

RESEARCH ON HYPNOSIS

Over the years there have been many research studies completed that show that hypnosis does indeed work. There have also been many that show how effective hypnosis is for a wide variety of specific treatments. Here are just a few examples of some of these studies.

Real Brain Effect

Recently (2009) Hull University researchers found that hypnosis has a 'real brain effect' when analysed doing certain activities on brain scans under hypnosis. One psychologist, Dr. Michael Heap concluded that the study backed the theory that hypnosis "primes" the brain to be open to suggestion. The study leader Dr. William McGeown reflected that "This shows that the changes were due to hypnosis and not just simple relaxation. Our study shows hypnosis is real."

Hay Fever

In 2005 a Swiss team at Basle University taught 66 people how to do self hypnosis to treat hay fever. This largely consisted of visualising being on cool snowy mountainous terrains. After a year the researchers found that the volunteers who had been using self hypnosis reported far fewer symptoms related to hay fever than their fellow volunteers. Hypnosis significantly helped them alleviate symptoms such as a runny nose.

Professor Langewitz reasoned that hypnosis might work by altering blood flow and helping alleviate congestion in the nose that can occur with hay fever. He said: "It is known that you can alter blood flow with hypnosis".

Medical Journal Psychotherapy and Psychosomatics.

Weight Loss

A study showed that, when comparing the results of adding hypnosis to other weight loss treatments across many different methods, adding hypnosis increased weight loss by an average of 97% during treatment. It also showed that hypnosis increased the effectiveness after the treatment by a whopping 146%. This shows that hypnosis works even better over a period of time.

Journal of Consulting and Clinical Psychology, 1996

A study of 60 women divided into hypnosis and non hypnosis control groups, found that the groups using hypnosis lost an average of 17 pounds, while the non-hypnosis group lost an average of only 0.5 pounds.

Journal of Consulting and Clinical Psychology, 1986

IBS

In a recent review of available controlled studies in the field of gastroenterology conducted at the University Hospital of South Manchester, scientists discovered that hypnotherapy is clearly beneficial for patients suffering from gastrointestinal disorders such as irritable bowel syndrome and peptic ulceration.

Whorwell P.J. Use of hypnotherapy in gastrointestinal disease. Br J Hosp Med (ENGLAND) Jan 1991, 45 (1) pg.27-9

Scientists at the Gastroenterology Unit, Frenchay Hospital, Bristol came up with similar results. 33 patients with irritable bowel syndrome were treated with four 40 minute sessions of hypnotherapy over 7 weeks. Twenty of the group improved, and eleven

of these were shown to be completely free from all symptoms. The researchers concluded that hypnotherapy in groups of up to 8 patients was as effective as individual therapy in the treatment of irritable bowel syndrome. Meaning that sessions did not need to be specifically tailored to each individual – giving more credibility to effectiveness of pre recorded sessions.

Harvey RF et al. Lancet (England) Feb 25 1989, 1 (8635) pg.424-5

Skin Disorders

Dermatitis and many other skin complaints such as psoriasis and eczema are widely considered to be stress related diseases. Hypnotherapy is well known to be very effective at treating emotional stress. Psychological tests have revealed that dermatitis sufferers are usually more anxious people, and as their levels of anxiety are reduced, their skin condition improves. Most clinicians and researchers agree that stress affects the course of dermatitis and eczema, and reducing stress levels has a positive effect on the course of the disease. Several documented case studies have directly revealed that hypnosis can offer a successful treatment for sufferers.

Kantor SD Psoriasis Research Institute, Palo Alto, California 94301. Cutis (US) Oct 1990, 46 (4) pg.321-2

Warts

There have been many studies on hypnosis being used to treat warts. Often they have seen success rates as high as 80%. For some reason success rates seem even higher for children. There was a particularly interest-

ing report of hypnosis being used to treat a 7 year old girl who had 82 warts. These warts had been present for about 18 months and would not respond to regular medical treatments. After 2 weeks, 8 of 16 facial warts were gone. After three more fortnightly sessions, all 82 warts were gone. The researchers concluded that the hypnotherapy was very successful, and that there must be an intimate relationship between psychological mechanisms and the immune system.

Department of Pediatrics and Human Development, Michigan State University, East Lansing 48824. J Dev Behav Pediatr Apr 1988, 9 (2) pg.89-91

Healing Wounds

Research at the Harvard Medical School showed that hypnosis increased the rate of recovery on patients who had undergone surgery. The research was compared to patients who had received the same surgery but without hypnosis.

