

**REGULATIONS FOR THE AWARD OF THE DIPLOMA IN
CLINICAL HYPNOSIS & FULL MEMBERSHIP
BY CONTINUOUS ASSESSMENT
2013**

for

**The Australian Society of Hypnosis Ltd
ACN 41 008 567 672**

BOARD OF EDUCATION
THE AUSTRALIAN SOCIETY OF HYPNOSIS LTD

Chair: James Auld, BDS, MSc, Dip.Soc.Sc., Dip.Clin.Hyp., FICD, FASH

Secretary: Ann Wilson MAPS

The administration of the Board of Education is located within the Federal Secretariat.

Contact details.

Email: ashltd@optusnet.com.au

Phone: (02) 9747 4691 Fax: (02) 9747 4375

POSTAL ADDRESS: PO Box 3009 Willoughby North NSW 2068

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INTRODUCTION

This document provides a current statement of the syllabus for training prescribed by the Australian Society of Hypnosis Ltd. It highlights the main areas that candidates for Full Membership should have covered in preparation for the award process. Registered health practitioners including chiropractors, dentists, medical practitioners, midwives, nurses, occupational therapists, optometrists, physiotherapists, podiatrists, psychologists, speech pathologists as well as social workers are eligible to join the Society as Associate Members as set out in the By Laws. Students starting the Society's Diploma in Clinical Hypnosis join as Associate Members and attain Full Membership after they pass the assessment process set out in this document. Provisionally registered psychologists are accepted for training if they will gain full registration by the time they apply for the assessment process.

The Australian Society of Hypnosis Ltd

The Australian Society of Hypnosis (ASH) is a limited liability company incorporated in 1982. The Society which it replaced, the Australian Society of Clinical and Experimental Hypnosis, was established in 1971. Branches of the Society operate in most states of Australia as incorporated bodies and the Society has overseas members.

The aim of the Society is to further the appropriate clinical & experimental uses of hypnosis. This is achieved by the provision of training programs as well as of clinical/ further education and the maintenance of high standards of clinical use of hypnosis.

Full Membership is achieved after successfully completing an educational program and the Assessment Process set out below. The examination and educational policies of the Society

are the delegated responsibility of the Board of Education, a Sub-Committee of Federal Council.

Board of Education

The Board of Education comprises the Chief Censor (Chief Examiner) who will be the Chair of the Board; the Secretary of the Board (Chief Coordinator of Examinations); the Journal Editor (ex officio); Censors (examiners) nominated by each Branch (subject to the acceptance of the Chief Censor) and a nominated Branch representative where no branch censor is appointed.

The Chief Censor and branch Censors act as examiners for the Society's Full Membership assessment process. From time to time the Chief Censor may co-opt other Full Members of the Society to act as examiners for a particular assessment. These co-opted examiners have observer status at the Board of Education Meeting following the process.

Each Branch may also appoint a Branch Examination Secretary to assist in the administration of the assessment. This person would not normally be a member of the Board of Education.

The Board of Education is responsible for:

1. In collaboration with Branch Education Secretaries or Directors of Training, coordinating the training program run by the Branches.
2. Setting a recommended syllabus and reference list.
3. Supervising the continuous assessment of the didactic training.
4. In collaboration with the Education Secretaries or Director of Studies of each Branch, coordinating the assessment process.
5. Organizing the marking of the Case Histories.
6. Advising those candidates who have had their case histories passed to proceed to the VIVA which is organized by the state branch.
7. Organizing the attendance of an interstate Examiner (at federal expense) when appropriate egg when there are four or more candidates, to be present at the VIVAs
8. After candidates pass the VIVA, recommending to the Federal Council that successful candidates be granted Full Membership and the Diploma in Clinical Hypnosis.

