INTEGRATING CLINICAL HYPNOSIS AND CBT
TREATING DEPRESSION, ANXIETY, AND FEARS

ROBIN A. CHAPMAN, PsyD, ABPP

“[This book] demonstrates how to seamlessly blend [CBT and hypnosis] into one form of therapy. Rather than a theoretical textbook, Chapman envisions this volume as a workbook, making it easily accessible to busy practitioners. . . . Robin Chapman’s new volume will take the reader a long way toward understanding, thinking, and practicing integratively.”

—Marc I. Oster, PsyD, ABPH, Past President and Fellow, American Society of Clinical Hypnosis

This workbook describes a method that combines one of the newest treatments in behavioral health—cognitive behavioral therapy (CBT)—with one of the oldest—clinical hypnosis. The author provides step-by-step guidance in the joint application of these two modalities for the optimal treatment of depression, anxiety, fears, and phobias. The book is based on studies suggesting that clinical hypnosis in combination with CBT may increase treatment efficacy.

With a systematic approach, the workbook covers the theoretical foundations of this integrated modality and explains how to assess whether such treatment is warranted for a particular case. It addresses requisite skills such as teaching self-hypnosis and mood monitoring, and covers the Subjective Units of Discomfort Scale (SUDS) and the use of imagery and relaxation techniques. Specific strategies for using clinical hypnosis and CBT to treat depression, anxiety, fears, and phobias are provided. Numerous case examples illustrate and reinforce understanding of the integrated treatment modality. Ten client handouts are included to facilitate mood monitoring, awareness of thoughts, creating imagery, meditation, progressive muscle relaxation, and self-hypnosis. The book is designed for both novice and experienced clinical practitioners.

KEY FEATURES:

• Describes the integration of clinical hypnosis with CBT in the treatment of depression, anxiety, fears, and phobias
• Offers practical, step-by-step guidance in the application of this modality
• Provides structured protocols and homework assignments for use in the clinical session or at home
• Explains how to assess whether this is a treatment of choice for a particular client
• Illustrated with numerous case examples
• Client handouts and appendices available as downloadable PDFs
Integrating Clinical Hypnosis and CBT
Robin A. Chapman, PsyD, ABPP, is a clinical psychologist at St. Thomas Community Health Center, New Orleans, Louisiana, and also maintains a private practice. He has been an instructor of psychology in the Department of Psychiatry, Harvard Medical School. Dr. Chapman earned his doctorate from the Illinois School of Professional Psychology in 1990 and earned a certificate in cognitive behavioral therapy from the Adler School of Professional Psychology in 1994. He is board certified in cognitive and behavioral psychology by the American Board of Professional Psychology. Additionally, he is an approved consultant in clinical hypnosis granted by the American Society of Clinical Hypnosis. His teaching experience includes graduate classes at the Illinois School of Professional Psychology and the Chicago School of Professional Psychology. He has taught undergraduate psychology classes at Elmhurst College.
Integrating Clinical Hypnosis and CBT
Treating Depression, Anxiety, and Fears

Robin A. Chapman, PsyD, ABPP
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This book is dedicated to my wife, Rita Chapman, for her love and untiring support, and my mother-in-law, Rita Koba, for her vast knowledge of grammar and unrelenting encouragement.
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Foreword

It is a pleasure and honor to participate in the launch of Robin Chapman's new book, *Integrating Clinical Hypnosis and CBT*. As described below, Dr. Chapman and I began collaborating and sharing ideas over 20 years ago. It is indeed impressive to see his ongoing development of ideas and skills via his books as well as his passion for the topic. I'm confident the reader will find this volume to be a useful companion to his previous book, *The Clinical Use of Hypnosis in Cognitive Behavioral Therapy: A Practitioner's Casebook*.

INTEGRATION

John was a patient who had suffered a massive stroke a while back. His doctor suggested that his future would be relegated to watching TV in a wheelchair. In fact, he recovered quite well, in spite of his doctor's prediction. He now drives, is back at his job, and cares for himself, with some notable limitations, of course. John understood a lot about hypnotic communication and cognitive behavioral therapy (CBT), although he might not have been able to articulate CBT concepts or principles. John was very psychologically minded for a business entrepreneur. The first hypnotically informed CBT intervention he did for himself was changing doctors upon leaving the hospital, for that doctor was too rigid and narrow in his thinking. He sought out one who was open to multiple possibilities and interventions, including hope for a better outcome than previously suggested. After some years of improvement he found his way to me.