Cromie, W.J. (2003) Hypnosis Helps Healing. Harvard University Gazette, May 8th 2003

Pain Control

Researchers at the University of Iowa Roy J. and Lucille A. Carver College of Medicine, used functional magnetic resonance imaging (fMRI) to find out if hypnosis alters brain activity in a way that might explain pain reduction.

The researchers found that volunteers under hypnosis experienced significant pain reduction in response to painful heat. They also had a distinctly different pattern of brain activity compared to when they were not

HYPNOSIS BRIEFS

BRAIN SCAN SHOWS HYPNOSIS WORKS

Malcolm Ritter

HOW can a hypnotist paralyze your hand just with words? By making a part of your brain butt in on the process that normally makes your hand move, a study says. So the brain region that's ready to move your hand ignores its usual inputs and listens to this interloper, which says, "Don't even bother," the research concluded. It's "a kind of reconnection between different brain regions", said Yann Cojan, a researcher at the University of Geneva. Cojan is an author of the study in Thursday's issue of the journal *Neuron*. It used brain scans to show what happened when 12 volunteers tried to move a hand that had been paralyzed by hypnosis. Results showed the right motor cortex prepared itself as usual to tell the left hand to move. But the cortex appeared to be ignoring the parts of the brain it normally communicates with in controlling movement. Instead, it acted more in sync than usual with a different brain region called the precuneus. That was a surprise, Cojan said. The precuneus is involved in mental imagery and memory about oneself. Cojan suggests it was brimming with the metaphors the participants had heard from the hypnotist: Your hand is very heavy, it is stuck on the table, etc. So, he said, it might have been telling the motor cortex, "Oh, but your hand is too heavy, you can't move your hand." It's as if the motor cortex "is connected to the idea that it cannot move (the hand) and so ... it doesn't send the message to move,"

Cojan said. For the research, 12 participants had their brains scanned while doing a task that required them to push a button with one hand or the other. For some sessions, they were hypnotized and told their left hands were paralyzed. For other sessions, their mental status was normal. For comparison, six other participants simply pretended their left hands were paralyzed. Dr Richard Frackowiak, a brain expert at the University of Lausanne in Switzerland who didn't participate in the study, called the new work a "very valuable addition" to research into hypnotic paralysis. Amir Raz, who studies hypnosis and the brain at McGill University in Montreal, said he found the work interesting. But he wondered if the results might partially reflect general effects of being under hypnosis, rather than the paralysis suggestion itself.

HYPNOSIS AND HEADACHE PAIN

In a study conducted by Mr. Anderson (1975), migraine patients treated with hypnosis had a significant reduction in the number of attacks and in their severity compared to a control group who were treated with traditional medications. The difference did not become statistically significant until the second six-month follow-up period. In addition, at the end of one year, the number of patients in the hypnosis group who had experienced no headaches for over three months was significantly higher. In a controlled trial conducted by Mr. Olness (1987), self-hypnosis was shown to be significantly more effective than either propranolol

or placebo in reducing the frequency of migraine headaches in children between the ages of six and twelve years of age. In a research conducted by Mr. Schlutter (1980), hypnosis was also found to be effective in dealing with the relief of tension headache. Alladin (1988) reviewed the literature on hypnosis, identifying fully a dozen different hypnotic techniques that have been used in the treatment of chronic migraine headaches. Of these, hypnotic training emphasizing relaxation, hand warming (which, according to Anderson, 1975) seems the simplest method of establishing increased voluntary control of the sensitive vasomotor system) and direct hypnotic suggestions of symptom removal have all been shown to be effective in reducing the duration, intensity and frequency of migraine attacks during a ten-week treatment course and at thirteen-month follow-up when compared to controls.

A study (Gutfeld, G. and Rao, L., 1992) was conducted on 42 patients suffering from chronic headaches. These patients, all of whom had responded poorly to conventional treatments, were split into two groups. One received hypnotherapy to relieve their daily headaches; the rest acted as a comparison group. The hypnotherapy group experienced reduced frequency and duration of headaches, cutting the intensity by about 30%. "These results are impressive in such a difficult, hard-to-treat group of patients," commented Egilius Spierings, M.D., Ph.D. director of the headache section, division of neurology at Brigham and Women's Hospital.

A NATURAL PALLIATIVE FOR PAIN

Hypnosis can help relieve many types of pain -- including chronic pain, cancer pain, headache and labor pain -- by decreasing the intensity of the pain signal perceived by the brain, although the exact location where hypnosis interferes in the pain perception process still is unknown, says Dr. Schulz-Stubner. It is most effective when used in combination with more standard modalities of pain relief, and in an individually modified manner. Studies show that when hypnosis is employed preceding invasive medical procedures, patients experience less pain and anxiety.