Objectives of the Syllabus

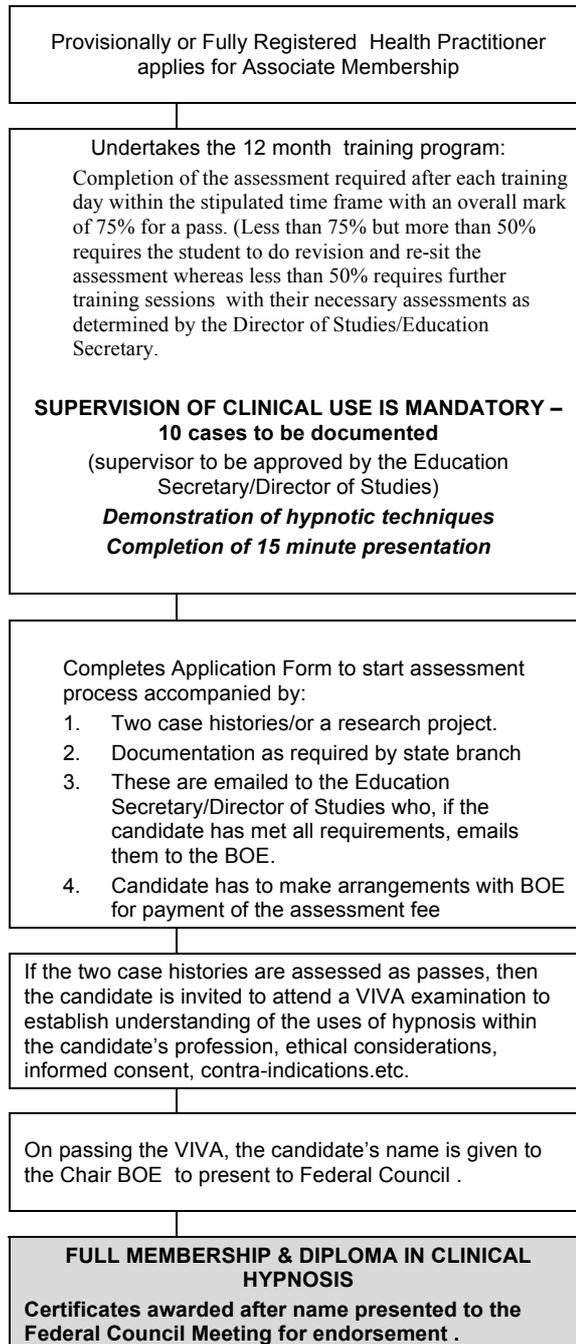
The syllabus, which is set out in another document, is designed to serve two purposes. Firstly, it is a guide for the educational endeavours of the Society. Secondly, it sets down for candidates for Full Membership the breadth of knowledge that it is considered necessary to attain for an **acceptable** level of competence in the clinical or research use of hypnosis.

The Training Program

The training programs offered through the Society by the State Branches is designed to ensure the competent clinical and scientific uses of hypnosis.

Candidates have the responsibility to ensure they have covered the necessary material. Education and training programs conducted by the Society are likely to concentrate on the nature and clinical use of hypnosis, and thus candidates are required to do supplementary reading, not only from the recommended reading list in this brochure but also from references given to them by lecturers and supervisors.

Diagram of Process



RECOGNITION OF PRIOR LEARNING

The Board of Education recognizes appropriate hypnosis training and experience gained in overseas centres of repute.

Candidates who consider that they warrant any exemption from any section of the assessment, as is provided in By-Law (10) or RPL (Recognition of Prior Learning) should apply in writing to the Chair of the Board of Education. Such an application should contain full particulars of the candidate's previous experiences and examinations record, with appropriate documentation, and should set out in detail the grounds on which the candidate claims exemption.

From the By Laws

“(2) Normally a person seeking admission to the Society as a full member shall first have completed successfully the Society's course of training and passed the Society's examinations or have completed and passed another course of training and examination deemed by the Federal Council to be of equivalent standard.

- (a) A person shall only be admitted to full membership of the Society without having completed the Society's training course and passing the Society's examination or its equivalent in circumstances regarded by the Federal Council as exceptional and by the affirmative vote of 4/5ths of the members of Federal Council present.
- (b) Each such decision shall be made on the basis of the circumstances prevailing and shall not be regarded as creating a precedent.”

Thus State Executives and the Chair of the Board of Education can recommend to Federal Council that an applicant has equivalent training and considerable relevant experience and that a VIVA be conducted with a view to granting Full Membership.

ETHICAL CONSIDERATIONS

Code of Ethics of the Australian Society of Hypnosis

The Australian Society of Hypnosis Ltd, hereinafter referred to as ASH, is dedicated to the scientific investigation and clinical utilisation of hypnosis at the highest professional level. Ethical guidelines to which a member must subscribe are stated to allow for the multidisciplinary nature of the membership. There is implied a personal commitment to behave according to the highest standards of personal and professional conduct.

Guideline 1

A member of ASH shall always place first the welfare of the patient or the experimental subject when using hypnosis or hypnotic techniques in clinical practice or in experimentation.

