60 minutes session thereafter. In addition to traditional services, other specialty services are available at the following rates: Weekend Intensive for Couples or Mental Health \$500 per day (lodging and meals are provided by client). **(required)**

Choose all that apply

Read and Understood

2. Hypnotherapy

Hypnotherapy as defined by sessions involving progressive relaxation and guided imagery for the purpose of meeting client's goals for therapy, to resolve problems and trauma and/or behavioral challenges is an option for clients. If client agrees, an additional consent form is required and signed prior to any session of hypnosis. **(required)**

Choose all that apply

Read and Understood

3. Appointments

Appointments will ordinarily be 50 - 60 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to collect the amount of \$35 (unless you and I agree that you were unable to attend due to circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the portion of the fee as described above. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time. If you are more than 15 minutes late, you may not be seen. **(required)**

Choose all that apply

Read and Understood

4. Other Professional Fees

In addition to weekly appointments, it is my practice to charge \$100 per hour (prorated for the actual time spent on the task) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify. **(required)**

Choose all that apply

Read and Understood

5. Insurance

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, my billing service and I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, you may continue through self-pay option or I can refer to another provider. You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and storage is the responsibility of the insurance