Dr. Schulz-Stubner would not use hypnosis to replace anesthesia, at least in a North American population, where we seem to hold stereotypes about hypnosis as entertainment. However, he notes that it is a good way to provide sedation and comfort while a regional block provides anesthesia for the part of the body the surgeon is operating on. Hypnosis can also make the placement of the blocks more comfortable.

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A neighborhood friend of mine, when I was teenager, owned a friendly junkyard dog of no discernable pedigree named Butch. One of us discovered that Butch's tail connected to his demeanor. Lift his tail and he held his head a little higher, his ears perked up and he would get all happy. Push his tail down between his legs and his ears would droop, his head would lower and he would mope about for a while. Try this with your own dog and you may see a similar response. A change in posture—tail position—was all that was required to evoke an apparent emotional shift in Butch. A similar story told by Lee Pascoe in her book *The Magic of Make Believe* reminded me of my own experience. But what has that got to do with self hypnosis?

The connection is indirect but very important as it has to do with one of the powerful forms of autosuggestion—anticipatory role behavior, which is sometimes utilized in direct suggestions during self-hypnosis.

Anticipatory role behavior is acting or role playing in the present—*that's the behavior part*—in ways as you would expect, believe or predict for a particular future circumstance in which you expect or wish to find yourself—*the anticipatory part*.

In his book *Mind Over Mind: The Surprising Power of Expectations* author Chris Berdik describes how players of the on-line role-playing game *World of Warcraft* who have “taller and better looking avatars bested the shorter, uglier ones even though appearance confers no actual functional advantages” to one over the other.

Berdik goes on to explain how researchers also discovered that wearing better looking avatars “gave college students the confidence to contact more attractive potential dates” in real life. This was an unintended consequence of role-playing but illustrates the power and subtle influence that role playing exerts. What about those with short ugly avatars? They were more inclined to misrepresent their height—claiming to be taller than they actually are.

Something as seemingly benign as role playing an on-line fantasy game can lead to altered behavior in real life. Wouldn't it be beneficial and desirable to learn how to role play in a way that brings about intentional change? To do so requires some planning.

First imagine yourself as if you have already arrived at the situation you are anticipating. See yourself doing things as you want to be doing them in the future, or responding to situations in ways in which you want. See how your life has changed and how circumstances have changed around you. At this stage you are engineering or architecting how you want things to be in the future and it pays to write all of this down.

Determine what things you need to do, or how you would need to act in the present in anticipation of that future circumstance. While acting or role playing you might take on new physical characteristics, such as: changes in hairstyle, manners of walk, talk and wardrobe. Or emotional traits, such as: calmness, cheerfulness or happiness. Or mental attitude, such as: patience, acceptance, openness or curiosity—to name just a few. And these things should be written down as well.

Commence role playing according to your plan from the present moment right up to that future event or circumstance. When that future circumstance arrives you will no longer be role playing, but rather, giving the appropriate real-time response for the situation.

This approach works for many, but not all circumstances—as you might imagine. So use the technique when it is appropriate to do so.

Here is a personal example of ARB in action (without self hypnosis):

My goal was to find myself making easier contact with group leaders and department heads to learn about project activities and opportunities within the large technology company where I worked.

I imagined myself interacting with them in a high visibility venue where there was a high concentration of group leaders and department heads at one time. I envisioned myself networking, doing introductions and being introduced—making contacts and learning about projects and project plans. While doing that visualization it occurred to me that business attire was a good predictor of an employee's rank in the organization. Senior execs wore 3-piece suits, department heads wore blazers or sports jackets and tie, group leaders wore business casual with ties, the rest of us dressed in business casual—no ties.

So I took on a new physical characteristic by putting on a tie, and began taking lunch in the cafeteria at the same time most of the other managers did. That's all it took to elevate myself up one notch in the eyes of those around me. It worked. Soon I was making significant peer to peer contact with others in the company.

Why does anticipatory role behavior (without self hypnosis) work? By changing the way in which you think, look and/or act the external circumstances and people surrounding you adjust and evolve to include, or possibly to exclude, the new behavior(s). You may gain new friends or lose old friends, or make stronger or looser connections to existing friends. You may be drawn to other activities or locations. Some would say that what you put out comes back to you; that it's a law of attraction. But in any case the behaviors which you project out to the world ultimately change your environment. People around you will change in response to that. And when people change, events change. It is our relationship and interactions with the people around us that create the greatest opportunities for change in our personal ecosystem and environment.