- 1a. The standards of professional relationships which guides the member in the appropriate professional or scientific field, shall prevail in his or her use of all hypnotic techniques.
- 1b. Proper safeguards shall be maintained whenever a patient or subject is exposed to unusual stress or other form of risk. If stress or risk is involved, the person or subject should be informed and give consent. Estimation of risk is a difficult matter, and when in doubt the practitioner should consult with professional colleagues.

Guideline 2

Hypnosis is considered an adjuvant to other forms of scientific or clinical endeavours, so that competence in hypnotic techniques alone is not acceptable as a basis for professional service or research.

- 2a. ASH requires its members to abide by the ethical standards laid down by the recognised national professional associations to which they are eligible to belong.

- 2b. Item 2a requires acceptance of the ethical professional and scientific standards of the relevant Professional Association referred to above. It does not imply endorsement by ASH of the policies or practices of these organisations.

Guideline 3

Each member of ASH shall limit the clinical and scientific use of hypnosis to the area of competence as defined by the professional standards of his or her field.

Guideline 4

Hypnosis should not be used as a form of entertainment.

- 4a. No member of ASH shall offer services for the purpose of public entertainment or collaborate with any person or agency engaged in public entertainment.

Guideline 5

A member of ASH shall not support or act in a manner that could reasonably be interpreted as actively supporting the practice of hypnosis by lay individuals.

- 5a. A lay individual is defined here as one who does not meet the criteria for membership of the ASH, as defined in the By-Laws

- 5b. A member of ASH shall not give courses involving the teaching of hypnotic techniques to lay individuals. Lectures informing lay individuals about hypnosis are, of course, admissible providing they do not include demonstrations or didactic material involved induction of hypnosis. This clause does not apply to students in tertiary training in an appropriate health care profession, permitted by law, to practise hypnosis.

- 5c. Consultations with lay representatives of the press or other media of communication are permitted to minimise distortions or misrepresentations of hypnosis. Talks with lay representatives of the press and radio, or TV appearances, are acceptable so long as these are beneficial to the Society and the ethical use of hypnosis.

Guideline 6

The ASH views it as unethical to train lay individuals in the use of hypnosis, to collaborate with lay individuals in the use of hypnosis or to serve as consultant for lay individuals who are utilising hypnosis.

Guideline 7

The ASH views it as unethical to attend a meeting at which lay hypnotists are being trained or to give any credence to such meetings.

Guideline 8

It is recognised that an ethical code cannot, by its very nature, specify all of the practices that are considered ethical and mention all of those considered unethical. Hence, behaviour considered ethically unacceptable to their peers or behaviours that is illegal or bring disrepute upon others who practise hypnosis, may be the occasion for adverse action by the ASH even though not specified in this code.

Reference should also be made to the appropriate professional guidelines of the relevant professional bodies.

Procedure

The procedure to be followed if any member is accused of having breached this Code of Ethics is laid down in Article 9 of the Memorandum & Articles of Association of the Society.

Continuous Assessment for the award of the Diploma and Full Membership.

Regulations for the Information of Candidates

Introduction

The Board of Education, which was established in September 1978, recommended to Federal Council in 2010 that states could trial a continuous assessment component of the didactic training to replace the three hour written examination. That was successfully trialed in 2011 by two states so that it is now the major pathway to Full membership.

Those candidates who have been successful in the continuous assessment (SEE PAGE 3 FOR DEFINITION), can present two case histories for evaluation by examiners appointed by the BOE. That can happen during the assessment program or within three months of it being completed.

Candidates should formally apply to the Secretary of the Board of Education by email – ashltd@optusnet.com.au or by mail PO BOX 3009 Willoughby North 2068 with copies of the 2 case histories in the new format (see below).

ASSESSMENT PROCESS - REQUIREMENTS TO BE MET

Candidates have the responsibility of ensuring that they comply with the requirements of training and supervision and must provide evidence of this when applying to start the process. When they submit their original documentation to start the process, they should keep copies for their own records. Any deviation from these requirements must be approved by the Board of Education.

Minimum Requirements over the training program provided by the Branch :

- A) Not fewer than thirty **(30) hours** attendance at the above ASH training or non ASH Workshops for which prior approval was given by the Board of Education.

These should include Fundamental & Core Segments as well the minimum number from Elective Segments as per separate Syllabus Diagram..