John emerged from his recent hypnotic experience with a knowing smile on his face. He went on to comment about my intervention. In general, this session was aimed at appreciating how people change or move from one level of progress to another, how that evolving progress is taking place even if the patient cannot presently see it happening, and how your perspective on your experience can have a profound impact on how you experience that progress.
John commented on the ways I reframed how he might understand that progress. For example, he was frustrated that despite his ongoing hard work he wasn't making any improvements. I simply commented that he wasn't yet able to see the improvements that were taking place inside him. This was particularly relevant to his way of thinking, as much of our discussions had to do with contemporary ideas about brain plasticity, about which John was quite knowledgeable. Again he offered me that knowing smile. I related another example from my own personal experience. I was scheduled to have major surgery that would require extensive post-hospital physical therapy, perhaps three or more times per week for as much as 6 weeks. John, like others, commented on how horrible that would be. I offered John my perspective that this wasn't horrible. This was one-on-one personal training, supervised exercise, paid for by my insurance! Again, John understood.

John continued to observe that my hypnotically delivered suggestions, cognitive reframes, metaphors, stories, and so on were not scripted, canned, or pre-arranged. It felt to John that I was creating this package of interventions just for him. In many ways this was true. He marveled at how I could seem to pull together just the right combinations to help him find direction in his own journey and to make sense of his struggle. When I teach hypnosis, my students will often make the same observation—that I pull together seemingly random stories that are clinically relevant and right on target. Students will often attribute this apparent skill to my 30 or more years of experience doing hypnosis and psychotherapy. While this is partly true, it isn't the whole story. If it were the whole story, there would be nothing one could teach students except to be patient until they're 30 years older. We all have many, many clinically relevant stories to tell. We just need to see those stories as relevant and use what we have rather than shop for something new.

In a somewhat related area, I note the same observations from students. I've been a practitioner and teacher of the martial arts for over 40 years. In our system we have sets of self-defense techniques to teach and learn. As students become proficient in those techniques, we encourage them to improvise, make up their own combinations. For some students this is initially very difficult, for others it remains difficult long after it should have become easier. What accounts for success in transitioning from the cookbook method to the improvisational method is the degree to which the student understands the concepts behind the standardized skills. I explain to more advanced students that a particular skill is both a useful tool for defense and a concept pertaining to defense methods. If all you know is a memorized set of skills, your ability will be good, but limited. If, however, you understand the skill and the concept behind it, the range of your ability is unlimited. We've often heard someone profess their expertise by saying they have, for example, 20 years of experience. This might mean that they have 20 years of progressive, developmental experience, or that they have the equivalent of 1 year of...
experience 20 times. Their experience is good but limited. These stories are about integration.

I met Robin Chapman some 20 years ago. At that time he was a practicing psychologist well versed in CBT and with advanced training in hypnosis. I was an active officer in and member of the American Society of Clinical Hypnosis (ASCH). Robin was doing a lot of clinical work and study. I was also doing a lot of clinical work, teaching, and training in hypnosis. Robin approached me to help him study and progress toward his certification in clinical hypnosis through ASCH. One of his main goals for our work together was to make his CBT and hypnosis abilities more seamlessly integrated and not two freestanding sets of skills. He wanted to see and use his talents in these two areas as if they were one language. Several years before psychotherapy integration was the latest wave, Dr. Chapman was already thinking integratively.

It should come as no big surprise that CBT or hypnosis do not represent a singular school of thought or theory. There are variants of CBT and of hypnosis. So my first assignment for Dr. Chapman in his journey to be an integrative practitioner of CBT and hypnosis was to create a brochure for his patients in which he discusses the two modalities. In particular, the brochure was to include a definition of CBT and of hypnosis and how he uses them together. Rest assured this was not a weekend assignment. Chapman learned right away that if he cannot clearly articulate what it is that he does and how it works, none of his patients will benefit from his efforts.

The brochure assignment proved valuable in laying the groundwork for Chapman’s understanding of what he does, why he does it, and how it works. In particular, thinking integratively doesn’t exclude the opportunity for multiple interpretations of the concept of hypnosis or CBT. This evolution in Chapman’s thinking led to his 2006 publication, *The Clinical Use of Hypnosis in Cognitive Behavioral Therapy: A Practitioner’s Casebook*. This edited book showcased different CBT therapists demonstrating how they conceptualize CBT and hypnosis and the integration of the two.