Anticipatory role behavior is something which can be acted out in your imagination during self-hypnosis to good effect because it is very suited for direct suggestion. To do so imagine yourself as if you have already arrived at the situation you are anticipating; see the desired end result. See yourself doing things as you want to be doing them in the future, or intentionally responding to situations in desirable ways. See how your life has changed in full color, with sounds, smells—all the touchy-feely full sensory-channel information your imagination can conjure up.

Always plan your direct suggestions and imagery before going into self-hypnosis. Improvising during self-hypnosis can get you haphazard results.

Why does anticipatory role behavior (with self hypnosis) work? Because the subconscious always operates in the "now" and it is very goal directed. When presented with images for things that are not a part of the "now", the subconscious understands them to be part of a goal that is to be accomplished. Once the subconscious accepts those ideas it will do everything in its power to accomplish the goal. It will exert its own influence to begin changing events through behavior modifications. Always track your results and monitor where you are headed. Make adjustments with self-hypnosis to maintain proper course. Never leave your subconscious unattended.

NOTE: John Kalinowski is a teacher at the Academy of Professional Hypnosis. He masterfully teaches Self-Hypnosis with the use of the materials that he has compiled specifically targeting auto hypnosis for self-work.

You're growing tired. Your eyelids are getting heavy. You're feeling very sleepy...

Most of us recognize these words as the Hollywood script of a hypnosis session. Typically portrayed as the tool of comics and hucksters ("At my command, you will crow like a rooster") or nefarious, mind-controlling villains, hypnosis has a serious type-casting problem to overcome.

Beyond the stereotypes, is there any validity to hypnosis as a therapeutic technique? Hypnotherapy—or medical hypnosis—has a long history as a controversial treatment for physical and psychiatric ailments. Many leading medical figures since the 18th century (including Austrian physician Franz Mesmer, for whom the verb "mesmerize" was coined) experimented with putting patients into trance states for healing purposes. Determined to know whether this new medical treatment was genuine or a hoax, King Louis XVI of France commissioned a panel of experts, including Ambassador Benjamin Franklin, to investigate Mesmer's claims. In 1784, the "Franklin commission" released its report, which found "mesmerism" to be "utterly fallacious" and without merit.

"It has taken centuries for medical hypnosis to regain credibility," says Penn State psychology professor William Ray. "In the 1950s, reliable measures of hypnotizability were developed, which allowed this research field to gain validity. We've seen more than 6,000 articles on hypnosis published since then in medical and psychological journals. Today, there's general agreement that hypnosis can be an important part of treatment for some conditions, including phobias, addictions and chronic pain."

Ray's own research uses hypnosis as a tool to better understand the brain, including its response to pain. "We have done a variety of EEG studies," says Ray, "one of which suggests that hypnosis removes the emotional experience of pain while allowing the sensory sensation to remain. Thus, you notice you were touched but not that it hurt."

Despite increasing recognition by the medical establishment, popular myths about hypnosis persist, such as the belief that it is a truth serum, that it causes subjects to lose all free will, and that hypnotists can erase their clients' memories of their sessions. In truth, hypnosis is something most of us have experienced in our everyday lives. If you've ever been totally engrossed in a book or movie and lost all track of time or didn't hear someone calling your name, you were experiencing a hypnotic trance.

The hypnotized person is not sleeping or unconscious—quite the contrary. Hypnosis (most often induced by a hypnotherapist's verbal guidance, not a swinging pocket watch) creates a hyper-attentive and hyper-responsive mental state, in which the subject's subconscious mind is highly open to suggestion. "This doesn't mean you become a submissive robot when hypnotized," Ray asserts. "Studies have shown us that good hypnotic subjects are active problem solvers. While it's true that the subconscious mind is more open to suggestion during hypnosis, that doesn't mean that the subject's free will or moral judgment is turned off."

Are some people more easily hypnotized than others? "Yes, although the reason is not clearly understood," explains Ray. "Hypnotic responsiveness doesn't seem to correlate in expected ways with personality traits, such as gullibility, imagery ability or submissiveness. One link we've found is that people who become very engrossed in day-to-day activities—reading or music, for example—may be more easily hypnotized."