During the training process it is necessary that the candidate discuss in detail his/her treatment techniques of at least ten (10) patients/clients with a supervisor who is a Full Member of the Society. Note: the candidate may have more than one supervisor but all must be Full Members of the Society. It is recommended that Form B be completed. A statement from the supervisor that certifies that the candidate has used hypnosis in the ten (10) cases (real names not required) is acceptable. This is submitted with the Application Form.

- B) Not less than fifty **(50) hours** of supervision hours over the 12 MONTH period. This includes a minimum of 15 direct supervision hours – see below.

Direct Supervision hours – minimum 15 hours.. This is supervision of the candidate's use of hypnosis as a treatment in clients/patients seen by the candidate himself/herself. This supervision can be individual or in small groups. It is face to face but with the prior approval of

the Board of Education, can be extended to be by phone, video/teleconferencing etc or by email where circumstances warrant that. The **minimum of fifteen (15) hours** here can include the ten (10) cases in A above. It is recommended that Form A be used. However, a statement signed by the supervisor regarding hours of supervision will be accepted. This is submitted with the application form.

Supervision hours CAN ALSO be obtained from attendance at ASH Advanced programs, from ASH Workshops at Congress and from other workshops for which prior approval of the Board of Education was obtained. For a full day workshop of at least six (6) hours, four (4) supervision hours apply; for a half day workshop of at least three (3) hours, two (2) supervision hours apply. Hours are credited because such workshops usually have a component in which the student practices the technique which has been just taught under supervision.

Supervision hours are also given for shorter seminars of up to two (2) hours where case histories are the focus or hypnosis is central to the presentation. Here two (2) supervision hours apply.

- a) It is the **candidate's responsibility** to obtain a suitable supervisor who is a Full Member of the Society
- b) Candidates can consult with the Education Secretary or Director of Studies or Board of Education for assistance in securing a suitable supervisor.
- c) Supervision ought to include each of the following aspects:
 - assessment of problem
 - assessment of utility of hypnosis
 - preparation of hypnosis
 - choice of therapy approach
 - choice of induction technique
 - combination of hypnosis adjunctively
 - outcome assessment.
- d) The supervisor must sign the supervision record sheet or provide a statement that the candidate has had so many supervision hours.

Eligibility for Assessment

- A. A candidate who is in any doubt about eligibility should contact the Secretary of the Board of Education.
- B. A candidate for entry to the Full Membership process must be a financial member of the Society at the date of application & should have joined at commencement of training.
- C. A candidate must be registered in his/her health profession or, in the case of social workers, a member of the AASW. If the candidate does not provide documentation of that, it will be checked on the National Health Practitioner website.
- D. A candidate must have spent a minimum of 12 months or an equivalent time in the training and use of hypnosis
- E. A candidate must meet the Minimum Requirements of the training program above.

Though the candidate is expected to obtain his/her total experience in one continuous period, the Board appreciates that there may be certain circumstances in which a rigid insistence on this condition might unfairly penalise some individuals. A candidate who believes that any discontinuities in his/her experience have not been such as to interfere with the general progression of his/her training should submit full details in writing to the Secretary in order to obtain a determination from the Board of Education.

Case Histories or Research Project

Candidates prepare two (2) case histories or a research project as prescribed in By-Law (3). The following Revised Guidelines for Case Histories were approved at the 3/12/11 Meeting of the Board of Education and thus will be applied to applications for the assessment process for 2012 and after.

REVISED GUIDELINES FOR CASE HISTORIES 2013

Candidates for Full Membership and the Diploma must present two (2) case histories for evaluation by two Board appointed assessors who mark it not knowing the identity of the candidate.

They must be typewritten on one side on A4 paper, double-spaced with a 25mm left side margin.

Two copies of each are required if hard copies are mailed. The front cover sheet should have the title of the case history, identify the candidate, indicate the word count, be signed by the supervisor and the candidate should sign a statement that the case is all the candidate's own work.

If being submitted electronically, only one copy is required with a statement on the cover page that the case is all the candidate's own work. **THIS SHOULD BE SENT TO THE CANDIDATE'S SUPERVISOR** who will then forward it as an email attachment to the Secretary of the BOE with a covering note that it has been checked for conformity with the submission requirements.

The minimum length is 2000 words and the maximum is 3000. That count does not include the references nor the appendix. If candidates want to include parts of scripts as essential for the evaluation of the case (and that is NOT always the case) they can be included in the appendix. That word count should be entered on the cover sheet.