The present volume, *Integrating Clinical Hypnosis and CBT*, further elaborates Chapman’s evolution in thinking about CBT and hypnosis and further demonstrates how to seamlessly blend the two into one form of therapy. Chapman envisions this volume as a workbook, not a theoretical textbook, making it easily accessible to busy practitioners, be they largely CBT therapists wanting to incorporate hypnosis into their style or therapists knowledgeable in hypnosis who wish to become better informed about CBT. Part I of this workbook covers the foundations of clinical hypnosis and CBT as well as assessment of patients and their appropriateness to benefit from this integrative model. Part II covers the skills used in both CBT and hypnosis. Part III addresses the treatment of several common problems using this model, with a final chapter exploring future issues pertaining to this model, including evidence-based practice.
Foreword

Robin Chapman’s new volume will take the reader a long way toward understanding, thinking, and practicing integratively.

Marc I. Oster, PsyD, ABPH
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REFERENCE

Preface

After completing the edited book, *The Clinical Use of Hypnosis in Cognitive Behavioral Therapy*, I would provide seminars on the material from this casebook. This casebook represented the work of many clinical practitioners who use hypnosis and cognitive behavioral therapy (CBT). However, it was clear from the attendees' questions that a more systematic approach was desired. Clinical practitioners and students wanted a clear, step-by-step approach to the integration of hypnosis and CBT. They wanted an approach to employ with their clients in a workbook format.

*Integrating Clinical Hypnosis and CBT: Treating Depression, Anxiety, and Fears* presents a systematic approach building on basic cognitive behavior and hypnotic skills. Many practitioners trained in cognitive behavior approaches will be familiar with the CBT strategies, as practitioners trained in hypnosis will be familiar with many of the hypnotic strategies. The clinical practitioner, regardless of previous training, can follow each chapter using worksheets that guide the clinician and client using both cognitive behavioral and hypnotic strategies for change.

The origins of this workbook are much deeper than these presentations and seminars. The initial seeds were planted in my undergraduate training, when I was first exposed to both cognitive behavioral and hypnotic theories and techniques. Graduate training provided instruction in several of the major schools of psychotherapy—humanistic, family systems, cognitive behavioral, and psychodynamic. However, clinical hypnosis was only mentioned in passing and was never formally addressed in these classes. Internship training and the American Society of Clinical Hypnosis (ASCH) workshops finally provided my basic introduction to clinical hypnosis. I had completed a certification program taught by Arthur Freeman in CBT and then turned my attention to ASCH certification in hypnosis. Marc Oster, my trainer/consultant proposed that I present the topic of CBT and hypnosis to one of his graduate classes. This became the genesis of the edited casebook.
Preface

Integrating Clinical Hypnosis and CBT: Treating Depression, Anxiety, and Fears is divided into three sections. The first section presents the foundation of theory and assessment for this integration. The second section provides guidance in mood checks, relaxation training, cognitive strategies, imagery, use of suggestion, and self-hypnosis. Finally, the third section presents case studies employing CBT and hypnosis. The chapters found in Section II provide a step-by-step approach to this integration, culminating in teaching the client self-hypnosis. Clients may find the chapters in Section II helpful and suitable for assignment as homework. The appendices and client handouts at the back of the book are also available as electronic downloads at Springerpub.com/chapman-ancillaries. This will provide the clinical practitioner with additional flexibility in treatment planning and implementation.

I hope this workbook provides a foundation that enables more clinicians and their clients to employ these powerful and helpful strategies.
CHAPTER 1

Introduction: Clinical Hypnosis and Cognitive Behavioral Therapy

This workbook provides clinical practitioners with an integrated approach that combines clinical hypnosis and cognitive behavioral therapy (CBT) for the treatment of depression, anxiety, and fears. These clinical practitioners may include students in training as well as seasoned practitioners who may have expertise in either clinical hypnosis or CBT. The workbook format provides a practical guide for practitioners and their clients and includes step-by-step instructions to illustrate the treatment approach and structured homework assignments and handouts that provide instructions for clients to work outside of sessions with their practitioner.

The clinical problems of anxiety, depression, and fears are the focus of case presentations, as these problems often coexist and their treatment strategies overlap. Among these common treatment strategies are self-monitoring, changing maladaptive thoughts, and relaxation/mindfulness training.

Research suggests that an integrated approach combining clinical hypnosis and CBT increases the efficacy of treatment (Bryant, Moulds, Guthrie, & Nixon, 2005; Kirsch, Montgomery, & Sapirstein, 1995). There are many fine workbooks that present either of these topics, but few present an integrated approach combining the best of both of these highly useful approaches.

Multiple theories and techniques exist for both clinical hypnosis and CBT. Current cognitive behavioral approaches may range from behavioral approaches grounded in learning theory to the mindfulness aspects of acceptance and change models. Clinical hypnosis also has a long and varied history often examined through different theoretical lenses. This workbook will present cognitive behavioral and hypnotic approaches that may be applicable to this wide range of theoretical and therapeutic approaches.
I. Foundations

DEPRESSION, ANXIETY, AND FEARS

Depression, anxiety, and fears frequently plague clients who seek treatment. Although clients may meet diagnostic criteria for a single problem, these problems often coexist and require coordinated treatment. The treatment of depression, anxiety, and fears often requires CBT and hypnotic strategies that overlap and share many characteristics. Therefore, these prevalent clinical problems will be the focus of this workbook.