In the late 1950s, Stanford University was the first to establish a reliable "yardstick" of susceptibility (aptly called the Stanford Hypnotic Susceptibility Scales). Through subsequent studies, researchers learned that 95 percent of people can be hypnotized to some extent (with most scoring in the midrange on the Stanford Scale) and that "an individual's score—reflecting the ability to respond to hypnosis—remains remarkably stable over time. Even twenty-five years after their initial Stanford Scale tests, retested subjects were getting almost the same scores, the same level of hypnotic responsiveness."

Understanding the exact mechanism behind hypnosis may require decoding the workings of the unconscious mind. While it may be near-impossible to arrive at that knowledge, hypnosis has come a long way since it was debunked by The Sun King's commission. Who knows? If he could review the case today, Benjamin Franklin might even be persuaded—"You're getting sleepy...You're eyelids are getting heavy"—to change his mind.

Can hypnosis help you break those unhealthy habits?

Submitted by loyal, dedicated NACH Member, hypnotist Rhoda Kopy

Karen Weintraub, Special for USA TODAY 6:49 p.m. EST January 21, 2014

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Studies show hypnotherapy can be effective for behavioral changes, but it's almost never covered by insurance.

Amy Lavieri's New Year's resolution for 2013 was to finally lose the extra weight she'd been carrying for a decade. She'd repeatedly failed at diets and gym memberships, so the Watertown, Mass., resident resolved to give hypnotism a try. One year and a dozen-or-so hypnotherapy sessions later, she's 50 pounds lighter. "If I look back to last year at this point to where I am this year, it's been a complete 180," she says. Hypnotism has been around since the mid-19th century, when it was often used as a parlor trick. Today, hypnotherapy is commonly used to break unhealthy habits like smoking, to rid people of phobias and to treat panic attacks. Anecdotal success stories like Lavieri's abound, and studies have found it effective for behavioral change, as well as for reducing surgical and cancer pain, nausea and fatigue in conjunction with other treatments. Data is weaker for quitting smoking, with one 2010 study finding that hypnotherapy did not do a better job of helping people quit than other interventions or no treatment at all. "It's something that's often worth trying to find, is it a little bit effective for me, or is it a lot effective, or not at all," says Guy Montgomery, director of Integrative Behavioral Medicine at Mount Sinai Hospital in New York City.

Unlike the stereotype from old movies, hypnotherapy does not put people to sleep and old pocket watches are not involved. Instead, the client, with closed eyes, is guided through a series of relaxing imagery and ideas. Everyone responds slightly differently to hypnosis, with some slipping into a deep, sleep-like trance and others not feeling much different than having their eyes closed. "How often during the day do we zone out or drift off? That's a light trance state," says Tom Nicoli, a consulting hypnotherapist and trainer in Massachusetts and New Hampshire, who helped launch World Hypnotism Day a decade ago. Hypnotherapists use this state to give clients suggestions, like "resist the urge to smoke," or to take them back to past experiences, such as the first time they were scared by a spider. Benjamin Kligler, research director of the Beth Israel Department of Integrative Medicine Continuum Center for Health and Healing in New York City, used self-hypnosis to quit smoking himself and now treats others. A primary care doctor who uses mind-body techniques, nutrition and lifestyle modifications in addition to hypnotherapy, Kligler estimates that in 3-6 sessions he helps 60%-70% of the people

Brian Mahoney, Lavieri's hypnotherapist, says he will only work with people who understand that hypnotism is not magic. He doesn't work miracles in one session; success comes, as with Lavieri, after weeks or months of hard work. Lavieri, who met with Mahoney twice a month for the first half of 2013 and less often since, says she was very skeptical about hypnotism at first. "I did initially call with the sense of 'why not, I've tried everything else?'" But she got more comfortable when she realized that she felt very focused when hypnotized and always knew what was going on around her. "I found it extremely successful in understanding a lot that maybe I had slipped under the rug for many years," she says. Lavieri's resolution for 2014? To use hypnotism to help keep off the weight. "This is the first time in a long time I'm optimistic I can maintain this and not have weight issues any more," she says.

Finding a good hypnotist:

There is no national licensing board for hypnotherapists. Some practitioners are doctors or psychologists with extra training and the skills to use hypnotherapy in conjunction with other treatments; others have no more professional training than a weekend seminar. To decide if a hypnotherapist is right for you: * Do some Internet research, seeing how they present themselves online and checking review sites like Yelp (though remember that not all reviews are legitimate). * Get personal references from people you trust. * Talk to the hypnotherapist on the phone before scheduling a session, to see how they come across, and to ask about training and experience. Avoid people who promise quick fixes or miracles.

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