The first page of the actual case history should have the title of it but the candidate's name should not appear anywhere on it nor in headers or footers.

Essentially the case history should be written as if it were being presented for consideration for our journal.

The best case histories are indeed recommended for consideration by the Editor, who has the final decision.

It should be edited for typos and grammar. If the candidate's supervisor cannot do that, the candidate should find someone with good English grammar skills.

The subject must be de-identified with a pseudonym and other identifying data like DOB, name of school, employer etc not specified.

Candidates are not expected to provide a lengthy theoretical overview on the issues in each case history. On the other hand, it may be appropriate in particular circumstances to justify a certain theoretical position by references to some of the relevant literature.

The headings to be used are

- 1 (3 marks) Abstract plus Search Terms
2. (3 marks) The nature of the presenting problem, including who referred and why.
3. (4 marks) A description of the subject's presentation.

4. (8 marks) An outline of relevant personal history – psychological, social, medical, psychiatric, dental.
5. (10 marks) The suitability of the subject and the condition/problem for hypnotically based treatment.
6. (2 marks) How informed consent was obtained.
7. (15 marks) The therapy goals.
8. (15 marks) Rationale overview for the techniques chosen and how they are to be integrated with other treatments.
9. (20 marks) Session by session summary with comments on therapy progression.
10. (5 marks) Outcomes
11. (10 marks) Comments on conclusions and retrospect.
12. (5 marks) References

CASE HISTORIES WHICH DO NOT FULFIL THE ABOVE REQUIREMENTS WILL BE RETURNED UNMARKED FOR REVIEW.

Candidates whose case history/histories fail to meet the pass mark of 75 will be advised of the situation and given the opportunity to address the deficiencies/problems identified by the assessors.

The Marking Sheet for the Case Histories has been revised to reflect these changes and markers will be advised that these sheets with their marks and comments can be made available to the candidate.

The Marking Sheet/s for those who have not passed will be made available to the Education Secretary/Director of Studies for a discussion with the Chair BOE regarding action to be taken.

For those whose case histories have been passed, some feedback can take place within the Viva Examination for which the Marking Sheets will be made available.

Those whose case history has been recommended for consideration for the Journal can also be advised about that in the Viva together with the necessary steps to take to pursue that opportunity for publication.

Case Histories: Additional information.

The Board recognises that sometimes a student's work place does not allow for clinical hypnosis to be used at all, or if it does, it is limited to brief interventions, not allowing for the usual multiple sessions of treatment.

School psychologists for example, mostly work under the prohibition of this treatment by the state Department of Education. Where the student is not planning to build up an immediate private practice, the advice has always been to search for suitable clients outside the workplace to meet the requirement of 10 hypnotic interventions and the two case histories. The circle can include a friend of a friend, distant relative, with a suitable problem. This would initially be relatively simple problems eg, for general stress relief, goal setting, time management, self esteem, cut down or quit smoking, for help with performance anxiety in giving a presentation or preparing for exams. Then with experience, the student would progress to more difficult problems and select two quite different situations out of the ten for the case histories to be presented for the exam process.

Alternatively, the student can elect to take the research option and plan a small research project on a non work population.

Where the workplace allows for brief, limited, one-off hypnotic interventions, a two or three of these which are quite different can be presented under one heading as equivalent to one case history. However, a regular case history with at least two or three treatments must also be put forward.

The selection of client and problem can be followed in the same way as suggested above for nurses and midwives. Such variations to the usual two case history submissions are best proposed well in advance to the Education Secretary or Director of Studies so as to secure permission. That is, approval for the variation has been delegated to the Branch. Branch Officers will use their discretion in granting approval, as case assessment will be carried out by the BOE to ensure compliance with the required standards.

Viva Examination

The Viva follows successful completion of the Case History stage and allows for the Board to make a final evaluation of candidates. Vivas last for up to thirty (30) minutes, during which the examiners explore with the candidate his/her clinical use of hypnosis, patients/clients treated, understanding of psychological issues, hypnotic applications in area of expertise, difficulties encountered, ethical issues, informed consent, contra-indications, etc. The aim of the Viva is to assure the two examiners and the Society that the candidate is a safe, ethical hypnosis practitioner. Where possible, an interstate examiner is asked to join the panel and a member of the candidate's particular health profession included.

Receipt of Certificates

After the candidate has passed the Viva, as the final step that name is given to the next Federal Council Meeting for the endorsement of Full Membership status. Certificates cannot be provided until that endorsement at the Federal Council Meeting and thus there could be a delay in awarding the certificates.