For example, the person may experience depression due to phobic avoidance of situations that limit his or her daily activities. The depressed person may become increasingly anxious about relationships and social activities, as others may not find his or her company pleasant and rewarding. The depressed person may then limit social interactions to avoid increases in anxiety. In many cases, depression and anxiety are intertwined.

HOW IS THIS BOOK ORGANIZED?

This book is intended as a workbook to guide the practitioner through specific step-by-step exercises. This integrated approach may enhance overall treatment and speed the recovery from depression, anxiety, and fear.

There are three major sections. Each addresses an important topic. Section 1 covers background; Section 2 cites basic skills and provides strategies for change; and Section 3 offers case studies. It is best to first read and practice the skills in the first and second sections. These will provide the reader with the necessary understanding of, and skills for, the treatment of his or her specific problem, found in Section 3.

Clinical hypnosis and CBT have been used successfully to treat many conditions. These conditions include stress, pain management, habit change and many more.

BACKGROUND HISTORY

As with many practitioners, my early training in CBT and clinical hypnosis occurred independently. Apparently, no model for integration was widely accepted, therefore these clinical strategies were taught individually. There was little, if any, mention of clinical hypnosis during my training in CBT. This may well be true for those initially trained in clinical hypnosis. This recount of my early training is not meant to reflect all training programs. However, it appears that integrated cognitive behavioral and clinical hypnosis training programs remain few in number.

At the urging of one of my supervisors during my American Society of Clinical Hypnosis certification process, I developed a brief presentation of an integrated approach that later became an edited casebook, The Clinical Use
1. Introduction: Clinical Hypnosis and Cognitive Behavioral Therapy

of Hypnosis in Cognitive Behavioral Therapy. This was an exciting project, as I was able to work with an array of highly talented psychotherapists who were also integrating these two approaches. The resulting chapters of this book describe multiple approaches to this integration, which most likely reflect the current zeitgeist.

The question-and-answer session following presentation of the casebook principles to members of the American Society of Clinical Hypnosis provided the impetus for this workbook. Many practitioners desired a structured and accessible guide to this integration. This would best be accomplished through a workbook and this accessible format may further encourage interested readers and practitioners to use this integrated approach and provide homework for clients.

Hypnosis has been part of human history for thousands of years. One earliest example of hypnotic procedures was found on an Egyptian papyrus that was 3,000 years old (Kroger, 2007). Clinical hypnosis has its roots in mesmerism of the 1800s. Franz Mesmer used his magnetic treatment to help people overcome a variety of maladies. Although his magnetism was eventually discredited, the power of suggestion continued to be recognized.

CBT emerged from learning theory and clinical practice. Learning theory has explored operant, classical conditioning, and social learning models of change. Although clinical practice emerged from the work of traditional psychotherapists, these therapists were usually trained in the psychodynamic models of change. Initially, the behavioral approach to therapy relied on observed behaviors without attention to thoughts and feelings. Later research led to Albert Bandura’s social learning model, which emphasized the role of cognitions in the learning process. This model influenced researchers and clinicians, resulting in the development of today’s CBT. This approach incorporates the use of cognitions, imagery, and automatic thoughts and beliefs. The founding of CBT as we know it is credited to the work of Aaron Beck, Albert Ellis, and Donald Meichenbaum.

The cognitive skills model (Diamond, 1989), cognitive developmental model (Dowd, 1993), and cognitive hypnotherapy (Alladin, 2008) are some of the approaches to integration of hypnosis and CBT. This book emphasizes the approach that integrates hypnosis within the cognitive behavioral approach (Chapman, 2006).

CONCLUSIONS AND FUTURE DIRECTIONS

This book provides a helpful treatment approach for those with depression, anxiety, and fear, while the workbook format offers a practical guide for the seasoned and beginning clinical practitioner who is interested in adding this integrated approach to his or her treatment repertoire. The client is likely to benefit from the practice of these exercises, learning relaxation and
self-monitoring, but may need to seek a clinical practitioner for more intensive treatment.

This workbook may also provide a guide for future books that offer self-help hypnosis and cognitive behavioral treatment for additional problems. This skilled approach may offer a blueprint for a standardized approach that lends itself to evidence-based investigation. Once established as an effective evidence-based approach, this ancient yet new approach will be available to a larger number of people.