However, the Viva panel has been given the authority by the Chair of the Board of Education to sign a letter on the day that the candidate has passed the Viva examination & is thus eligible for Full membership of the Society.

For students completing the course in 2013, the Assessment Fee will be included in the course fees paid to the Branch which will reimburse the BOE at the time candidates take their vivas.

Any candidate who wishes to raise any additional questions concerning the assessment process, or to seek clarification on any of the matters raised in this booklet, is cordially invited to contact the Secretary of the Board.

The Australian Society of Hypnosis Ltd

RECOMMENDED READING LIST

Psychology

- Bootzin, R.R., Bower, G.H., Crocker, J., & Hall, E. (1991). *Psychology Today* (7th ed). New York: McGraw-Hill Inc.
- Carson, R.C., Butcher, J.N., & Coleman, J.C. (1994). *Abnormal psychology and modern life* (9th ed). New York: Harper Collins.
- Davison, G.C., & Neale, J.M. (2000) *Abnormal psychology* (8th ed). New York: John Wiley.

Psychiatry

- Beumont, P.J., & Hampshire, R.B. (1989) *Textbook of psychiatry*. Melbourne: Blackwell. (A primer in psychiatry).
- American Psychiatric Association (1994). *Diagnostic and statistical manual for mental disorders*(4th ed). Washington: APA pending the publication of the next edition 2012

Hypnosis

- Alladin, A. (2008). *Cognitive Hypnotherapy: An Integrated Approach to the Treatment of Emotional Disorders*. John Wiley & Sons.
- Barabasz, A.F., Olness, K., Boland, R. & Kahn, S. (2009). *Medical Hypnosis Primer*. Routledge.
- Barber, J. (Ed) (1996). *Hypnosis and suggestion in the treatment of pain*. New York: Grune and Stratton.
- Battino, R. (2000). *Guided imagery and other approaches to healing*. London: Crown House Publishing.
- Battino, R., & South, T.L. (Eds) (2000). *Ericksonian approaches: A comprehensive manual*. London: Crown House publishing
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- Burrows, G.C., & Dennerstein, L. (Eds) (1980). *Handbook of hypnosis and psychosomatic medicine*. North Holland: Elsevier.
- Evans, B.J., & Burrows, G.D. (Eds). (1998) *Hypnosis in Australia*. Heidelberg: The Australian Society of Hypnosis. **Note: out of print but available to members as a pdf**
- Frankel, F.H. (1976). *Hypnosis: Trance as a coping mechanism*. New York: Plenum.
- Hammond, D.C. (1990). *Handbook of hypnotic suggestions and metaphors*. New York: Norton.
- Hartland, J. (1971). *Medical and dental hypnosis and its clinical applications* (2nd ed). 1971, reprinted 1979, London: Bailliere Tindall.
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- Lynn, S.J., & McConkey, K.M. (Eds) (1998). *Truth in memory*. New York: Guilford.
- Lynn, S.J., & Rhue, J. (Eds) (1991). *Theories of hypnosis: Current models and perspectives*. New York: Guilford.
- Lynn, S.J., Rhue, J.W. & Kirsch, I. (Eds) (2010). *Handbook of Clinical Hypnosis*, (2nd ed). American Psychological Association.
- McConkey, K.M., & Sheehan, P.W. (1995). *Hypnosis, memory and behaviour in criminal investigation*. New York: Guilford.

- Nash, Michael R & Barnier, Amanda J (Eds) 2008 *The Oxford Handbook of Hypnosis* Oxford University Press
- Olness, K., & Kohen, D. (1996). *Hypnosis and hypnotherapy with children*. New York: Guildford Press.
- Rosen S *My voice will go with you. Teaching tales of M. H. Erickson.*
- Rossi, E.L., & Ryan, M.O. (Eds)(1998). *The seminars, lectures and writings of Milton H Erickson. Vol 3: Mind boy communication in hypnosis*. London: Free Association Press.
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- Sheehan, P.W., & Perry, C.W. (1976). *Methodologies of hypnosis*. New York: John Wiley and Sons.
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- Yapko, M. (2012). *Trancework: An introduction to the practice of clinical hypnosis* (4th ed). New York: Brunner Mazel.
- Yapko, M. (1992). *Hypnosis and the treatment of depression*. New York: Brunner Mazel.